



OTS TRANSPORTATION SERVICES, LLC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICAITON _____

NAME _____
First Last Middle

ADDRESS _____
Street City State Zip

TELEPHONE NUMBER (_____) _____

EMERGENCY CONTACT _____
Name Address Telephone

GENERAL:

Are you currently authorized to work in the U.S.? Yes No

If hired, can you furnish a proof that you are 18 years of age or older? Yes No

IF YOU WISH TO BE CONSIDERED FOR POSITIONS THAT REQUIRE DRIVING, PLEASE ANSWER THESE QUESTIONS:

Do you have a current, valid and unrestricted driver's license(s)? Yes No If yes, what class of license(s) and which state(s)?

Have you received DUI or other driving violations within the last two years? Yes No
If yes, please explain: _____

Have you ever had auto insurance denied or canceled?
 Yes No If yes, please explain: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, please describe: _____

EMPLOYMENT DESIRED

Position _____ Date you can start: _____ Salary/wage desired: _____

Are you currently employed? Yes No



EDUCATION: Please describe secondary and post-secondary, courses and training which contributed to your work-related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed.

Institution	Location	No. of Years	Area of study/course	Did you graduate?

Special skills related to the position that you are applying to: _____

List any professional license or certificates relevant to this position:

Have you ever worked in a position similar to the one for which you are applying? Yes No if yes, explain _____

If experienced in using tools or equipment which might be helpful on this job please provide details, including issuing authority and any license or other numbers _____

Where have you gained this experience? _____

FORMER EMPLOYERS: List below the last three employers, starting with your most recent one.

Date (month & Year)	Employer's Name, Address, Phone number, and supervisor	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				
From: _____				
To:				

May we contact the employers you listed above? Yes No If no, please explain



REFERENCE: List three persons not related to you, whom you have known at least for one year.

Name, Address, and phone No.	Relationship	Years Acquainted

ACCIDENT RECORD (if none, write none): _____

Date	Type of vehicle	Nature of Accident (Head-on, Rear-end, upset, etc.)	Were you at fault?	Were you ticketed?	Number of fatalities	Number of Injuries	Amount of property Damage

List all accident involvements with any motor vehicle for past five years (even if not at fault)

TRAFFIC CONVICTIONS (if none, write none)

List all traffic convictions for the past 5 Years (any other than parking violations)

Date	Location (state)	Violation (if speeding, show rate of speed)	Penalty

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ACCKNOWLEDGEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application shall be grounds for dismissal. I authorize Valley Oasis Special Transportation Services, Inc. for investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal attachments or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Valley Oasis Special Transportation Services, Inc. is an equal opportunity Employer and does not discriminate in the basis of race, religion, sexual orientation, national origin, disability or veteran status. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time by me or the employer without any prior notice. I understand that any company manuals, employee handbooks or statements of policy or procedure, which now exist or which may hereafter be in force, do not and will not constitute a contract of employment.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

Hired? Yes No

If yes, Position _____

Department _____

Date reporting to work _____

Special Remarks (if any):

Approved by:

Manager

Date