PRINT NAME: ________________________________
TODAY’S DATE: ________________

NON-DRIVERS
APPLICATION FOR EMPLOYMENT

To be considered for employment opportunities, your application must be completed in its entirety.

Qualified applicants will be considered active for 3-months from date of application

All qualified applicants are considered regardless of race, color, sex, age, national origin, religion disability or any other protected status in accordance with state, federal and local law.

EQUAL OPPORTUNITY EMPLOYER
BACKGROUND INFORMATION

Name

Last  |  First  |  Middle

Last 4 digits of SS No.______________________  Email Address: _____________________________

List your addresses of residency for the past 3 years.

Current Address
Street
City
Phone____________________  How Long? ______
State  Zip Code  (include area code)

Previous Addresses
Street  City  State  Zip Code  How Long? ______
Street  City  State  Zip Code  How Long? ______

Are you legally eligible for employment in the United States?  □ Yes  □ No
[Documentation verifying eligibility will be required within three days of hire.]

EMPLOYMENT DESIRED

Position_____________________________  Date Available: ________________________________

Salary desired __________________________  If so, may we contact
Are you currently employed?_________________________  your current employer?____________________

Have you ever applied to this Company or any VCNA affiliated Company before? ________________
Where?_____________________________  When? ________________________________

Have you ever worked for this Company or any VCNA affiliated Company before? ________________
Where?_____________________________  When? ________________________________

REFERRED BY: ________________________________
Supplement to Employment Application for Non-CDL Equipment Operators, Quarry, Yard or Material Handling Personnel

**DRIVER EXPERIENCE AND QUALIFICATIONS**

**DRIVER LICENSES**

<table>
<thead>
<tr>
<th>State</th>
<th>License No.</th>
<th>Class</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? □ Yes □ No
B. Has any license, permit or privilege ever been suspended, revoked or canceled? □ Yes □ No
C. Have you ever been convicted of driving under the influence of alcohol or drugs or any related offense? □ Yes □ No
D. Have you ever had any non-DUI traffic convictions in the past 3 years? □ Yes □ No
E. Have you been involved in any Motor Vehicle accidents in the past 3 years? □ Yes □ No

If the answer to either A, B, C, D or E is YES, please set forth in detail the acts, circumstances, and dates of such denial, revocation, suspension, conviction or accident:

-----------------------------------------------------------------------------------
-----------------------------------------------------------------------------------

**EQUIPMENT EXPERIENCE** IF NONE, WRITE NONE

<table>
<thead>
<tr>
<th>Class of Equipment</th>
<th>Type of Equipment (Front/Rear Load, Tank, Flat, etc.)</th>
<th>Dates From - To</th>
<th>Approx. No. of Miles (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Loader</td>
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<tr>
<td>Forklift</td>
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<tr>
<td>Conveyor System</td>
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<tr>
<td>Dump Truck</td>
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<tr>
<td>Cranes</td>
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<tr>
<td>Construction and/or off-road vehicle, (i.e., Track vehicle)</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Are you 18 years of age or over? □ Yes □ No
EDUCATION

<table>
<thead>
<tr>
<th>Name and Location of School</th>
<th># of Years Attended</th>
<th>Did you Graduate?</th>
<th>Subjects Major/Minor</th>
<th>Type of Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>Trade, Business or</td>
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<tr>
<td>Correspondence School</td>
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<tr>
<td>College</td>
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<tr>
<td>Graduate School</td>
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<tr>
<td>Certificate School</td>
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</tbody>
</table>

Please include any other information you think would be helpful to us in considering you for employment such as additional training, special courses, work experience, activities, accomplishments, etc. (Exclude all information which indicates your membership in any of the protected groups listed on the front page of this application.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

WORK EXPERIENCE

Please list all employment for the last TEN years. *Begin with the most recent.*

1. Employer Name________________________________ From______________ to______________

Address________________________________ Telephone____________________

__________________________ Type of Business__________________________ Your Position__________________________

Immediate Supervisor________________________ Supervisor Position__________________________

Person we may contact to verify employment________________________________________

Work performed
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Current/Last Salary________________________

Reason for Leaving________________________
2. Employer Name ___________________________________________ From ____________ to ____________

Address ____________________________________________ Telephone ____________________________

Type of Business ____________________________________ Your Position ___________________________

Immediate Supervisor ______________________________ Supervisor Position _______________________

Person we may contact to verify employment ________________________________

Work performed
________________________________________
________________________________________
________________________________________

Current/Last Salary __________________________

Reason for Leaving
________________________________________
________________________________________
________________________________________

3. Employer Name ___________________________________________ From ____________ to ____________

Address ____________________________________________ Telephone ____________________________

Type of Business ____________________________________ Your Position ___________________________

Immediate Supervisor ______________________________ Supervisor Position _______________________

Person we may contact to verify employment ________________________________

Work performed
________________________________________
________________________________________
________________________________________

Current/Last Salary __________________________

Reason for Leaving
________________________________________
________________________________________
________________________________________

(Attach sheet if more space is needed)
I understand in filling out this application that VCNA is in no way obligated to offer me employment. I certify that the facts set forth in my application for employment are true, correct and complete. I agree that any misrepresentation or false statement of this application shall be considered grounds for rejecting this application, rescinding a tentative job offer or immediate discharge if discovered after hire. I authorize VCNA to investigate any of the information contained on this application, including the examination of past employment records, references and other facts stated on the application. I waive any rights which I may have to receive written notice from any former employer listed on this application regarding the release to VCNA of any information concerning any disciplinary action taken against me by said former employers. I understand that I may be required to successfully complete a post-offer medical examination as a condition of employment, including drug and alcohol testing, and I agree to take such examination.

Except for employees covered by collective bargaining agreements, if hired, I agree and understand that either VCNA or myself, may terminate my employment and compensation at any time, with or without cause, and with or without notice. I further understand that no one employed by VCNA other than the president of VCNA by a specific written contract (naming the particular individual and signed by both the president and the individual) has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also recognize and accept the right of VCNA to unilaterally modify, amend, or eliminate any policies, handbooks, rules or procedures in its sole discretion at any time.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

__________________________________________
Applicant Name (Print)

__________________________________________
Applicant Signature

__________________________________________
Date of Application
NOTIFICATION AND RELEASE

1. The information contained in this application is true to the best of my knowledge and belief and I understand that any misrepresentation or false statement by me in connection with the application or any related documents which is deemed material by VCNA shall result in VCNA not employing me or, if employed, terminating my employment.

2. I understand and agree that all information furnished in this application and all attachments may be verified by VCNA or its authorized representative. I hereby authorized all individuals and organizations named or referred to in this application and any law enforcement organization to give VCNA all information relative to such verification and hereby release such individuals, organizations, and VCNA from any and all liability for any claim or damage resulting there from.

3. I hereby acknowledge that I have been informed by VCNA that VCNA may seek to obtain a consumer report and/or an investigative report that will include personal information regarding me, including but not limited to educational history, work references and criminal convictions, in order to assist VCNA in making certain employment decisions. I further acknowledge notification by VCNA that reports may be provided to VCNA by other firms sub-contracted for that purpose.

4. I, my heirs, assigns and legal representatives, hereby release and fully discharge VCNA its affiliated companies and the respective officers, director, shareholders, employees, agents of each, including subcontractors from any and all claims, monetary or otherwise, that I may have against VCNA arising out of the making or use of either a consumer report or an investigative consumer report.

PLEASE PRINT THE FOLLOWING:

First Name: ____________________________

Middle Name: ____________________________

Last Name: ____________________________

Maiden Name: ____________________________

*Date of Birth __________/________/________

*Social Security Number ____________________________

*Driver’s License: ____________________________

State: ____________________________

Street Address ____________________________

Applicant Signature ____________________________

City ____________________________ County ____________________________

Today’s Date ____________________________

State ____________________________ Zip Code ____________________________

VCNA Representative ____________________________

*Required for background verification only