

APPLICATION FOR EMPLOYMENT

Vernon Milling Company, Inc.
P.O. Box 1617
Vernon, AL 35592

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disabilities.

Date of application _____ Position(s) applied for _____

Name _____ SSN _____
Last First MI

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____

Previous _____ How Long? _____
Street City State/Zip Code

_____ How Long? _____
Street City State/Zip Code

_____ How Long? _____
Street City State/Zip Code

Date of Birth _____ Do you have the right to work in the U.S.? _____

Have you worked for VMC before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? If yes, explain if you wish. _____

List states operated in for last 5 years _____

List special courses or training that will help you as a driver _____

List Safe Driving awards you hold and from whom _____

List any trucking, transportation, or other experience that may help in your work for this company _____

List courses and training other than already listed _____

List special equipment or technical materials you can work with other than already listed _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent.)

Company Name _____
Contact Person _____ Phone _____
Address _____ City/State/Zip _____
Date: From _____ To _____ Pay _____ Position _____
Reason for Leaving _____

Company Name _____
Contact Person _____ Phone _____
Address _____ City/State/Zip _____
Date: From _____ To _____ Pay _____ Position _____
Reason for Leaving _____

Company Name _____
Contact Person _____ Phone _____
Address _____ City/State/Zip _____
Date: From _____ To _____ Pay _____ Position _____
Reason for Leaving _____

Company Name _____
Contact Person _____ Phone _____
Address _____ City/State/Zip _____
Date: From _____ To _____ Pay _____ Position _____
Reason for Leaving _____

Company Name _____
Contact Person _____ Phone _____
Address _____ City/State/Zip _____
Date: From _____ To _____ Pay _____ Position _____
Reason for Leaving _____

Company Name _____
Contact Person _____ Phone _____
Address _____ City/State/Zip _____
Date: From _____ To _____ Pay _____ Position _____
Reason for Leaving _____

ACCIDENT RECORD for past 3 years or more (Attach sheet if more space is needed.) *If none, write NONE.*

DATES	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS and forfeitures for past 3 years or more - other than parking violations. *If none, write NONE.*

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended: Name _____ City _____

EXPERIENCE AND QUALIFICATIONS - DRIVER LICENSES

STATE	LICENSE NO.	EXPIRATION DATE	TYPE	ENDORSEMENT

Have you been denied a license, permit, or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege ever been suspended or revoked? _____

If yes to either question, please explain _____

List any criminal convictions in the last 10 years _____

DRIVING EXPERIENCE *If none, write NONE.*

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, etc.)	(from)	DATES	(to)	APPROX. MILES

TO BE READ AND SIGNED BY APPLICANT

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. I authorize Vernon Milling Company to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of Vernon Milling Company.

Signature of Applicant _____ Date _____

Please sign and fax to 205-695-6811.