



## **Valicor Environmental Services, LLC**

1045 Reed Rd, Monroe, OH 45050 513-733-4666

**Application ID: 1713603446** 

			Applica					
lob Applied For *			First Name *	Middle		Last Nan	ne *	Social Security No.
te of Birth * Mobile I		Mobile Ph	e Phone No. * Other P		one No. Emai		dress *	
Present Address *	Address 2*		City *	State/Prov	vince *	ZIP *	County	Yrs at this address
	*If at currer	nt address	less than 7 years	, list below most red	cent addres	sses for the	past 7 years.	
Previous Address	Address 2		City	State/Pro	vince	ZIP	County	Yrs at this address
ame - Exactly as it ap	pears on you	r driver's lid		ercial Driver's Lice Maiden or	nse other name	e used		
	pears on you	r driver's lid	cense *	Maiden or	other name		Evaluation Do	***
			cense *		other name		Expiration Da	ıte *
CDL Type *	) None		Endorsements H T	Maiden or	other name	License	Expiration Da	
CDL Type *  A B C  Air Brake Restriction?	None		Endorsements H T  Automatic Tran	Maiden or  (check all that apply  N X  smission Restriction	other name	License   Years of	CDL Experie	nce
CDL Type *  A B C  Air Brake Restriction?	None		Endorsements H T  Automatic Tran Yes  ate/Province *	Maiden or  (check all that apply  N X  smission Restriction  No  Current DC	other name  y)  P  on *  OT Medical  No	License   Years of	CDL Experie	nce
CDL Type *  Air Brake Restriction?	None	Issuing St	Endorsements H T  Automatic Tran Yes  ate/Province *	Maiden or  (check all that apply  N  X  asmission Restriction No  Current DC	other name  y)  P  on *  OT Medical  No	Years of	CDL Experie	nce
CDL Type *  Air Brake Restriction?  Yes No  Current Driver's Licens	None Number *	Issuing Sta	Endorsements H T  Automatic Tran Yes  ate/Province *	Maiden or  (check all that apply  N  N  Semission Restriction  No  Current DC  Yes  19/Hauling Experien	other name  y)  P  on *  OT Medical  No  ce	Years of	CDL Experie	nce ical Card Expiration Da
Air Brake Restriction?  Yes No  Current Driver's Licens  Equipment	None Number *	Issuing Sta	Endorsements H T  Automatic Tran Yes  ate/Province *  Drivin	Maiden or  (check all that apply  N  N  Semission Restriction  No  Current DC  Yes  19/Hauling Experien	other name  y)  P  on *  OT Medical  No  ce  Equipment	Years of	DOT Med	nce ical Card Expiration Da

	Education		=
	Name and Location of School	Years Attended	Diploma/Certification
High school			

ist driving awards held an	d who presented them:				
		Additional Lice	nses		
	List ALL	additional licenses held	I in the past 5 years.		
State/Province	License no.	Class	Endorsement(s)	Ехр	piration date
Yes No - Ha	s any license, permit, or privil	lege ever been suspend	ed. revoked. or denied?	*	
7100 0110	ve you ever been convicted for				
		Accident Review For P	ast 5 Years		
Yes No - Ha	If no Ac	Accident Review For P	ast 5 Years		
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years	Injuries	Vehicle Type
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years oust check this box.	Injuries	Vehicle Type  Personal Commercial
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years oust check this box.	Injuries	Personal
No Accidents to repo	If no Act. d additional Accidents. ates (head-on, rear-e	Accident Review For P	ast 5 Years  sust check this box.  Fatalities	Injuries	Personal
No Accidents to repolick on the Plus sign to ad D  Last Accident  No Traffic Convictions	If no Acort. d additional Accidents. ates (head-on, rear-e	Accident Review For Pecidents to report, you mend, overturn, etc.)  onvictions & Forfeitures to residents to refer the control of the control	Fatalities es For Past 5 Years		Personal

Name and Location of School

**Years Attended** 

Diploma/Certification

ou currently working?	Yes O No			
EMPLOYER #1				
Company *	Supervisor's Name	Supervisor Phone	e	Salary
Street Address		City		State/Province
Position Held *		From Date (mm/y	/y) *	To Date (mm/yy) *
Reason For Leaving *				
	Driving/Hauli	ng Experience With This Emp	oloyer	
Hauling What?	Number of	Months:	Equipmen	t
Were you subject to the FM0	CSRs while employed by this	employer? *		
○ Yes ● No				
Was your job designated as testing requirements as by 4	a safety sensitive function in	any DOT regulated mode su	bject to alcohol	and controlled substances
○ Yes • No				
		Employment Gap		
	ere you doing during this gap	?) * From Date (mm/y	/y) *	To Date (mm/yy) *
Description of Gap (What we				
Description of Gap (What we				
Description of Gap (What we				
Description of Gap (What we				

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## Authorization

By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

I understand that consumer reports which may contain public record information may be requested, at the discretion of which may include names, dates of employment, reason for termination, work experience, traffic records, workers come have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request at the reporting agency, upon proper identification, and to request the nature and substance of all information; and the rewhich the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consume Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing authorized company representative.	npensation claims, etc. I Il such information from ceipt of any reports on me, er rights under the Fair o any agreement for
*I hereby agree and consent to completing this application and background investigation process electronically. I u signing this application and all forms related to this application electronically and that the electronic signatures appeare the same as my handwritten signature for the purposes of validity, enforceability and admissibility.	ring on these documents
You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that	
■ * I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing a regarding the application process, onboarding and/or my employment, if applicable.  You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to r by calling 888-209-7427.	
As part of the application process we require that the following standard consent forms be completed. You do not have They will be automatically completed using the information you provided above. Please review each form in its entirety check the box next to it indicating your intention to sign and submit it along with your application.	
* Inquiry to Previous Employer	
* Previous Employer Inquiry For Driving History & Safety Performance	
* Consent for Release of Info Form	
* Disclosure and Authorization Form	
* Fair Credit Reporting Act Consumer Rights	
* Drivers Rights Pertaining to Release of Information under Regulation 391.23	
This certifies that this application was completed by me and that all entries and the information herein are true and completed.	plete to the best of my
Print Name* Signature*	Date
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