



VGI TRANSPORTATION LLC

101 Gathering Park Circle, Suite 201, Cary, NC 27519
(919) 244-6748 | VGIemployees@gmail.com

PROSPECTIVE DRIVER INTRODUCTION

Dear Prospective Driver,

Thank you for your interest in becoming a driver with **VGI Transportation LLC**. We are a professional transportation company committed to providing safe, reliable, and compassionate transportation services.

Our drivers are an important part of our team and represent VGI Transportation LLC throughout the community. We are seeking responsible and dependable individuals who understand the importance of safety, punctuality, communication, patience, and accountability.

As a VGI driver, you may be responsible for transporting students and individuals who require additional care and attention. Every passenger must be treated with dignity, kindness, patience, and respect.

VGI DRIVER EXPECTATIONS

- Report to all assigned routes on time.
- Complete all pickups and drop-offs safely.
- Follow assigned routes, schedules, and company procedures.
- Maintain professional and respectful communication.
- Keep the assigned vehicle clean and presentable.
- Complete all required inspections and documentation.
- Immediately report accidents, delays, passenger concerns, or vehicle issues.
- Protect confidential passenger and company information.
- Follow all VGI Transportation safety policies and procedures.

Employment is contingent upon successfully completing all required screening, documentation, training, and background-check requirements.

We value drivers who are committed to providing excellent service and positively representing our company. If you are dependable, safety-conscious, professional, and passionate about helping others, we would be pleased to consider you for an opportunity with VGI Transportation LLC.

Thank you again for your interest. We look forward to learning more about you and discussing the possibility of welcoming you to the VGI Transportation team.

Sincerely,

VGI Transportation LLC Management
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APPLICATION SUPPLEMENT WAIVER AND GENERAL RELEASE

Full Name _____
Last First Middle Maiden Name / Year Changed

Other names used in the last 10 years _____

Sex _____ Social Security Number _____

Date of Birth _____ Driver's License Number _____ State _____

Phone Number _____ Email _____

RACE / ETHNICITY - Please answer both Part I and Part II

Part I - Ethnicity Designation (select one)

Are you Hispanic or Latino? ☐ Yes ☐ No

Part II - Race Designation (select at least one and all that apply)

- ☐ **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North or South America (including Central America) and who maintains tribal affiliation or community affiliation.
- ☐ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- ☐ **Black or African American.** A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North America.

Information about your date of birth, race/ethnicity, and gender is required to verify your identity for an accurate background check and will not be considered in hiring or other employment decisions.

List all places of residence for the past 10 years, beginning with your current address. Use additional pages if necessary.

Street	City	County	State	Zip Code	Years (From-To)

Signature _____ Date _____

CRC Received	CRC Completed
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EMPLOYMENT HISTORY AND DISCLOSURE

PLEASE CHECK THE APPROPRIATE BOX If you answer Yes to any question, provide a detailed explanation on a separate sheet.

- | YES | NO | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Have you ever been denied a teaching certificate or had a teaching certificate suspended or revoked? |
| ☐ | ☐ | Have you ever had any professional, occupational, or trade license suspended or revoked? |
| ☐ | ☐ | Have you ever been suspended or dismissed from a job? |
| ☐ | ☐ | Have you ever been asked to resign from your job in the face of possible adverse employment action? |
| ☐ | ☐ | Have you ever had an employment contract not renewed or extended at the end of the contract? |
| ☐ | ☐ | Have you ever received a Developing, Not Demonstrated, Below Standard, Unsatisfactory, or other negative rating on an employment evaluation? |
| ☐ | ☐ | Have you ever been placed on a mandatory improvement plan such as an Action Plan, Directed Growth Plan, or a Monitored Growth Plan? |
| ☐ | ☐ | Have you been found guilty of any violation of law other than a minor traffic ticket? This includes writing a worthless check, driving while impaired, or driving while license revoked. |
| ☐ | ☐ | Have you ever pleaded guilty, pleaded no contest, received a dismissal with leave, a prayer for judgment continued, or entered into a Deferred Prosecution agreement for any charged violation other than a minor traffic ticket? |
| ☐ | ☐ | Do you have any criminal charges or procedures pending against you? |
| ☐ | ☐ | Are you currently under an obligation to perform, or have you ever performed, community service? |
| ☐ | ☐ | Are you currently, or have you ever been, sentenced to supervised or unsupervised probation? |
| ☐ | ☐ | Are you currently, or have you ever been, a vendor with Wake County Public School System? |

CONDITIONS OF EMPLOYMENT

Persons offered employment with the Wake County Public School System must meet the following conditions of employment in addition to the conditions stated on the application.

- Employment is conditional pending approval by the Wake County Board of Education and completion of the criminal records check.
- Applicants and current employees must immediately notify the Assistant Superintendent for Human Resources if charged with or convicted of a criminal offense, including a guilty or no-contest plea, except for minor traffic violations.

I authorize any former employer, person, firm, corporation, or other entity to provide the Board of Education, its agents, or employees with written or other personal information regarding me. I certify that all information provided on both pages of this application supplement is accurate and complete. If any information or answers change before or after employment, I will notify Human Resources in writing immediately. Failure to provide accurate and complete information, or failure to update this supplement, may result in disqualification for employment or immediate dismissal.

Signature _____

Date _____



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CONSUMER NOTIFICATION AND AUTHORIZATION CONSENT

CRIMINAL RECORDS CHECK - CURRENT EMPLOYEES

In connection with my continued employment with the Wake County Public School System, I understand that a criminal records check may be obtained for employment purposes by a consumer reporting agency, another agency, or directly by the Wake County Board of Education (Board). The information obtained may include criminal records, public court records, and driving records. A criminal records check is considered a consumer report as defined and governed by the Fair Credit Reporting Act (FCRA). The Wake County Public School System will not obtain my credit report, which contains my credit history and score.

I understand that, to the extent allowed by law, information contained in my application or otherwise disclosed to the Board may be used at any time to obtain criminal records checks. I further authorize the Board to obtain additional criminal records checks for employment-related purposes at any time during my employment. This authorization and release will be valid now or in the future, in original, faxed, copied, or electronic form.

I have carefully read and understand this notice and authorization. I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act. By my signature, I authorize the Wake County Board of Education to obtain criminal records checks on me for employment purposes.

EMPLOYEE AUTHORIZATION

Printed Name _____

Social Security Number _____

Signature _____

Date _____