

# VENTURE LOGISTICS, INC MINI APPLICATION

COMPANY DRIVER \_\_\_\_\_ OWNER OPERATOR \_\_\_\_\_  
OTHER POSITION \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CDL # \_\_\_\_\_ STATE \_\_\_\_\_  
HAZMAT YES \_\_\_\_\_ NO \_\_\_\_\_ OTHER ENDORSEMENTS \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_

HAVE YOU ATTENDED A TRUCK DRIVING SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_  
SCHOOL NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
SCHOOL ADDRESS \_\_\_\_\_

NUMBER OF TRAFFIC CONVICTION OR SUSPENSIONS IN THE LAST 5 YEARS \_\_\_\_\_  
PLEASE LIST \_\_\_\_\_

HAVE YOU HAD ANY ACCIDENTS IN THE LAST 5 YEARS? PREV \_\_\_\_\_ NON-PREV \_\_\_\_\_  
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_  
HAVE YOU EVER BEEN CONVICTED OF A DWI OR DUI? YES \_\_\_\_\_ NO \_\_\_\_\_  
HAVE YOU EVER FAILED OR REFUSED A DRUG/ALCOHOL TEST? YES \_\_\_\_\_ NO \_\_\_\_\_

## EMPLOYMENT HISTORY

WE NEED THE LAST **3 YEARS** OF HISTORY (you are welcome to send a second page is needed.)

CURRENT EMPLOYER \_\_\_\_\_  
DATES OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ PHONE \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_  
DATES OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ PHONE \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_  
DATES OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ PHONE \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

THIS CERTIFIES THAT I COMPLETED THE INFORMATION AND THAT ALL ENTRIES ON IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I, HEREBY GIVE MY CONSENT FOR DAC SERVICES, ANY PREVIOUS EMPLOYER, THEIR AGENT, OR MEDICAL REVIEW OFFICER OR THEIR AGENT TO RELEASE ANY INFORMATION, INCLUDING ALL INFORMATION RELATED TO MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING AND TRAINING RECORD, BY ANY FORMER EMPLOYERS AND HOLD THEM HARMLESS OF ANY LIABILITY FROM RELEASE OF SAID INFORMATION. E.O.E.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
REFERRED BY \_\_\_\_\_ UNIT NUMBER \_\_\_\_\_

RETURN BY FAX TO 317-337-1482 ATTN. DANA PHONE 317-337-1478  
VENTURE LOGISTICS, INC. P.O. BOX 78008, INDIANAPOLIS, IN 46268