

VENTURE LOGISTICS, INC. MINI APPLICATION

5352 West 78TH Street, Indianapolis, IN 46268

ARE YOU A COMPANY DRIVER? _____ OWNER OPERATOR? _____

NAME _____ WHERE DID YOU HEAR ABOUT US? _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

CDL # _____ STATE _____

HAZMAT YES _____ NO _____ NUMBER OF YEARS CDL DRIVER? _____

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

3 YEARS OF COMPLETED WORK HISTORY REQUIRED IN ORDER TO BE CONSIDERED FOR
EMPLOYMENT MINIMUM 2 YEARS OF DRIVING EXPERIENCE PERFEERED.

CURRENI EMPLOYER _____

EMPLOYMENT: START DATE _____ TO _____

CITY/STATE _____ PHONE _____

REASON FOR LEAVING _____

PREVIOUS EMPLOYER _____

EMPLOYMENT: START DATE _____ TO _____

CITY/STATE _____ PHONE _____

REASON FOR LEAVING _____

PREVIOUS EMPLOYER _____

EMPLOYMENT: START DATE _____ TO _____

CITY/STATE _____ PHONE _____

REASON FOR LEAVING _____

TELEPHONE VERIFICATION OF PAST EMPLOYMENT
AND SUBSTANCE ABUSE ALCOHOL TESTING INFORMATION

PERSON CONDUCTING
VERIFICATION REQUEST _____
PAST EMPLOYER _____
ADDRESS _____
TELEPHONE NO. _____
FAX NUMBER _____
DATES OF EMPLOYMENT _____
COMPANY REFUSES TO RELEASE INFORMATION: _____

DATE OF REQUEST _____
APPLICANT _____
SOCIAL SECURITY NO. _____
DATE OF BIRTH _____
PERSON INTERVIEWED _____
FORMER POSITION _____
DATES ON APPLICATION _____
THIS APPLICANT ONLY _____ COMPANY POLICY _____

TYPE OF WORK	STATES OPER.	PERFORMANCE	
____ OWNER OPERATOR	_____	____ LATE DELIVERIES	____ CHRONIC COMPLAINER
____ DRIVER FOR O/O	_____	____ CUSTOMER COMPLAINTS	____ OVER ADVANCED
____ COMPANY DRIVER	_____	____ EQUIPMENT DAMAGE	____ UNAUTHORIZED PASSENGER
____ OTHER	_____	____ BAD ATTITUDE	____ OTHER
EQUIPMENT OPERATED	____ TANKER	____ NO CHECK CALLS	
____ REEFER	____ FLATBED	____ PERSONAL PROBLEMS	
____ DRY VAN	____ OTHER	____ ARREST/CONVICTIONS	

ACCIDENTS	DATE _____	DATE _____
\$ DAMAGE _____	\$ DAMAGE _____	\$ DAMAGE _____
DESCRIPTION _____	DESCRIPTION _____	DESCRIPTION _____

REASON FOR LEAVING
____ RESIGNED WITH NOTICE
____ RESIGNED WITHOUT NOTICE
____ NO SHOW
____ TERMINATED/DISQUALIFIED
____ QUIT UNDER LOAD/ DISPATCH
____ ABANDONED EQUIPMENT
____ LAID OFF
____ OTHER _____

ALCOHOL/SUBSTANCE ABUSE INFORMATION
WAS APPLICANT DRUG TESTED ____ YES ____ NO
ANY POSITIVES? ____ YES ____ NO
ANY ALCOHOL TESTS OVER 02% ____ YES ____ NO
ANY REFUSAL TO TESTING? ____ YES ____ NO
OTHER VIOLATIONS OF DOT AGENCY DRUG AND
ALCOHOL TESTING REGULATIONS? ____ YES ____ NO
DO YOU HAVE ANY INFORMATION FROM PREVIOUS
EMPLOYERS REGARDING DRUG/ALCOHOL TESTING?
____ YES ____ NO

ELIGIBLE FOR REHIRE? ____ YES ____ NO ____ NO (COMPANY POLICY) ____ WITH REVIEW

REMARKS _____

IN ACCORDANCE WITH SECTION 382.413 AND 391.23 OF THE
FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I HEREBY
AUTHORIZE ANY AND ALL PERSON AND/OR INSTITUTIONS TO
PROVIDE ANY RELEVANT INFORMATION THAT MAY BE REQUIRED
TO COMPLETE MY QUALIFICATION

THIS FAX COMPLETED BY ____ FAX ____ PHONE ____ MAIL
FOLLOW UP DATES

____ BY ____ FAX ____ PHONE ____ MAIL
____ BY ____ FAX ____ PHONE ____ MAIL
____ BY ____ FAX ____ PHONE ____ MAIL

IF NOT RECEIVED BY THE THIRD ATTEMP. CALL USDOT OFFICE FOR HELP

PRINT NAME _____

SIGNATURE _____

DATE DOT CONTACTED _____ DOT AGENT NAME _____
CONTACTED BY _____

DATE _____