



APPLICATION FOR EMPLOYMENT

Venture Construction, 42 Locke Road, Concord NH 03301

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, veteran status, non-job related disability or any other protected group status.

ANSWER ALL QUESTIONS. PLEASE PRINT.

Position(s) applied for _____ Date of Application _____

Name _____ Social Security No. _____
Last First Middle

Cell Phone Number _____

Email Address _____

List your addresses of residency for the past 3 years.

Current Address _____
Street Apt. City

State Zip Code Home Phone _____ How Long? _____
Yr/Mo

Previous Address:

Street City State/Zip Code How Long? _____
Yr/Mo

Street City State/Zip Code How Long? _____
Yr/Mo

Street City State/Zip Code How Long? _____
Yr/Mo

Emergency Contact _____ Phone Number _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Reason for leaving _____

Are you a Veteran? _____ If yes, give details: _____

Who referred you? _____ Rate of pay expected _____

Do you have an OSHA card _____ Yes _____ No

Have you ever been convicted of a felony? _____
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar employment-all circumstances will be considered.

Is there any reason you might not be unable to perform the functions of the job for which you have applied?

If yes, explain if you wish. _____

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EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please list complete mailing address, street number, city, state, zip code and phone number.

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 stating with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
Name		From Mo Year	To Mo Year
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
Were you subject to the FMCSRs [†] while employed? Yes No			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No			
EMPLOYER		DATE	
Name		From Mo Year	To Mo Year
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
Were you subject to the FMCSRs [†] while employed? Yes No			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No			
EMPLOYER		DATE	
Name		From Mo Year	To Mo Year
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
Were you subject to the FMCSRs [†] while employed? Yes No			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No			
EMPLOYER		DATE	
Name		From Mo Year	To Mo Year
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
Were you subject to the FMCSRs [†] while employed? Yes No			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No			

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DRIVING EXPERIENCE Circle Yes or No

Class of Equipment			Circle Type of Equipment	Dates		Approx No of Miles (Total)
				From (M/Y)	To (M/Y)	
Straight Truck	Yes	No	Van, Tank, Flat, Dump, Refer			
Tractor and Semi-Trailer	Yes	No	Van, Tank, Flat, Dump, Refer			
Tractor-Two Trailers	Yes	No	Van, Tank, Flat, Dump, Refer			
Tractor- Three Trailers	Yes	No	Van, Tank, Flat, Dump, Refer			
Motor coach-School Bus	Yes	No	--			
		More than 6 Passengers				
Motor coach-School Bus	Yes	No	--			
		More than 15 Passengers				
Other: _____						

List states operated in for last 5 years _____

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

Do you hold safe driving awards and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

Do you have any mechanical experience? _____

TO BE READ AND SIGNED BY APPLICANT

By signing I certify 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 you 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 Venture Construction.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____