

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) appli	ed for				Date	e of Application_				
Name				Social Security No						
Last	me Last First				Cell Ph	one Number				
Email Address										
List your address	ses of residen	cy for the past 3 yea	ars.							
Current Address										
	Str	eet		Apt.	C	ity				
			Hon	ne Phone		How Long?				
Previous Addres	State	Zip Co	ode				Yr/Mo			
Previous Addres	5.					_ How Long?				
	Street		City	State/Zi		_	Yr/Mo			
						_ How Long?				
	Street		City	State/Zi			Yr/Mo			
						_ How Long?				
	Street		City	State/Zi		_	Yr/Mo			
Emergency Contact					Phone	Number				
Do you have the	legal right to	work in the United	States? _							
Date of Rirth			(an you nrovide	nroof o	fage?				
(Required for Com				an you provide	c p. 00. 0					
Have you worked	for this compa	ny before?		Reason fo	r leaving_					
Are you a Veteran	?	If yes, give details:								
Who referred yo	ou?			Rate of	pay expe	ected				
Do you have an	OSHA card	Yes	No							
Have you ever but the service of the	olain fully on	separate sheet of	paper. Cor	nviction of a cr	ime is no	ot an automatic b	ar employment-all			
Is there any rea	son you mig	ht not be unable to	o perform	the functions	s of the	job for which yo	ou have applied?			
If yes, explain if	you wish									



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.)

(NOTE: List employers in	DATE							
Name				From		То		
				Мо	Year	Мо	Year	
Address				Position	Held			
City	State 2	<u>Zip</u>		Salary/W	/age			
Contact Person	Phone Number			Reason f	or Leavin	g		
Were you subject to the	FMCSRs† while employed?	Yes	No					
Was your job designated	as a safety-sensitive function	in any DOT-Re	egulated m	ode subje	ct to the	drug an	d alcohol	
testing requirements of 4	19 CFR part 40? Yes	No						
	EMPLOYER				DA	TE		
Name				From		То		
				Мо	Year	Мо	Year	
Address				Position	Held			
City	ity State Zip							
Contact Person	ntact Person Phone Number							
Were you subject to the	FMCSRs† while employed?	Yes	No					
Was your job designated	as a safety-sensitive function	in any DOT-Re	egulated m	ode subje	ct to the	drug an	d alcohol	
testing requirements of 4	19 CFR part 40? Yes	No						
	EMPLOYER				DA	TE		
Name				From		То		
				Мо	Year	Мо	Year	
Address				Position	Held			
City State Zip					/age			
Contact Person Phone Number					Reason for Leaving			
Were you subject to the	FMCSRs† while employed?	Yes	No					
	as a safety-sensitive function	in any DOT-Re	egulated m	ode subje	ect to the	drug an	d alcohol	
testing requirements or		DATE						
Name	EMPLOYER			From	DA	To		
INGILIC				Mo	Year	Mo	Year	
Address				Position		1410	ı cui	
City	State Zip					Salary/Wage		
Contact Person		Reason for Leaving						
Were you subject to the	FMCSRs† while employed?	Yes	No					
	as a safety-sensitive function	in any DOT-Re	egulated m	ode subje	ct to the	drug an	d alcoho	
		•	_	,		_		

VENTURE	V	CONSTRUCTION
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					,				
EMPLOYER						DATE			
Name				From Mo	Year	To Mo Year			
Address						eld			
City	State	Zi	р		Salary/Wa	ge			
Contact Person	Phone N	Number			Reason fo	r Leavin	g		
Vere you subject to th	e FMCSRs† while emp	loyed?	Yes	No	L				
	ed as a safety-sensitive		=	Regulated	mode subject	t to the	drug and alcohol		
testing requirements o	of 49 CFR part 40? aving a GVWR of 26,00	Yes	No vahiala		d & a & a a a	15			
†The Federal Motor nighway in interstate of 10,001 lbs or more. transport hazardous m	d to transport hazardo Carrier Safety Regulati commerce to transport (2) Is designed or used aterials in a quantity r	ions (FMCS t passenger d to transpo equiring pl	Rs) apply to s or proper ort 9 or mor acarding.	anyone o ty when the e passeng	operating a moneyene vehicle: (1) gers, OR (3) is	otor vel Weighs of any s	s or has a GVWR ize and is used to		
	or past 3 years or mor	•			•				
Dates	Nature of Accide on, Rear-End, up	•	Fatalities		Injuries	На	zardous Material Spill		
ast Accident	on, Rear-Life, up	3et, etc)					Эрш		
Next Previous									
Next Previous									
TRAFFIC CONVICTIO	NS and Forfeitures for	the Past 3	Years (Othe	er Than Pa	arking Violatio	ns) If N	one, Write NONE		
Loca	ation		Date	C	Charge		Penalty		
	(Attacle (At		nore space i						
	State		ense No.		Type		Expiration Date		
		State Ele			.,,,,				
DRIVER LICENSES									
A. Have vou ever	r been denied a license	e nermit o	r nrivilege to	onerate	a motor vehic	le? YF	S NO		
B. Has any licens	se, permit or privilege ER TO EITHER A OR B IS	been suspe	ended or rev	oked?		YE	S NO		
C. Have you ever	r held a license in anot	ther state w	vithin the la	st 10 year	s?				
		EDII	CATION						
irolo highast arada ==	mnlotod: 1 2 2 4 5			chacle 1 1	2 2 1	Calla	go: 1 2 2 4		
Circle highest grade co Last school attended	-		High s	chool: 1 2	2 3 4	Colle	ge: 1 2 3 4		



DRIVING EXPERIENCE Circle Yes or No

Class of Equipment				Circle Type of Equipment	Dates From (M/Y) To (M/Y)		Approx No of Miles (Total)
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	