



DRIVER APPLICATION

Please give complete answers to ALL questions - Incomplete answers will only slow, or stall the application and our goal is to get you hired quickly.

Thank you Drivers - No matter WHO you drive for!

You are applying for a driving job with Venture Logistics using Come Drive For Us as your personal recruiter. Thank for allowing us to help you with your career search!

Position/Lane Applying For

General Information

Full Name *

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Were you at this address 3 years or more

Yes

No

Please list prior 3 year addresses here and please be complete

Social Security Number *

Phone Number *

Area Code

Phone Number

E-mail *

example@example.com

Have you ever been known by any other name?

Yes

No

Please list name

Explain ie; maiden name, name change

If hired, can you furnish proof you are eligible to work in the U.S.? *

Yes

No

License Information

Do you have a VALID Canadian driver's license *

Yes

No

License Class *

License Number *

State of Issue *

CDL Endorsements *

- None
- Tanker
- Doubles/Triples
- Hazmat
- X Endorsement
- TWIC

Please list any licenses held in other states for the previous 5 years, include license numbers if you can.

Branch of service

Have you been to truck driving school?

- Yes
- No

School information

School Name

Dates of attendance

City

State / Province

GPA if available

Country

Did you graduate?

No

EMPLOYMENT HISTORY

Work History: Please list current, or most recent employment first

Employer Name *

City, State *

Employer phone *

Area Code

Phone Number

Position Held *

Reason for leaving *

Is this your current employer? *

Yes

No

May we contact this employer at this time? *

Yes

No

Was this a driving position?

Yes

No

Type of truck

Type of trailer

Trailer length

Number of states driven

NEXT EMPLOYER

Employer Name

City, State

Position Held

Reason for leaving

Employer phone

Area Code

Phone Number

Was this a driving position?

Yes

No

Type of truck

Type of trailer

Trailer length

Number of states driven

NEXT EMPLOYER

Employer Name

City, State

Position Held

Employer phone

Area Code

Phone Number

Reason for leaving

Was this a driving position

Yes

No

Type of truck driven

Type of trailer

Trailer length

Number of states driven

Employer Name

City and State

Position

Employer Phone

Area Code

Phone Number

Reason for leaving

Was this a driving position

Yes

No

Type of truck driven

Type of trailer

Trailer length

Number of states driven

If you need additional space for past employment, please enter it here and include ALL information previously asked for.

Additional Information

Have you had any moving violations in the last 5 years? *

Yes

No

If yes, please list City, County and State, month, year and nature of offense and any fines involved

Please list miles over limit for speeding

Has your license suspended ever been suspended? *

Yes

No

If yes, please give date and length of suspension. List reason why, city, county and state

List all details asked for

Have you had any accidents in the last 5 years? *

Yes

No

If yes, please give date, explanation, city, county and state and if you received ticket/fine (amount)

Have you ever had a DUI, DWI, or OVI? *

Yes

No

If yes, please list date of offense, jail time, fine and or suspension time.

We must have complete information to satisfy insurance carrier requirements.

Have you ever been convicted of a felony? *

Yes

No

If yes, please give date and nature of offense, city, county, state and any fines and time served

Please list EVERYTHING asked for per insurance requirements

Have you ever been convicted of a misdemeanor? *

Yes

No

If yes, please list date and nature of offense, city, county and state. also jail time, probation, or fines

Additional Information

References: Please list name, address, phone and years known.

Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Phone Number

Area Code

Phone Number

Number of years known

Name

Address

Street Address

Street Address Line 2

Phone Number

Area Code

Phone Number

Number of years known

Emergency contact information

Full Name *

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Relationship to you *

Phone Number *

Phone Number

Area Code

HIGH SCHOOL

Name & City/State of High School

Did you graduate?

Yes

No