



PO BOX 909 ROYERSFORD, PA 19468

APPLICATION FOR TRACTOR-TRAILER OPERATOR

DATE _____

(Pursuant to 49 CFR 391 al et)

In compliance with Federal and State Equal Employment Opportunity Laws,
Qualified applicants are considered for all positions without regard to race, color,
religion, sex, age, natural origin, ethnic identity, or marital status.

ALL FIELDS MARKED WITH * ARE REQUIRED IN ORDER TO PROCESS YOUR APPLICATION

***PERSONAL INFORMATION**

*FIRST NAME _____ M _____ LAST NAME _____

*PRESENT ADDRESS: _____

*CITY, STATE ZIP _____ *HOW LONG _____

*ADDRESS FOR PAST 3 YEARS
CITY, STATE, ZIP* _____ *HOW LONG _____

*HOME PHONE _____ CELL PHONE _____
(Area Code First) (Area Code First)

E-MAIL ADDRESS _____

*DATE OF BIRTH _____ *SOCIAL SECURITY# _____
MM DD YYYY

- *HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME (MAIDEN, NICKNAME ETC.)? YES NO
If YES LIST NAME _____

***IN CASE OF AN EMERGENCY NOTIFY:**

*FULL NAME _____

*PRESENT ADDRESS: _____

*CITY, STATE ZIP _____

*HOME PHONE _____ WORK PHONE _____
(Area Code First) (Area Code First)

*ARE YOU A U.S. CITIZEN? YES NO

*IF NO, DO YOU HAVE A PERMANENT RESIDENT ALIEN CARD? YES NO

* HAVE YOU WORKED FOR OUR COMPANY BEFORE? YES NO

HOW DID YOU LEARN ABOUT US? NEWSPAPER _____ TV _____ BILL BOARD _____ RADIO _____

DRIVER REFERRAL _____ INTERNET _____ MAGAZINE _____ TRUCK SHOW _____

OPEN HOUSE _____ OTHER _____

***DRIVER LICENSE INFORMATION**

*CDL CLASS A _____ B _____ C _____ *CDL LICENSE NUMBER _____ *STATE _____

*EXPIRATION DATE _____ - _____ - _____ *ENDORSEMENTS X _____ T _____ H _____ N _____ P _____
 MM DD YYYY

RESTRICTION CODES _____

*HAVE YOU EVER BEEN CONVICTED OF A DUI/OUI/DWI YES NO IF YES DATE: _____

***MOTOR VEHICLE RECORD QUALIFICATIONS** List all drivers' licenses held in the past 5 years

STATE	LICENSE NUMBER	CDL CLASS	ENDORSEMENTS	EXP. DATE

***ACCIDENT RECORD** (If none, please write none) List all accident involvements with any motor vehicle for the past 5yrs (even if not at fault):

	Date	Nature of Accident (Head-on, Rear-end, ETC.)	Chargeable	CMV/Car	Fatalities	Injuries
Last Accident						
Previous Accident						
Previous Accident						
Previous Accident						

Even if you do not remember dates you must still write down any accidents. If you have had none write **NONE** in the space provided. **NOTE: LIST ALL accidents, regardless of vehicle type. Failure to list an accident may result in your disqualification.**

***TRAFFIC CONVICTIONS** (If none, please write none) List all traffic convictions and forfeitures for the past 5 years (any motor vehicle, other than parking violations):

DATE	LOCATION (City, State)	VIOLATION (speeding, disobeying traffic device, etc.)	PENALTY	TRAFFIC CONVICTION IN CMV	
				YES	NO

*HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO (If yes give dates & explain in detail reason and final outcome of suspension or revocation)

*HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO (If yes give dates & explain in detail reason and final outcome of suspension or revocation)

***DRIVING EXPERIENCE**

Class of Equipment	Type of Trailer	Dates		States of Operations in last three years
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor & 2 Trailers				
Other				

Have your been awarded any safe driving awards and from whom? _____

***GENERAL INFORMATION**

*HAVE YOU **EVER** BEEN CONVICTED OF RECKLESS OR CARELESS OPERATION OF A MOTOR VEHICLE? YES NO IF YES GIVE DATE: _____

*HAVE YOU **EVER** BEEN CONVICTED FOR DRIVING UNDER THE INFLUENCE OF ALCOHOL, A NARCOTIC DRUG, AMPHETAMINES, OR CONTROLLED SUBSTANCES? YES NO IF YES GIVE DATE: _____

*HAVE YOU **EVER** BEEN CONVICTED FOR POSSESSION, SALE, OR USE OF A NARCOTIC DRUG, AMPHETAMINE, OR CONTROLLED SUBSTANCE? YES NO IF YES GIVE DATE: _____

* HAVE YOU **EVER** BEEN CONVICTED OF A FELONY? YES NO IF YES GIVE DATE: _____

*HAVE YOU **EVER** TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU PLIED FOR, BUT DID NOT OBTAIN SAFETY SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCHOL TESTING RULES? YES NO IF YES GIVE DATE: _____

*IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN:

***EDUCATION AND TRAINING**

*HIGHEST YEAR COMPLETED IN SCHOOL _____
 G.E.D. (Graduate Equivalency Diploma) YES NO

List any training program **presently attending** or **completed** (Truck driving schools, trade schools ETC)

SCHOOL NAME _____

ADDRESS _____

CITY, STATE ZIP _____

DID YOU GRADUATE YES NO

***MILITARY SERVICE RECORD**

*HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO *BRANCH _____

*DATES OF SERVICE _____ TO _____
 MM / YR MM / YR

*HIGHEST RANK ACHIEVED _____ *TYPE OF DISCHARGE _____

***PERSONAL HISTORY FOR THE PAST 10 YEARS**

(DO NOT LEAVE GAPS BETWEEN DATES. MUST LIST PHONE NUMBERS OF PAST COMPANIES)

PRESENT OR MOST RECENT POSITION

Dates: From Month/Year		TO	Position Held
Company			Average Weekly Earnings
Address			Reason for Leaving
City	State	Zip	Typed of Trailer Pulled
Telephone ()			Type Equipment Driven
Supervisor			Number of incidents/accidents
Full or Part Time	Hours or Miles/week		States/Regions you drove in
Were you subject to the FMCSRs** 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			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR _____ TO _____

NEXT POSITION

Dates: From Month/Year		TO	Position Held
Company			Average Weekly Earnings
Address			Reason for Leaving
City	State	Zip	Typed of Trailer Pulled
Telephone ()			Type Equipment Driven
Supervisor			Number of incidents/accidents
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PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR _____ TO _____

CONTINUATION OF POSITION HISTORY*NEXT POSITION**

Dates: From Month/Year		TO	Position Held
Company			Average Weekly Earnings
Address			Reason for Leaving
City	State	Zip	Typed of Trailer Pulled
Telephone ()			Type Equipment Driven
Supervisor			Number of incidents/accidents
Full or Part Time	Hours or Miles/week		States/Regions you drove in
Were you subject to the FMCSRs** 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			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR _____ TO _____

NEXT POSITION

Dates: From Month/Year		TO	Position Held
Company			Average Weekly Earnings
Address			Reason for Leaving
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NEXT POSITION

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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			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR _____ TO _____

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

STATEMENTS TO BE READ AND SIGNED BY APPLICANT
DISCLOSURE AND RELEASE
{Fair Credit Reporting Act}

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, credit history, criminal background, and your driving record may be obtained on you for employment purposes. Sections 382, 413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations require these reports. Furthermore, you are being informed that in these investigations, consumer reports, which may contain public record information, may be requested from DAC Service, Tulsa Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation, claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and provided driving records.

Signed: _____

Date: ___/___/___

Printed Name: _____

Social Security # _____

I hereby authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. 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 applications.

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 current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend 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.

I understand that various medical tests including urine, blood or other tests approved by law may be taken as part of my employment in the job for which I am applying, and will be disclosed only to the employer to whom I am submitting this application. I hereby authorize the taking of these tests for this purpose. I also understand that medical tests are also a routine part of my employment.

I understand that results from my medical tests, whatever they may be, can be released to a court of law, if I or the Company pursue legal action against another, or is named a defendant or responsible party to a suit.

If hired, I agree to abide by all rules and regulations of the Company. Furthermore, I understand that just as I am free to resign at any time, the Company reserves the right to terminate my employment or cancel lease agreement at any time, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurances to the contrary.

This Application is current for only 30 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment or enter into a lease agreement, it will be necessary for me to fill out an application supplement. This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in the application will be sufficient cause for cancellation of this application and/or separation from the Company's service if I have been employed or entered into a lease agreement.

Signed: _____

Date: ___/___/___

Printed Name: _____

Social Security # _____

**CONSENT FOR EXCLUSION JURISDICTION IN PENNSYLVANIA FOR WORKER'S
COMPENSATION AND UNEMPLOYMENT COMPENSATION CLAIMS**

I hereby acknowledge that, if hired, I shall be a Pennsylvania Employee of Venezia Hauling, Inc./Venezia Transport Services, Inc., Pennsylvania Corporations.

I further acknowledge that regardless of where I have signed my application of employment, all of the Venezia's decisions to hire employees and contracts for hire are made only in the Commonwealth of Pennsylvania and that the employer/employee relationship between me and Venezia can only be entered into in Pennsylvania.

I further acknowledge that I am fully aware that if Venezia hires me, I will be a Pennsylvania based employee and all employees of Venezia, regardless of where the employee's claim a residence, are subject to Pennsylvania Worker's Compensation and Unemployment Compensation jurisdiction and or laws.

I HEREBY EXPRESSLY AND KNOWINGLY WAIVE JURISDICTION TO ANY OTHER STATE OTHER THAN THE COMMONWEALTH OF PENNSYLVANIA FOR WORKER'S COMPENSATION AND UNEMPLOYMENT COMPENSATION BENEFITS AND PROTECTION. I HEREBY CONSENT TO JURISDICTION IN THE COMMONWEALTH OF PENNSYLVANIA FOR WORKER'S COMPENSATION AND UNEMPLOYMENT COMPENSATION COVERAGE, BENEFITS AND HEARINGS.

I also acknowledge that the states other than Pennsylvania in which I may claim a residence may have worker's compensation and unemployment compensation benefits that are either greater than, less than or substantially different from those offered in the Commonwealth of Pennsylvania. However, I waive jurisdiction in any other state and knowingly consent to the Commonwealth of Pennsylvania's workers pursuant to Section 77 Pa. C.S.A. Section 411.2 (d) (5),[(Section 303.2 (d) (5)] of the Pennsylvania Worker's Compensation Law, which expressly permits employers and employees to consent to limitation on jurisdiction for worker's compensation claims.

Signed: _____

Date: ___/___/___

Printed Name: _____

Social Security # _____



PO Box 909 Royersford, PA 19468
Phone: 610-495-5200 Fax: 610-495-7080

INQUIRY TO PAST EMPLOYER
APPLICANT - Complete Top Section Only

Applicant's Name (print clearly) Social Security #

You are hereby authorized to give to Venezia, Inc. all information regarding my services; character and conduct while in your employ, and you are released from liability that may result from giving such information. In order to enable Venezia, Inc. to comply with the requirements of 49 CFR, 40.311, 382.413, I hereby consent to Venezia, Inc. obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 CFR 382.401 (b) (1) (I) through (III) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results and refusal to be tested within the two (2) years preceding the date of this application. I hereby authorize and direct my prior employers to release such information to Venezia, Inc. in personal interviews, Telephone interviews, letters or any other method that insures confidentiality. I hereby authorize Venezia, Inc. to release such information to any of its personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it. I acknowledge, that I have the right to due process as identified in 49 CFR 391.23 to correct information submitted under this authorization.

Applicant's Signature: Date:

* APPLICANT STOP HERE *

Former Employer: Please provide the following information about this applicant.

Name of Company: Phone:
Street Address: City: State: Zip:
Period of Employment: From To
Position Held: Company Driver Owner Operator Driver For O/O
Full Time Part Time
Equipment: Tractor & Trailer-Vans 48' 53' Tractor & Trailer-Tank Flatbed Other
List Areas in which applicant drove regularly:

Was the driver in any DOT Accidents per 49 CFR 390.5 during the previous three (3) years? (The 3 year period starts with the accidents, which occurred on or after 4/29/2003). Yes No

If Yes, provide the following data elements for each as required by 49 CFR 390.15 (b) (1)

Table with 7 columns: Date, City/Town/State, # of Injuries, # of Fatalities, Vehicles Towed, Hazmat Spilled, Description

All Other Accidents: Total Number

Date Preventable: Y or N Description
Date Preventable: Y or N Description
Date Preventable: Y or N Description

Why did applicant leave your employment?

Is applicant eligible for rehire? Yes No If no, why?

In accordance with part 382.405 (f) and 382.413 (a) (b) (c) (d) (e) (f): Yes No

Has this person ever had an alcohol test concentration of 0.04 or greater in the past two years?
Has this person ever tested positive for a controlled substance in the past two years?
Has this person ever refused a required test for drugs or alcohol in the past two years?
Has this person violated other DOT drug or alcohol regulations in the past two years?
Have you received information from a previous employer that this person violated drug or alcohol regulations in the past two years?

Additional comments:

Signature: Title: Date:
1st Attempt 2nd Attempt 3rd Attempt 4th Attempt 5th Attempt
Date Date Date Date Date
Time Time Time Time Time
Method Method Method Method Method
Contact Contact Contact Contact Contact