

Venture Tours, Inc.

Driver Application

Please bring the following information with you when you turn in your application:

1. Valid **CDL** License with a **P** endorsement
2. Copy of current **DOT Physical** and/or **Medical Card**
3. Copy of current **DMV** driving record

Failure to provide any of these items will delay the processing of your application.

*Please note, applications are reviewed on an as-needed basis. **If your application is chosen for further consideration, you will be contacted.** Correspondence may not be made for declined applications.*

ATTENTION ALL APPLICANTS

Effective January 1, 2013, Venture Tours Inc. is offering seasonal employment positions only. These positions are only available on an as-needed or on-call basis depending on customer demand.

We cannot guarantee daily, weekly, or monthly employment. All seasonal employees are subject to a ninety day probation period. Your employment with Venture Tours Inc. is at-will and is entered into voluntarily.

Applicant's signature: _____

Date: _____

VENTURE TOURS

600 S. Military Hwy.
Virginia Beach, VA 23464
Office 757-494-1480, Fax 757-494-1508

APPLICATION FOR EMPLOYMENT

THE FOLLOWING INFORMATION IS NEEDED FOR A LEGALLY PERMISSABLE REASON, INCLUDING, WITHOUT LIMITATION, NATIONAL SECURITY CONSIDERATIONS, A LEGITIMATE OCCUPATIONAL QUALIFICATION OR BUSINESS NECESSITY. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN. FEDERAL LAW ALSO PROHIBITS DISCRIMINATION BASED ON AGE, CITIZENSHIP, AND DISABILITY. THE LAWS OF MOST STATES ALSO PROHIBIT SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATION AS WELL AS SOME ADDITIONAL TYPES SUCH AS ANCESTRY, MARITAL STATUS, AND SEXUAL PREFERENCE.

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	DATE
STREET ADDRESS		HOME TELEPHONE ()	
CITY	STATE	ZIP CODE	BUSINESS TELEPHONE ()
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? YES / NO IF YES: MONTH & YEAR _____		SOCIAL SECURITY #	
POSITION DESIRED		PAY EXPECTED	
ARE YOU AVAILABLE FOR FULL-TIME EMPLOYMENT? YES / NO IF NOT, WHAT HOURS CAN YOU WORK? _____		OVERTIME IF NEEDED? YES / NO	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES / NO IF YES, PROOF WILL BE REQUIRED		WHEN CAN YOU BEGIN?	
OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.)		DATE OF BIRTH	
WHAT WAS YOUR PREVIOUS ADDRESS?		HOW LONG AT PRESENT ADDRESS?	
		HOW LONG AT PREVIOUS ADDRESS?	
HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT? YES / NO			
IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, PLEASE EXPLAIN:			

HAVE YOU EVER TESTED POSITIVE ON A PREVIOUS CONTROLLED SUBSTANCE TEST? YES / NO

Please provide 10 years of employment history. Use an additional sheet if needed.

EMPLOYMENT	
PLEASE GIVE FULL & PART-TIME EMPLOYMENT, BEGINNING WITH YOUR PRESENT EMPLOYER	
COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED - (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB TITLE & DESCRIBE YOUR WORK _____	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR'S) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES / NO

WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES / NO

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED - (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB TITLE & DESCRIBE YOUR WORK _____	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR'S) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES / NO

WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES / NO

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED - (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB TITLE & DESCRIBE YOUR WORK _____	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR'S) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES / NO

WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES / NO

DRIVING EXPERIENCES

THIS INFORMATION MAY BE USED AND YOUR PREVIOUS EMPLOYERS CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR BACKGROUND.

DRIVING LICENCES, PERMITS, ENDORSEMENTS, ETC. THAT YOU CURRENTLY HOLD

STATE	LICENSE NUMBER	CLASS OF LICENSE	EXPIRATION DATE

DRIVING EXPERIENCES FOR THE PAST 3 YEARS

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT - VAN, FLAT, TANK, ETC.	DATES FROM TO	APPROXIMATE # OF TOTAL MILES
MOTOR COACH			
SCHOOL BUS			
TRANSIT BUS			
STRAIGHT TRUCK			
OTHER			

MOTOR VEHICLE RECORD FOR AT LEAST 3 YEARS

DATE	TYPE OF ACCIDENT	INJURIES/ FATALITIES	CLAIMS

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS

LOCATION	DATE	CHARGE	PENALTY

QUESTIONS - ATTATCH A DETAILED STATEMENT FOR ANSWERS CHECKED "YES"

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES / NO IF YES, ATTATCH A DETAILED EXPLANATION.

HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED OR DISQUALIFIED YOU FROM DRIVING?

YES / NO IF YES, ATTATCH A DETAILED EXPLANATION.

IN WHAT STATES DID YOU OPERATE IN THE LAST 5 YEARS?

WHAT SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

WHAT SPECIAL COURSES OR TRAINING HAVE YOU HAD FOR DRIVING?

HAVE YOU EVER FILED A WORKMAN'S COMPENSATION CLAIM?

YES / NO **IF YES, ATTATCH A DETAILED EXPLANATION.**

MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? YES / NO

IF "YES", WHAT BRANCH?

DESCRIBE ANY TRAINING RECEIVED THAT MAY BE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETE	DID YOU GRADUATE	DEGREE
GRADUATE					
COLLEGE					
BUSINESS/ TRADE/ TECHNICAL					
HIGH SCHOOL					
GRADE SCHOOL					

OTHER EXPERIENCES & QUALIFICATIONS

EXPERIENCES

TRAINING AND COURSES

LICENSES AND CERTIFICATES

EQUIPMENT

SOFTWARE

This certifies that 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.

APPLICANT SIGNATURE

DATE

**FOR THE FOLLOWING PAGE, "SAFETY PERFORMANCE HISTORY RECORDS
REQUEST", ONLY COMPLETE THE FOLLOWING ENTRIES:**

PRINT NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

APPLICANT'S SIGNATURE

DATE

**We will determine which employers we need to send this to and make copies as
needed.**

SAFETY PERFORMANCE HISTORY RECORDS REQUEST



PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____	
Social Security Number _____	
Hereby authorize: _____	
Date of Birth _____	
Previous Employer: _____	Email: _____
Street: _____	Telephone: _____
City, State, Zip: _____	Fax No.: _____
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.	
(employment application date)	
To:	Prospective Employer: <u>VENTURE TOURS, INC.</u>
	Attention: <u>SEBASTIAN SCOTT</u> Telephone: <u>757-494-1480</u>
	Street: <u>600 S. MILITARY HIGHWAY</u>
	City, State, Zip: <u>VIRGINIA BEACH, VA 23464</u>
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: <u>757-494-1508</u>	
Prospective employer's email address: <u>SCOTT@VENTUREBUSTOURS.COM</u>	
_____	_____
Applicant's Signature	Date
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER			
ACCIDENT HISTORY				
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employed as _____ from (m/y) _____ to (m/y) _____				
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____				
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>				
If there is no safety performance history to report, check <u>here</u> <input type="checkbox"/> sign below and return.				
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.				
Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____				

Any other remarks: _____				

Signature: _____				
Title: _____ Date: _____				

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3



PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> fill in the dates of <u>employment from</u> _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on <u>page 1</u>.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is <u>obtained</u>.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
 - Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
 - Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
 - Record receipt of the information
 - Retain the form