



DRIVER APPLICATION FOR EMPLOYMENT

Instructions:

- 1) Fill all fields, do not leave any field blank. Write NA if not applicable.
- 2) Use blue or black ink pen, DO NOT use red ink.
- 3) Provide a minimum of three years and a maximum of 10 years residential address history. If in Canada for less than three years, write "migrated to Canada" in place of address.
- 4) Provide a minimum of three years employment history. Of driving a commercial vehicle for longer than three years provide up to ten years job history. If in Canada for less than three years, write "migrated to Canada" as previous employer.

Acknowledgement:

- 1) I understand that filling this application and subsequent acceptance by company does not make me an employee of The company or any of its subsidiaries.
- 2) If my application is accepted, I will be working with The company as a sub-contractor.
- 3) All the information provided is true to the best of my knowledge.
- 4) I _____ authorize the company to make such inquiries of my personal, employment, financial, or medical history and other related matters as they may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons and institutions from all liability in responding to inquiries and releasing information in connection with my application.
- 5) In the event of an offer of work by the company, I understand that
 - a) False or misleading information given in my application or interview(s) may result in The company canceling my contract
 - b) I am required to abide by all the rules and regulations
- 6) 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:
 - a. Review information provided by previous employers;
 - b. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
 - c. 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.

Name: _____ Sign: _____ Date: _____

Position applied for: Driver (sub-contractor) Owner-operator (sub-contractor)

Applicant name: _____ Date of app: ____ / ____ / ____

S.I.N number: _____

License number: ____ - ____ - ____ State/Pro: ____ Type: ____ Expiry: ____ / ____ / ____

Date of birth: ____ / ____ / ____ Can you provide proof of age? _____

Current & previous three year addresses

Current: _____ From: _____ To: _____
 Address City State/Pro Postal Code mm/yyyy mm/yyyy

Previous: _____ From: _____ To: _____
 Address City State/Pro Postal Code mm/yyyy mm/yyyy

Previous: _____ From: _____ To: _____
 Address City State/Pro Postal Code mm/yyyy mm/yyyy

Phone: Home (____) ____ - ____ - ____ Cell (____) ____ - ____ - ____

E-mail address: _____

Person to be contacted in emergency: Name _____ Tel: _____

Do you have a legal right to work in Canada?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you ever worked (UNDER SUB-CONTRACT) with this company before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If Yes: Date From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for Leaving: _____

Are you currently employed? _____ Who referred you to us? _____

Are you available for trips to Eastern Canada?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do you have a FAST card? If Yes, card #:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is there any reason you may be unable to perform the functions of the job for which you have applied? If yes, please explain?

Are you legally allowed to work in the US?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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. List complete mailing address, street number, city, state and zip code. 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 starting with the most recent. Add another sheet as necessary)

Employment History (starting with most recent):

Name: _____ Date (mm/yy) From: _____ To _____

Address: _____

City: _____ PR: _____ Postal Code: _____ Ph #: _____

Contact Person: _____ Email: _____

Position: _____ Salary: _____ Reason for leaving: _____

Previous Employer: _____ Date (mm/yy) From: _____ To _____

Address: _____

City: _____ PR: _____ Postal Code: _____ Ph #: _____

Contact Person: _____ Email: _____

Position: _____ Salary: _____ Reason for leaving: _____

Previous Employer: _____ Date (mm/yy) From: _____ To _____

Address: _____

City: _____ PR: _____ Postal Code: _____ Ph #: _____

Contact Person: _____ Email: _____

Position: _____ Salary: _____ Reason for leaving: _____

Previous Employer: _____ Date (mm/yy) From: _____ To _____

Address: _____

City: _____ PR: _____ Postal Code: _____ Ph #: _____

Contact Person: _____ Email: _____

Position: _____ Salary: _____ Reason for leaving: _____

Accident Record for Past 3 Years Or More (attach sheet if more space is needed) if none, write NONE

Dates	Nature of Accident (ex. Head-on, Rear-end)	Fatalities/Injuries	Hazardous Material Spill

Traffic convictions and forfeitures for the past 3 years (other than parking violations) if none, write none

Date	Location	Charge	Penalty

Experience and Qualifications- Driver

List all driver licenses or permits held in the past 3 years

State	License #	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes	No

Has any license, permit or privilege ever been suspended or revoked?

Yes	No

If yes, please give details.

Driving Experience (If you have experience with the following, please note)						
Class of Equipment			Type of Equipment	Dates		Total # of Miles
	Y	N		From (mm/yy)	To (mm/yy)	
Straight Truck	Y	N				
Tractor And Semi-Trailer	Y	N				
Tractor • Two Trailer	Y	N				
Motor-coach - School Bus (more than 8 pass.)	Y	N				
Motor-coach - School Bus (more than 15 pass.)	Y	N				
Other	Y	N				

List states operated in for last five years:

Note any special courses/training/other experience that will help you as a driver:

Education

Circle highest grade completed: High School: 9 10 11 12 College/Uni: Yr. 1 2 3 4

Last Attended:

Name:

City/Province:

Type (certificate/degree/diploma etc.):

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Signature:

Date:
