

DRIVER EMPLOYMENT APPLICATION

Company Name:

Address:

PERSONAL INFORMATION

Date _____ Position Applied For: o/o: driver:

Name _____

Social Insurance Number _____ Country of Birth _____

Nationality: _____ Passport # _____

WCB # _____ GST # _____

Portpass # _____

Date of Birth _____

Address _____

City _____ Prov. _____ Postal Code _____

Cell Phone _____ Secondary Contact _____

Emergency Contact (Name & Phone) _____

Email: _____

(If not longer than three years at the above address, please provide your previous address)

Address _____

City: _____ Prov. _____ Postal Code _____

Have you previously worked for this company? _____ If yes, dates previously worked from _____ to _____ Position _____

Are you presently employed? _____ If no, for how long since your last position? _____

Where did you hear about us? _____ What rate of pay did you expect? _____

Driver License Number:	Issuing Province:	
Class:	Issue Date:	Expiry Date

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

Has your License, permit or privilege to drive ever been suspended or revoked? _____

Have you ever applied for a license in a different province? If yes, which province _____

Do you still hold that license? _____

EDUCATION

What is the highest education level you completed? _____

School/ College/University (last attended) _____

Driving Training School _____

MEDICAL HISTORY

Do you have any physical limitations, which would impair your ability to perform the position you have applied for? _____ If yes, what? _____

Are you physically capable of heavy lifting and manual work? _____

How much time have you lost from work in the last three years due to sickness or injury? _____

Are you willing to take a physical examination? _____ Have you ever been tested for drugs? _____ If yes, have you ever tested positive? _____ Do you permit us to contact your previous employers in regard your results? _____

DRIVING EXPERIENCE

Class of Vehicles	Type of Vehicle Truck, Van, Tank, Grain	For How Long (years)	Total Miles Driven (approx.)
Straight Truck			
Tractor/ Trailer			
Bus			
Car			
Other			

List provinces and states operated in for the past ten years _____

Describe any other trucking/ transportation experience that will assist you in working for this

Work _____

ACCIDENT RECORD

Date	Type of Accident	Fatalities	Injuries

TRAFFIC VIOLATION RECORD

Date	Nature of Violation	Location	Fine

<u>EMPLOYMENT HISTORY</u>	
Employer	Period
Name:	Position:
Address:	From:
City: Prov.: P. Code:	To:
Tele: Fax:	Contact:
Reason for Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Period
Name:	Position:
Address:	From:
City: Prov.: P. Code:	To:
Tele: Fax:	Contact:
Reason for Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Period
Name:	Position:
Address:	From:
City: Prov.: P. Code:	To:
Tele: Fax:	Contact:
Reason for Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Period
Name:	Position:
Address:	From:
City: Prov.: P. Code:	To:
Tele: Fax:	Contact:
Reason for Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Period
Name:	Position:
Address:	From:
City: Prov.: P. Code:	To:
Tele: Fax:	Contact:
Reason for Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Period
Name:	Position:
Address:	From:
City: Prov.: P. Code:	To:
Tele: Fax:	Contact:
Reason for Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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

TO BE READ AND SIGNED BY THE APPLICANT

I certify that this application was completed by me, and all the entries and information contained in it are true and complete to the best of my knowledge.

I authorize you to make any investigations or inquire into my personal, medical history and other related matters that may be necessary to reach a decision regarding my employment.

I release all persons from all liability in responding to inquiries made in connection with this application.

If I am hired, I understand that false or misleading information given in this application or subsequent interview(s) may result in the termination from the employment.

I also understand that I am required to abide by the rules, regulations and procedures as laid down in the company's policies.

I understand that should I wish to terminate my employment with the company, I will hand in two weeks written notice in advance and my final payment will be given to me 60 days from the date of the letter.

Date

Signature of Applicant

ASSESSMENT REPORT

	Superior	Good	Average	Poor
Application				
Interview				
Past Experience				
Road Test				
Driving Record				

HIRING RECORD

Date Applicant Hired _____ Terminal Employed At _____

Signature

Title/ Position

Date of Applicant's Notice _____ Date Terminated _____

Reason for Termination _____

Signature

Title/Position

Date Re-hired _____ Terminal Employed At _____

Signature

Title/ Position

Date of Applicant's Notice _____ Date Terminated _____

Reason for Termination _____

Signature

Title/Position

Notes: