



In compliance with Federal and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disabilities.

Our company policy requires a minimum of 2 years experience.

Interviewed by

Road tested by

Application Date	mm	dd	yyyy
Last Name			
First Name			
SIN No.			
Home Tel	area		
Cell Phone	area		
email			

Position Applied for	Driver		
Middle Name			
DOB	mm	dd	yyyy
Date Available	mm	dd	yyyy
Drivers License #			
Class		Prov	
Years Licensed A/Z (minimum of 2)			

Emergency Contact	
Name	
Relationship	
Address	<input type="radio"/> same as mine
City/Town	
Daytime Tel	area
Other Tel	area

PLEASE ATTACH COPIES OF :

CANADIAN-ONLY DRIVERS

- Driver's License (front and back)
- Driver Abstract (< 7 days old)
- CVOR Drivers' Abstract (< 7 days old)
- Void cheque (for direct deposit)

US-BOUND DRIVERS ALSO INCLUDE:

- Police Clearance or I-94 Card or waiver (< 30 days old)
- FAST Card (if held)

General Employment

Medical

Are you legal to work in Canada? yes no

Is there any reason you might be unable to perform the functions of the job for which you have applied? Explain.

Current Citizenship?

Can you legally cross the US / Canadian border? yes no

Are you able to load and unload a trailer if required? yes no

Are you currently employed? yes no

Are there any medical restrictions? yes no

Have you worked for us before? yes no
if yes, provide reason for leaving below.

Have you had previous WSIB claims? if so explain below yes no



Current Home Address			
Unit #/Street			
City/Town			
Province		Postal	
How Long?		<input type="radio"/> years <input type="radio"/> months	if less than 3 years, give prior address

Mailing Address (if different)			
Unit #/Street			
City/Town			
Province		Postal	
care of			

Prior Home Address #1			
Unit #/Street			
City/Town			
Province		Postal	
How Long?		<input type="radio"/> years <input type="radio"/> months	

Prior Home Address #2			
Unit #/Street			
City/Town			
Province		Postal	
How Long?		<input type="radio"/> years <input type="radio"/> months	

EMPLOYMENT HISTORY				
Employer #1 (most recent)		** please include time spent unemployed **		
Employer			-or- Unemployed?	<input type="radio"/> yes
Start Date	mm	yyy	May we contact employer?	<input type="radio"/> yes <input type="radio"/> no
End Date	mm	yyy	Contact Name	
City/Town			Contact Title	
Province			Contact Phone	
Position(s)			Contact email	
Final Salary \$			Were you subject to FMCSR while contracted with the above employer?	<input type="radio"/> yes <input type="radio"/> no
Reasons for leaving			Was the job designated as a safety-sensitive function and/or DOT regulated and subject to alcohol & drug testing under CFR 49, part 40?	<input type="radio"/> yes <input type="radio"/> no



EMPLOYMENT HISTORY				
Employer #2				
Employer				-or- Unemployed? <input type="radio"/> yes
Start Date	mm	yyyy	May we contact?	<input type="radio"/> yes <input type="radio"/> no
End Date	mm	yyyy	Contact Name	
City/Town			Contact Title	
Province			Contact Phone	
Position(s)			Contact email	
Final Salary \$			Were you subject to FMCSR while contracted with the above employer?	<input type="radio"/> yes <input type="radio"/> no
Reasons for leaving			Was the job designated as a safety-sensitive function and/or DOT regulated and subject to alcohol & drug testing under CFR 49, part 40?	<input type="radio"/> yes <input type="radio"/> no

EMPLOYMENT HISTORY				
Employer #3				
Employer				-or- Unemployed? <input type="radio"/> yes
Start Date	mm	yyyy	May we contact?	<input type="radio"/> yes <input type="radio"/> no
End Date	mm	yyyy	Contact Name	
City/Town			Contact Title	
Province			Contact Phone	
Position(s)			Contact email	
Final Salary \$			Were you subject to FMCSR while contracted with the above employer?	<input type="radio"/> yes <input type="radio"/> no
Reasons for leaving			Was the job designated as a safety-sensitive function and/or DOT regulated and subject to alcohol & drug testing under CFR 49, part 40?	<input type="radio"/> yes <input type="radio"/> no



EMPLOYMENT HISTORY				
Employer #4				
Employer				-or- Unemployed? <input type="radio"/> yes
Start Date	mm	yyyy	May we contact?	<input type="radio"/> yes <input type="radio"/> no
End Date	mm	yyyy	Contact Name	
City/Town			Contact Title	
Province			Contact Phone	
Position(s)			Contact email	
Final Salary \$			Were you subject to FMCSR while contracted with the above employer?	<input type="radio"/> yes <input type="radio"/> no
Reasons for leaving			Was the job designated as a safety-sensitive function and/or DOT regulated and subject to alcohol & drug testing under CFR 49, part 40?	<input type="radio"/> yes <input type="radio"/> no

EMPLOYMENT HISTORY				
Employer #5				
Employer				-or- Unemployed? <input type="radio"/> yes
Start Date	mm	yyyy	May we contact?	<input type="radio"/> yes <input type="radio"/> no
End Date	mm	yyyy	Contact Name	
City/Town			Contact Title	
Province			Contact Phone	
Position(s)			Contact email	
Final Salary \$			Were you subject to FMCSR while contracted with the above employer?	<input type="radio"/> yes <input type="radio"/> no
Reasons for leaving			Was the job designated as a safety-sensitive function and/or DOT regulated and subject to alcohol & drug testing under CFR 49, part 40?	<input type="radio"/> yes <input type="radio"/> no



EDUCATION						
High School Completed?	<input type="radio"/> yes <input type="radio"/> no	High School Name / City				
If no, circle highest grade completed	1 2 3 4 5 6 7 8 9 10 11					
College / University Diploma / Degrees						
Last College / University Name				Date Complete		

COLLISION/INCIDENT HISTORY					
please report ALL collisions and incidents, both commercial and personal for the last five years, whether preventable or not, on public or private roads.					
Incident #1 Date	mm	dd	yyy	Location	
Nature of collision					
Fatalities	<input type="radio"/> yes <input type="radio"/> no	Preventable?	<input type="radio"/> yes <input type="radio"/> no	Charges Laid?	<input type="radio"/> yes <input type="radio"/> no
Injuries	<input type="radio"/> yes <input type="radio"/> no	Comments			

Incident #2 Date	mm	dd	yyy	Location	
Nature of collision					
Fatalities	<input type="radio"/> yes <input type="radio"/> no	Preventable?	<input type="radio"/> yes <input type="radio"/> no	Charges Laid?	<input type="radio"/> yes <input type="radio"/> no
Injuries	<input type="radio"/> yes <input type="radio"/> no	Comments			

Incident #3 Date	mm	dd	yyy	Location	
Nature of collision					
Fatalities	<input type="radio"/> yes <input type="radio"/> no	Preventable?	<input type="radio"/> yes <input type="radio"/> no	Charges Laid?	<input type="radio"/> yes <input type="radio"/> no
Injuries	<input type="radio"/> yes <input type="radio"/> no	Comments			

attach separate sheet if needed.



TRAFFIC CONVICTIONS / CITATIONS HISTORY

please report ALL traffic convictions, citations and forfeitures for the past 3 years (other than parking violations).

Incident #1 Date	mm	dd	yyy	Location	
Charges					
Penalty					

Incident #2 Date	mm	dd	yyy	Location	
Charges					
Penalty					

Incident #3 Date	mm	dd	yyy	Location	
Charges					
Penalty					

attach separate sheet if needed.

Have you ever had your license to operate a motor vehicle:
if YES, provide details

if NO, please complete the following

- suspended
- revoked
- denied

I, _____, hereby guarantee that I have never been denied a license nor had a license to operate a motor vehicle suspended or revoked for any reason.

Signature of applicant: _____



DRIVING EXPERIENCE

Straight & Medium Duty Trucks	<input type="radio"/> box <input type="radio"/> container <input type="radio"/> van	<input type="radio"/> flatbed <input type="radio"/> delivery <input type="radio"/> platform	<input type="radio"/> utility/fire <input type="radio"/> bottler <input type="radio"/> other →	
Estimated # Miles/KMs	<input type="radio"/> miles <input type="radio"/> kms		Estimated # Years	

Tractor & Semi Trailer	<input type="radio"/> end dump – quad <input type="radio"/> end dump – triaxle <input type="radio"/> van / covered	<input type="radio"/> walking floor <input type="radio"/> flatbed <input type="radio"/> live bottom	<input type="radio"/> reefer <input type="radio"/> cement <input type="radio"/> liquid	<input type="radio"/> container / modal <input type="radio"/> garbage / dump <input type="radio"/> other →
Estimated # Miles/KMs	<input type="radio"/> miles <input type="radio"/> kms		Estimated # Years	

Tractor & Two Trailers/Pup	<input type="radio"/> end dump – quad <input type="radio"/> end dump – triaxle <input type="radio"/> van / covered	<input type="radio"/> walking floor <input type="radio"/> flatbed <input type="radio"/> live bottom	<input type="radio"/> reefer <input type="radio"/> cement <input type="radio"/> liquid	<input type="radio"/> container / modal <input type="radio"/> garbage / dump <input type="radio"/> other →
Estimated # Miles/KMs	<input type="radio"/> miles <input type="radio"/> kms		Estimated # Years	

JURISDICTIONS & TRAINING

List Areas Operated in Last Five Years	<input type="radio"/> Ontario <input type="radio"/> Quebec <input type="radio"/> Atlantic	<input type="radio"/> Prairies <input type="radio"/> BC <input type="radio"/> Northern	<input type="radio"/> US Northern <input type="radio"/> US Eastern <input type="radio"/> US West Coast	<input type="radio"/> US Southern <input type="radio"/> US Midwest <input type="radio"/> Alaska/Hawaii/Other
List Transmissions Used	<input type="radio"/> 18's <input type="radio"/> 15's <input type="radio"/> 10's	<input type="radio"/> 8 LL's <input type="radio"/> Other →		
List any special courses or training you have received	<input type="radio"/> WHMIS <input type="radio"/> TDG <input type="radio"/> Reg 347	<input type="radio"/> OHSa (US) <input type="radio"/> HazMat <input type="radio"/> Confined	<input type="radio"/> Defensive/Skid <input type="radio"/> Forklift / Heavy Eq. <input type="radio"/> Other (specify) →	
Do you hold any safe driving awards or other distinctions?				



REFERENCES				
transportation-related references only, not personal references.				
Name	Title	Company	Phone	Email

CERTIFICATION

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete.

This authorization shall remain on file and shall serve as on-going authorization for:

- (i) the collection, use and disclosure of my information for the purposes stated above;
- (ii) the Company re-checking and updating their files, at any point during or after my relationship with the Company, by making similar inquiries as described above;
- (iii) the Company sharing with each other information they have obtained on me;
- (iv) the Company sharing their files with third parties who may be interested in employing me (now and after my employment or contract with the Company is terminated) and
- (v) the disclosure of my information, if deemed reasonably necessary, in anticipation of and in the course of an actual or potential sale, reorganization, consolidation, merger or amalgamation of the Company;
- (vi) the investigation of illegal, potentially fraudulent or questionable activities and (vii) when required or permitted by law.

This authorization is effective immediately upon execution of this document, and continues throughout my relationship with the company, and after my relationship with the Company terminates.

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 I have the right to:

- Review information provided by previous employers;
- 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
- 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 hereby release the Company, employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the Company. For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. Except as provided for herein, or with your prior consent, the Company shall not use the information gathered on me for any other purpose.

Date: _____ Applicant Signature: _____