



1030 Salk Road
Pickering, Ontario
L1W 3C5 Canada

DRIVER APPLICATION FOR EMPLOYMENT

www.cam-scott.com

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 disability.

Please answer all questions as completely as possible – please print.

Signature of Applicant _____ Date of application (dd/mm/yyyy) _____

Name _____ Phone () _____ Email _____
(Last, First, Middle)

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

List your addresses of residency for the past three years. Attach a separate sheet if necessary.

Current Address _____ How Long? _____
Street City Province/State Postal/Zip Code

Previous Addresses

Address 1 _____ How Long? _____
Street City Province/State Postal/Zip Code

Address 2 _____ How Long? _____
Street City Province/State Postal/Zip Code

Address 3 _____ How Long? _____
Street City Province/State Postal/Zip Code

Do you have the legal right to work in Canada? _____

Position(s) applied for: _____ Full Time Part Time Temporary

Who referred you? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving? _____

Names of any relatives employed by this company? _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
Name Address

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

EMPLOYMENT HISTORY

Please provide employment for the past three years. 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: Start with last or current position, including military experience, and work back.. Add another sheet as necessary.)

Current Employer _____ Supervisor's Full Name _____
 Full Address _____ Postal/Zip Code _____ Phone (____) _____
 Position Held _____ Dates: From _____ To _____ Salary _____
 Reason for leaving? _____

Company _____ Supervisor's Full Name _____
 Full Address _____ Postal/Zip Code _____ Phone (____) _____
 Position Held _____ Dates: From _____ To _____ Salary _____
 Reason for leaving? _____

Company _____ Supervisor's Full Name _____
 Full Address _____ Postal/Zip Code _____ Phone (____) _____
 Position Held _____ Dates: From _____ To _____ Salary \$ _____
 Reason for leaving? _____

*Note: Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

DRIVER EXPERIENCE AND QUALIFICATIONS

Licenses

Driver Licenses held in past 5 years must be shown	Province/State	License Number	Class	Endorsement(s)	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes Nb
2. Has any license, permit or privilege ever been suspended or revoked? Yes Nb
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes Nb

If you answered "Yes" to questions 1,2, or 3 above, please attach a statement giving details.

Drivers Experience (if none, please print "NONE")

Class of Equipment	Type of Equipment (Van, Reefer, Flat, etc.)	Dates		Approximate Total Miles/Kilometres
		From	To	
Straight Truck				
Tractor & Flat bed				
Tractor & Refrigerated Trailer & Dry Van				
Tractor & Trains (A or B)				
Other				

Please list Provinces/States operated in for the last five years _____

Please list special courses or training that will help you as a driver _____

Please list driving awards held and who awards were presented by _____

Accident review for past three years. Attach a separate sheet if necessary. (if none, please write "NONE")

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past three years other than parking violations. (if none, please write "NONE")

Location	Date	Charge	Penalty

Attach a separate sheet if necessary

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 complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 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.

Date

Applicant's Signature

Should you require assistance in the completion of this application, please call 905-438-1802 between the hours of 8 a.m. and 5 p.m. EST Monday-Friday.

All information on this form will be held in the strictest confidence.