

## DRIVER APPLICATION FOR EMPLOYMENT

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

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

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Name \_\_\_\_\_ Date of Birth date \_\_\_\_/month\_\_\_\_/year\_\_\_\_  
(Last, First, Middle) (required for commercial drivers)  
Phone( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_  
SIN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Current Address \_\_\_\_\_ How Long? \_\_\_\_\_

Street City Province Postal Code

### Previous Addresses

Address 1 \_\_\_\_\_ How Long? \_\_\_\_\_

Street City Province Postal Code

Address 2 \_\_\_\_\_ How Long? \_\_\_\_\_

Street City Province Postal Code

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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? \_\_\_\_\_

Name 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, what name? \_\_\_\_\_

### EMPLOYMENT HISTORY

Please provide employment for the past three years. Applicants to drive a commercial motor vehicle\* in intrastate or intrastate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(Note: Start with the most current position, including military experience, and work back. Add another sheet if 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? \_\_\_\_\_

\*Note: Includes vehicle 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.

## EMPLOYMENT HISTORY CONTINUED

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? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

## DRIVER EXPERIENCE AND QUALIFICATIONS

### Licences

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

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes    No
2. Has any licence, permit or privilege ever been suspended or revoked? Yes    No
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes    No

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	

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 also who awards were presented by \_\_\_\_\_

### Accident review for past three years. Attach a separate sheet if necessary. (If none, Please print "NONE")

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

### Traffic Convictions and Forfeitures for the past three years other than parking violations. (If none, Please print "NONE")

Location	Date	Charge	Penalty

Attach a separate sheet if necessary

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### 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 the use of my social insurance number for tax reporting, identification and the administration of my benefits."

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 liabilities in responding to inquiries and releasing information in connection with my application.

In 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 \_\_\_\_\_