



DUAL DRIVER APPLICATION FORM

PLEASE PRINT CLEARLY

DATE: _____

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ SEX: _____

ADDRESS: _____ CITY: _____

PROV: _____ POSTAL CODE: _____

TELEPHONE: (H) _____ (CELL) _____

PROVINCE OF ISSUANCE OF DRIVERS LICENCE: _____ #: _____ CLASS: _____

DESCRIPTION OF OPERATION

THIS IS A DESIGNATED DRIVING COMPANY. AT NO TIME CAN YOU CARRY PASSENGERS. YOU MUST OBEY ALL TRAFFIC LAWS AND SPEED LIMITS. YOU MUST CARRY COMPREHENSIVE INSURANCE. AT NO TIME ARE YOU TO BE UNDER THE INFLUENCE OF ANY DRUGS OR ALCOHOL. PRESCRIBED MEDICATION TO BE NOTIFIED TO YOUR SUPERVISOR, LISTED / EMAILED TO SUPERVISOR AND ALL LABELLED WARNINGS FOLLOWED EXPLICITLY.

INITIALS: _____

NUMBER OF YEARS EXPERIENCE DRIVING VEHICLES: _____ OPERATE MANUAL TRANSMISSION? _____

DESCRIPTION OF THE VEHICLE(S) TO BE USED FOR DEZZ

RENTAL----- Y / N (if yes, skip this and ensure dispatch has vehicle info prior to shift)

VEHICLE TYPE _____ YEAR: _____

MAKE: _____ MODEL: _____

COLOUR: _____ PLATE#: _____

I CERTIFY THAT I AM QUALIFIED TO OPERATE A VEHICLE IN THIS PROVINCE AND WILL ABIDE BY ALL OF ITS REGULATIONS. REGULATIONS ARE AVAILABLE IN THE TRAFFIC SAFETY ACT.

NAME: _____ SIGNATURE: _____

PLEASE NOTE, WITH THIS APPLICATION, YOU MUST SUPPLY A CRIMINAL RECORDS CHECK AND A CURRENT 5 YEAR DRIVERS ABSTRACT.