



Driver's Application for Employment

**PLEASE ATTACH THE FOLLOWING:
- COPY OF CURRENT DRIVER'S LICENSE
- COPY OF DRIVER'S ABSTRACT**

GENERAL INFORMATION

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 disability.

Position(s) Applied for			Date of Application (mm/dd/yy)
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Last Name	First Name	Middle Name	Social Insurance No.
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List your addresses of residency for the past 3 years

Current Street Address		Telephone No ()	
City	Province	Postal Code	How Long?

Previous Street Address			
City	Province	Postal Code	How Long?

Previous Street Address			
City	Province	Postal Code	How Long?

Previous Street Address			
City	Province	Postal Code	How Long?

Do you have the legal right to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (Required of Commercial Drivers)(mm/dd/yy)
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Can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify where.
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Employed From (mm/dd/yr)	Employed To (mm/dd/yr)
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Rate of Pay	Position
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Reason for Leaving

Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how long since leaving last employment?
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Who referred you?	Rate of Pay Expected
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Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description?) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain, if you wish.

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province and postal code.

Applicants to drive a commercial motor vehicle* in intrastate or shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

Employer			Date (Month/Year)
Employer 1:			From: To:
Street Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:	Telephone No.:		Reason for Leaving:
Employer 2:			From: To:
Street Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:	Telephone No.:		Reason for Leaving:
Employer 3:			From: To:
Street Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:	Telephone No.:		Reason for Leaving:
Employer 4:			From: To:
Street Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:	Telephone No.:		Reason for Leaving:
Employer 5:			From: To:
Street Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:	Telephone No.:		Reason for Leaving:
Employer 6:			From: To:
Street Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:	Telephone No.:		Reason for Leaving:
Employer 7:			From: To:
Street Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:	Telephone No.:		Reason for Leaving:
Employer 8:			From: To:
Street Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:	Telephone No.:		Reason for Leaving:

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

	Dates (mm/dd/yy)	Nature of Accident (Head-On, Rear End, Upset, etc)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN

Location	Date (mm/dd/yr)	Charge	Penalty

EDUCATION

Indicate Highest Grade Completed (1-8)	High School (1-4)	University/College (1-4)
Name of Last School Attended		City

EXPERIENCE AND QUALIFICATIONS – DRIVER

Province	License Number	Type	Expiry Date

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

Yes No If yes, please provide details.

B. Has any license, permit or privilege ever been suspended or revoked?

Yes No If yes, please provide details.

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates (mm/yr)		Approximate # of Miles
		From	To	
Straight Truck				
Tractor & Semi Trailers				
Tractor – Two Trailers				
Motorcoach – School Bus				
Other (Specify)				

List provinces operated in for last five years.

Show Special courses or training that will help you as a driver

Which safe driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company.

List courses and training other than shown elsewhere on this application.

List special equipment or technical materials you can work with (other than those already shown).

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that I have completed this application 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.

Applicant's Signature	Date (mon/dd/yy)
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PROCESS RECORD

Applicant <input type="checkbox"/> Hired <input type="checkbox"/> Rejected (Summary Report of Reasons Should be Placed in File)	Date Employed (mon/dd/yy)
Point Employed	Classification
Department	

This Section to be filled in by responsible officer or company representative.

	Superior	Good	Fair	Below Average	Poor	Written Record on File
Application						
1. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Road Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Criminal and Traffic Conviction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signature of Interviewing Officer	Date (mon/dd/yy)					

TRANSFERS

From	To	Date	Reason for Transfer

TERMINATION OF EMPLOYMENT

Date Terminated (mon/dd/yy)	Department Released From
Employee <input checked="" type="checkbox"/> Dismissed <input checked="" type="checkbox"/> Voluntarily Quit <input checked="" type="checkbox"/> Other	Termination Report Placed in File <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Supervisor