



Employment Application for Drivers

NAME LAST		FIRST			MIDDLE	
ARE YOU OVER THE AGE OF 21? NO YES		TODAYS DATE		DATE AVAILABLE TO START		
SOCIAL INSURANCE NUMBER			DO YOU HAVE THE LEGAL RIGHT TO WORK IN CANADA?		EXPECTED RATE OF PAY	
PHONE		CELL		EMAIL		
POSITION APPLIED FOR			ARE YOU NOW EMPLOYED?		HOW LONG SINCE LEAVING LAST EMPLOYMENT?	
CURRENT ADDRESS		street	city	province	postal	HOW LONG?
You must provide addresses for the past three years						
PREVIOUS ADDRESS		street	city	province	postal	HOW LONG?
PREVIOUS ADDRESS		street	city	province	postal	HOW LONG?
PREVIOUS ADDRESS		street	city	province	postal	HOW LONG?
IN EMERGENCY NOTIFY				EMERGENCY PHONE		
WHO REFERRED YOU?			HAVE YOU WORKED FOR THIS COMPANY BEFORE?			

EDUCATION/TRAINING

NAME OF SCHOOL	LOCATION	YEARS ATTENDED	DID YOU GRADUATE	COURSE OF STUDY	DEGREE EARNED?
HIGH SCHOOL		N/A		N/A	
COLLEGE					
TRADE/TECH/OTHER					

LICENSES

LICENSE TYPE	LICENSE NUMBER	PROVINCE	EXPIRATION
HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR THE PRIVILEGE TO DRIVE? IF YES EXPLAIN OR ATTACH DETAILED STATEMENT			
HAS ANY LICENSE, PERMIT OR PRIVILEGE TO DRIVE BEEN SUSPENDED OR REVOKED? IF YES EXPLAIN OR ATTACH DETAILED STATEMENT			

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT ETC)	DATES FROM	DATES TO	APPROXIMATE NUMBER OF MILES
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				
LIST PROVINCES, STATES, OR TERRITORIES OPERATED IN FOR LAST FIVE YEARS:				
LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:				
LIST ANY OTHER SKILLS OR ABILITIES THAT YOU FEEL WILL HELP IN YOUR WORK FOR THIS COMPANY:				

EMPLOYMENT HISTORY (must account for the last ten years)

EMPLOYER		EMPLOYMENT DATES	SALARY	POSITION
NAME		FROM	STARTING	STARTING
ADDRESS		TO	ENDING	STARTING
SUPERVISOR	PHONE	REASON FOR LEAVING		
EMPLOYER		EMPLOYMENT DATES	SALARY	POSITION
NAME		FROM	STARTING	STARTING
ADDRESS		TO	ENDING	STARTING
SUPERVISOR	PHONE	REASON FOR LEAVING		
EMPLOYER		EMPLOYMENT DATES	SALARY	POSITION
NAME		FROM	STARTING	STARTING
ADDRESS		TO	ENDING	STARTING
SUPERVISOR	PHONE	REASON FOR LEAVING		
EMPLOYER		EMPLOYMENT DATES	SALARY	POSITION
NAME		FROM	STARTING	STARTING
ADDRESS		TO	ENDING	STARTING
SUPERVISOR	PHONE	REASON FOR LEAVING		

ACCIDENT RECORD

DATE OF ACCIDENT (EACH OCCURRENCE)	NATURE OF ACCIDENT (HEAD-ON, REAR END, ETC.)	PENALTY	INJURIES

TRAFFIC CONVICTIONS (excluding parking violations)

DATE OF CONVICTION (EACH OCCURRENCE)	CHARGE	FATALITIES	INJURIES

PERSONAL DATA

HAVE YOU EVER BEEN CONVICTED OR PLED NO CONTEST TO ANY CRIMINAL OFFENSE?

IF YES, INDICATE NATURE OF OFFENSE, DATE, COURT, AND DISPOSITION. A CONVICTION DOES NOT NECESSARILY DISQUALIFY AN APPLICANT.

IS THERE ANYTHING THAT WILL INTERFERE WITH YOUR ABILITY TO PERFORM, ON A REGULAR BASIS, THE ESSENTIAL DUTIES OF THE JOB YOU ARE APPLYING FOR?

HAVE YOU APPLIED TO WORK WITH US BEFORE? IF YES, WHEN?

MAY WE CONTACT YOUR CURRENT EMPLOYER?

ARE YOU APPLYING FOR FULL TIME, PART TIME, SEASONAL OR TEMPORARY?

WHAT DAYS AND HOURS WOULD YOU BE AVAILABLE TO WORK, PLEASE CHECK THOSE THAT APPLY:

	SUN	MON	TUES	WED	THURS	FRI	SAT	HOLIDAYS	ALL
MORNING									
AFTERNOON									
EVENING									

LIST ALL TYPES OF WORK YOU CAN DO:

DO YOU HOLD ANY SAFE DRIVING AWARDS? IF SO, FROM WHOM?

LIST ANY OTHER COURSE AND/OR TRAINING THAT YOU FEEL WILL BE BENEFICIAL IN THE POSITION YOU ARE APPLYING FOR:

TO BE READ AND SIGNED BY THE 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 investigation and inquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application.

In the event of my 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, as permitted by law.

Applicants Signature

Date