



DRIVER'S EMPLOYMENT APPLICATION

APPLICANT NAME: _____

EMAIL: _____

DATE OF APPLICATION: _____

POSITION APPLIED FOR:

FULL TIME PART TIME

COMPANY DRIVER OWNER OPERATOR

LOCAL / SHUNT DRIVER WORK IN CANADA WORK IN USA BOTH

LONG HAUL DRIVER WORK IN CANADA WORK IN USA BOTH

CONTACT INFORMATION – PLEASE PRINT CLEARLY

FULL NAME: _____

HOME PHONE # _____ CELL PHONE # _____

DATE OF BIRTH: _____ SIN # _____

DRIVER'S LICENSE # _____ PASSPORT # _____

EMERGENCY CONTACT

NAME: _____ RELATION: _____ PHONE # _____

CURRENT ADDRESS: _____

STREET NAME CITY POSTAL CODE HOW LONG

IF LESS THEN 2 YEARS AT CURRENT ADDRESS, PLEASE PROVIDE PREVIOUS ADDRESS

PREVIOUS ADDRESS: _____

STREET NAME CITY POSTAL CODE HOW LONG



DRIVER'S QUALIFICATIONS

APPLICANT NAME: _____ LICENSE TYPE _____

DRIVER'S LICENSE # _____ PROVINCE _____ EXPIRY DATE _____

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO

IF YES, PLEASE EXPLAIN _____

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, PLEASE EXPLAIN _____

HAVE YOU DRIVEN FOR WORK IN THE LAST 7 DAYS? YES NO IF YES, PLEASE PROVIDE COPIES OF YOUR LOGS FOR THE LAST 7 DAYS

FOR OFFICE USE ONLY: NOT RECEIVED RECEIVED

MOTOR VEHICLE CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

POSSESS ONLY ONE LICENSE: You as a commercial vehicle driver may not possess more than one motor vehicle operator's license. If you have more than one license, keep the one from your state of residence and return the additional ones to the state that issued them. DESTROYING a license does not close the record in that state thus they must be notified. This includes all licenses that may have been lost or stolen.

NOTIFICATION OF LICENSE SUSPENTION: REVOCATION OR CANCELLATION: Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report within 30 days to 1) your employing motor carrier 2) the state that issues your license (if violation occurs in a different state then which your license was issued). Notifications must be in writing.

DRIVER'S SIGNATURE _____ DATE: _____



EMPLOYMENT HISTORY (LAST 10 YEARS)

PLEASE LIST YOUR PREVIOUS EMPLOYERS STARTING WITH THE MOST RECENT

1)NAME OF EMPLOYER: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

2)NAME OF EMPLOYER: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

3)NAME OF EMPLOYER: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____



ACCIDENT RECORD

PLEASE LIST YOUR ACCIDENT RECORD FOR THE PAST 3 YEARS INCLUDING YOUR PERSONAL VEHICLE

DATE OF ACCIDENT _____ NATURE OF ACCIDENT _____

INJURIES YES NO IF YES, PLEASE EXPLAIN _____

FATALITIES YES NO IF YES, PLEASE EXPLAIN _____

DATE OF ACCIDENT _____ NATURE OF ACCIDENT _____

INJURIES YES NO IF YES, PLEASE EXPLAIN _____

FATALITIES YES NO IF YES, PLEASE EXPLAIN _____

DATE OF ACCIDENT _____ NATURE OF ACCIDENT _____

INJURIES YES NO IF YES, PLEASE EXPLAIN _____

FATALITIES YES NO IF YES, PLEASE EXPLAIN _____

TRAFFIC CONVICTIONS AND FOREITURES FOR THE PAST 3 YEARS

DATE : _____ OFFENSE: _____ LOCATION: _____

DATE : _____ OFFENSE: _____ LOCATION: _____

DATE : _____ OFFENSE: _____ LOCATION: _____

TO BE READ AND SIGNED BY APPLICANT UPON COMPLETION OF THIS APPLICATION

This certifies that this application was completed by me, and that all information provided is true and complete to the best of my knowledge. I authorize you to make such investigations of my personal , employment, financial, or medical history and any other related matter as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended) I hereby release employers, school, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application. In the event of employment, I understand that false or misleading information provided in this application or during my interview may result in discharge. I understand also that I am required to abide by all rules and regulations of the company.

APPLICANT'S NAME _____

APPLICANT'S SIGNATURE _____ **DATE** _____