



Driver's Application For Employment

Today Date _____ Position Applied For _____

Name _____ Social Insurance Number _____

Address _____ City _____ Prov _____

Postal Code _____ Daytime Phone _____ Evening Phone _____

Address _____ How long? _____

For The street city province

Past Three _____ How long? _____

Years street city province

Date of Birth _____ Can you provide proof of age? _____
(required for truck drivers)

Have you previously worked for this company? _____ Which terminal? _____

Dates previously employed here From _____ To _____ Position _____

Are you presently employed? _____ If no, how long since leaving your last position _____

Where did you hear about us? _____ What rate of pay do you expect? _____

Education

What was the highest grade you completed? _____

College _____

University _____

Last school attended _____

Driver Training School _____

Medical History

Do you have any physical limitations which would impair your ability to perform the position you have applied for? _____ If yes, what? _____

Are you physically capable of heavy lifting and manual work? _____ How much time have you lost from work in the last three years due to sickness or injury? _____

Are you willing to take a physical examination? _____

Driving Experience And Qualifications

Driving License Number	Issuing Province	Class	Expiry Date

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

Has your license, permit or privilege to drive ever been suspended or revoked? _____

If your answer to either of the above questions is yes, attach a separate statement giving details

Driving Experience

Class Of Equipment	Type Of Equipment <small>Van,tank,flat,grain</small>	Date From	Date To	Total Number Of Miles Driven
Straight Truck				
Tractor & Semi-Trailer				
Tractor & Two Trailers				
Other				
Other				

List provinces and states operated in for the past ten years _____

What safe driving awards, ect., do you hold and from whom? _____

Describe any other trucking/transportation experience that will assist you in working for the company. _____

Accident Record

Date	Type Of Accident (head-on, rear-end, ect.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Attach a separate sheet if more space is needed

Violation Record

Date	Violation	Location	Fine

Attach a separate sheet if more space is needed

Employment History

Employer	Date
Name	From
Address	To
City Prov Postal Code	Contact
Reason for leaving	Wage

Employer	Date
Name	From
Address	To
City Prov Postal Code	Contact
Reason for leaving	Wage

Employer	Date
Name	From
Address	To
City Prov Postal Code	Contact
Reason for leaving	Wage

Employer	Date
Name	From
Address	To
City Prov Postal Code	Contact
Reason for leaving	Wage

To Be Read And Signed By The Applicant

I certify this application was completed by me, and all entries and information in it are true and complete to the best of my knowledge.

I authorize you to make any investigations or inquiries into my personal, financial or medical history and other related matters that be necessary to arrive at a decision regarding my employment.

I release all persons from all liability in responding to inquiries made in connection with this application.

If I am hired, I understand that false or misleading information given in this application or subsequent interview(s) may result in discharge.

I also understand that I am required to abide by the rules and regulations of the company.

Date

Signature

Hiring Record

Date applicant Hired _____ Date applicant rejected _____

Terminal Employed At _____ Rate Hired At _____

	Superior	Good	Fair	Below Average	Poor
Application					
Interview					
Past Employer					
Written Test					
Road Test					
Driving Record					

Signature of Company Official Conducting Interview

Title/Position