

DRIVER APPLICATION

Please print clearly. All sections must be completed.

Personal Information

Last Name **First Name**

Middle Name(s)

Current Street Address

Length of Time at this Address **from** (month/year) **to** (month/year)

City, Province **Postal Code**

Home Phone **Cell Phone**

List Addresses for Past Three Years If same as above, please check box

1.

2.

3.

Length of Time at Each Address **from** (month/year) **to** (month/year)

Class of Licence/ Issuing Province **Driver Licence Number**

Expiry **SIN** (cross border carriers only)

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Hiring Standards

1. Do you have a valid driver's licence? Yes No
2. Are you under the age of 21? Yes No
3. Do you have a clean abstract and driving record? Yes No
4. Have you ever been convicted of a crime for which a pardon has not been granted? Yes No
5. Are you legally eligible to work in Canada? Yes No
6. Do you have any physical limitations we should be aware of? Yes No
7. Can you cross the border into the United States? Yes No
8. Are you willing to be tested for drug and alcohol use on a random basis? Yes No
9. Are you FAST approved (or applied for FAST approval)? Yes No

Education

1. Highest Level of Formal Education (degree/diploma, School Attended, Year Completed)

Commercial Driving Experience

1. Indicate any commercial driving experience.
 Student Training Only Less than 6 months 6 months to 1 year
 1 to 2 years 3 to 5 years 5 or more years
2. List particulars of all vehicle accidents arising out of the use, ownership or operation of any motor vehicle (personal or commercial) during the past three years. If none, please check box

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3. List particulars of all convictions arising out of the use, ownership or operation of any motor vehicle (personal or commercial) during the past three years. If none, please check box

4. Has your licence ever been suspended or revoked for any reason, or have you ever been denied a licence for any reason? If no, please check box

Employment History

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GvWR of 10,0001 lb. or more (2) is designed to transport nine or more passengers or (3) is of any size and is used to transport hazardous materials in quantities requiring placarding.

Please list your employment for the past ten (10) years

All time gaps must be accounted for and the reason provided (i.e. unemployed/self-employed/attending school).

Please begin with your most recent employer.

| 1. Last/Current Employer | From (month/year) | To (month/year) |
|--|------------------------------|-----------------------------|
| Address/Phone Number | | |
| Reason(s) for Leaving | | |
| Position Held | | |
| Were you subject to FMCSRs (see description above) while employed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | | |
|--|-------------------|-------------------|--|
| 2. | Previous Employer | From (month/year) | To (month/year) |
| Address | | | |
| Phone Number | | | |
| Reason(s) for Leaving | | | |
| Position Held | | | |
| Were you subject to FMCSRs (see description above) while employed? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Previous Employer | From (month/year) | To (month/year) |
| Address | | | |
| Phone Number | | | |
| Reason(s) for Leaving | | | |
| Position Held | | | |
| Were you subject to FMCSRs (see description above) while employed? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Previous Employer | From (month/year) | To (month/year) |
| Address | | | |
| Phone Number | | | |
| Reason(s) for Leaving | | | |
| Position Held | | | |
| Were you subject to FMCSRs (see description above) while employed? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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5. Previous Employer From (month/year) To (month/year)

Address

Phone Number

Reason(s) for Leaving

Position Held

Were you subject to FMCSRs (see description above) while employed? Yes No

Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes No

6. Previous Employer From (month/year) To (month/year)

Address

Phone Number

Reason(s) for Leaving

Position Held

Were you subject to FMCSRs (see description above) while employed? Yes No

Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes No

Additional Information

1. What is your reason for choosing us as your potential employer?

2. Have you been referred by a current driver or Owner/Operator? If Yes, please state their name.

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3. Where did you hear about this position? (Please Specify)

- Newspaper Ad _____ Internet _____
- Trade Magazine _____ Agency _____
- Other _____

Release Clause

This certifies that I completed this application form myself, and that all entries on it and information in it are true and completed to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize the Company and/or its agents to make such investigations and inquiries as may be necessary to arrive at an employment decision. This includes my personal history, employment history, credit history, driving record, criminal record, drug and alcohol test results from previous employers (or their consortium) and other related matters. Generally, inquiries regarding medical history will be made only if required, 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.

If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment or contract period. Furthermore, I understand that the Company and/or its agents may keep information on file (including work performance) as related to my employment, and make it available to any second party with my written consent.

1. I agree to supply the following information as part of this application:

- CVOR Abstract (current within past 30 days)
- Driver's Abstract (current within past 30 days)
- Criminal Record Search (current within past 90 days)

Signature

I certify that all information contained in this application form is complete and accurate to the best of my knowledge.

Signature _____

Date _____