



established 1947



DRIVER'S APPLICATION FOR EMPLOYMENT

Company Name: _____

Address: _____

City _____ Prov./State _____ PC/Zip _____

(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application _____

Position(s) Applied for _____

Name _____ SIN # _____
Last First Middle

Address _____
Street / Apt. # City

Province / State Postal Code / Zip Phone Number

ADDRESS _____ How Long? _____
FOR Street / Apt. # City PC/Zip

PAST 3 YEARS _____ How Long? _____
Street/ Apt. # City PC/Zip

Date of Birth ____/____/____ Can you provide proof of age ____YES ____NO Are you a U.S. Citizen ____YES ____NO
Mth Day Yr

In case of emergency notify _____
Name Address Phone

Have you worked for this company before? ____YES ____NO Where? _____

Dates: From ____/____/____ To ____/____/____ Rate of Pay \$ _____ Position _____
Mth Yr Mth Yr

Reason for Leaving _____

Are you now employed? ____YES ____NO If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

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PHYSICAL HISTORY

NOTICE: A DRUG TEST IS A PART OF OUR PRE-EMPLOYMENT PHYSICAL

List any handicap that prevents you from doing certain kinds of work _____

Are you physically capable of heavy manual work? YES NO Ever injured on the job? YES NO

Give nature & degree of such injuries _____

How much time lost from work in past three years for illness? _____

Would you be willing to take a physical examination? YES NO

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle * in intrastate or interstate commerce shall also provide an additional 10 years information on those employers for whom the applicant operated such vehicle.

LAST EMPLOYER: NAME: _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

SECOND EMPLOYER: NAME: _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

THIRD EMPLOYER: NAME: _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

EMPLOYER: NAME: _____

ADDRESS: _____ PHONE _____

POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH SHEET IF MORE SPACE IF NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME CITY

EXPERIENCE & QUALIFICATIONS – DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

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

B. Has your license, permit or privilege to drive ever been suspended or revoked? ___YES ___NO

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF ML/KM (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

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List states operated in for the 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 & 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 in this application _____

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

TO BE READ AND SIGNED BY 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 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. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by Law.

_____ 2000
Date

Applicants Signature

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