



COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with the Federal and Provincial equal employment opportunity laws , qualified .
applicants are considered for all positions without regard to race, color, religion, sex, national origin
age,marital status or non-job related disability. **(Answer all questions and please print)**

First name: _____	Last name: _____
SIN# _____	

List your addresses of residency for the past 3 years.

CURRENT ADDRESS

Street _____ City _____

Prov _____ Postal Code _____ Phone _____

PREVIOUS ADDRESSES

Street _____ City _____

Prov _____ Postal Code _____ How Long? _____

Do you have the legal right to work in Canada? _____

Date of Birth: _____ Can you produce PROOF of age? _____

(REQUIRED FOR COMMERCIAL MOTOR VEHICLE DRIVERS)

Have you worked for this Company before? _____

From: _____ To: _____ Rate of Pay: _____

Reason for Leaving: _____ Position: _____

Currently Employed: _____ Were you Referred: _____

By Whom?: _____ Rate of Pay Expected: _____

EDUCATION

Highest Grade Completed _____ Post Secondary _____

Last School Attended _____

(Name) (Address)

List special courses, classes or programs that will help you as a driver : _____

QUALIFICATIONS

DRIVER LICENSES	TYPE	LICENSE NO.	EXPIRATION DATE	PROVINCE

A. Have you ever been denied a license,permit or privilege to operate a motor vehicle? YES NO

B. Have you ever been disqualified for violations of the federal motor carrier safety reg.? YES NO

C. Has any license,permit or privilege ever been suspended or revoked? YES NO

If the answer to A, B OR C IS YES, Attach statement giving details.



DRIVING EXPERIENCE

Class of					If none, write none				
Equipment		Type of Equipment	Dates		Approx. no. of miles				
Straight Truck		(van,tank,flat,step)	From	To	(Total)				
Tractor and Semi									
Tractor 2 Trailers									
Other									

List Provinces Operated in the Last Five Years _____

Which Safe Driving Awards Do you Hold and From Whom? _____

List any Trucking, Transportation or Other Experience that may help in your work for this Company.

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

All Driver Applicants to Drive in Interstate Commerce Must Provide the Following Info:

All During the Preceding 3 Years. List Complete Mailing Address, St.,City,Province and PC
(Note: List Employers In reverse order starting with the most recent, add another sheet if needed)

<u>Employer</u>			<u>Date</u>		
Name					to/from
Address					position held
City	Province			salary/wage	
Contact	PH. #			reason for leaving	

<u>Employer</u>			<u>Date</u>		
Name					to/from
Address					position held
City	Province			salary/wage	
Contact	PH. #			reason for leaving	

<u>Employer</u>			<u>Date</u>		
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Name					to/from
Address					position held
City	Province			salary/wage	
Contact	PH. #			reason for leaving	

*A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GVW RATING OF 26,000 LBS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.



ACCIDENT RECORD

For The Past 3 Yrs (Attach sheet if more room is needed) If none,write NIL

LAST ACCIDENT	DATES	INJURIES	NATURE OF ACCIDENT	FATALITIES

(ATTACH SHEET IF MORE SPACE IS NEEDED)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YRS(OTHER THAN PARKING)

LOCATION	DATE	CHARGE	PENALTY

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all the 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 inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history are made only if and after conditional offer of employment has been expended.) I hereby release schools, employers, health care providers and other persons from 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 given in my application or interview's may result in discharge. I understand, also, that I am required to abide by all regulations of the company.

DATE _____

APPLICANT'S SIGNATURE _____

TO BE COMPLETED BY PERSONNEL DEPARTMENT

Applicant Hired Yes No (circle one)	If yes, date of hire
Terminal location:	
Supervisor:	

If applicant is not hired, Report Review should be placed in file.

TO BE COMPLETED BY RESPONSIBLE COMPANY REPRESENTATIVE						
		Superior	Good	Fair	Poor	Written Record on File
Application						
Interview						
Last employment						
Written exam						
Road Test						
Criminal record						
Traffic Convictions						
Physical Exam						
SIGNATURE OF INTERVIEWING REPRESENTATIVE:						

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____

REASON:

DISMISSED

VOLUNTARY QUIT

OTHER

Supervisor Signature: _____