



## 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**

\*Applicant must provide a driver abstract that is dated within the last 30 days.

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 (van, tank, flat, step)	Dates		Approx. no. of miles (Total)
Straight Truck		From	To	
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 than those already shown) \_\_\_\_\_

## Fitness for Duty

All applicants will be subject to Drug and Alcohol Testing at the time of hire and randomly throughout employment in accordance with Canadian and American Regulations.

This type of work requires an individual to be physical and mentally able. Are you capable of safely performing essential functions, such as:

- Sitting for long periods of time
- Walking
- Bending
- Climbing (into truck, onto trailer deck, etc.)
- Carrying equipment (straps, chains, dunnage, tarps, etc.)
- Throwing straps, chains, etc.
- Dealing with stressful situations (road conditions, traffic, etc.)

YES      NO

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



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

**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: \_\_\_\_\_