

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and Provincial employment opportunity laws, qualified applicants are considered for all position without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

Date of application: _____ Position Applied for: _____

Personal Information

Name: _____ Social Insurance No: _____
(Last, First)

Date of Birth: ____ / ____ / ____ Can you provide proof of age? Y / N
(yyyy - mm - dd) (Please Circle One)

Contact Information

Primary Contact Number: _____ Home / Mobile / Office / Other
(999-999-9999) (Please Circle One)

Secondary Contact Number: _____ Home / Mobile / Office / Other
(999 - 999 - 9999) (Please Circle One)

Email Address: _____
(xxxxxxx@xxxxxx.xxx)

List your address of residency for the past 3 years.

Current Address: _____

(City) (Province) (Postal Code)

At Address Since: ____ / ____ / ____
(yyyy - mm - dd)

Previous Addresses: _____

(City) (Province) (Postal Code)

At Address Since: ____ / ____ / ____ Until: ____ / ____ / ____
(yyyy - mm - dd) (yyyy - mm - dd)

Previous Addresses: _____

(City) (Province) (Postal Code)

At Address Since: ____ / ____ / ____ Until: ____ / ____ / ____
(yyyy - mm - dd) (yyyy - mm - dd)

Education Information

Please select highest grade completed: 1 2 3 4 5 6 7 8
(Please Circle One)

Please select highest grade of High school completed if any: 9 10 11 12
(Please Circle One)

Post Secondary completed if any: Trade School / College / University / Other _____
(Please Circle One)

Last school attended

Name: _____

Address: _____

(City) (Province) (Postal Code)

Date last attended: ____ / ____ / ____
(yyyy - mm - dd)

Employment Information

Have you worked for or applied to this company before? Y / N
(Please Circle One)

If Yes, Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____
(yyyy - mm - dd) (yyyy - mm - dd)

Position Held: _____ Salary / Wage: _____

Reason for Leaving: _____

Do you have legal right to work in the United States? Y / N
(Please Circle One)

Are you FAST approved? Y / N
(Please Circle One)

Are you now employed? Y / N
(Please Circle One)

If not, how long since leaving last employment? ____ / ____ / ____
(yyyy - mm - dd)

Rate of pay expected? _____

Were you referred? Y / N If Yes, Name: _____
(Please Circle One) (Last, First)

Employment History

All driver applicants to drive interstate commerce must provide the following information on the employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Employer Information

Name: _____ Start Date: ____ / ____ / ____
 (yyyy - mm - dd)
 Addresses: _____

 (City) (Province) (Postal Code) End Date: ____ / ____ / ____
 (yyyy - mm - dd)
 Contact Name: _____ Position Held: _____
 Phone Number: _____ Salary / Wage: _____
 Fax Number: _____ Reason for Leaving: _____

Employer Information

Name: _____ Start Date: ____ / ____ / ____
 (yyyy - mm - dd)
 Addresses: _____

 (City) (Province) (Postal Code) End Date: ____ / ____ / ____
 (yyyy - mm - dd)
 Contact Name: _____ Position Held: _____
 Phone Number: _____ Salary / Wage: _____
 Fax Number: _____ Reason for Leaving: _____

Employer Information

Name: _____ Start Date: ____ / ____ / ____
 (yyyy - mm - dd)
 Addresses: _____

 (City) (Province) (Postal Code) End Date: ____ / ____ / ____
 (yyyy - mm - dd)
 Contact Name: _____ Position Held: _____
 Phone Number: _____ Salary / Wage: _____
 Fax Number: _____ Reason for Leaving: _____

Additional Employment History

Employer Information

Name: _____ Start Date: ____ / ____ / ____
 Addresses: _____ (yyyy - mm - dd)
 _____ (City) _____ (Province) _____ (Postal Code) End Date: ____ / ____ / ____
 _____ (yyyy - mm - dd)
 Contact Name: _____ Position Held: _____
 Phone Number: _____ Salary / Wage: _____
 Fax Number: _____ Reason for Leaving: _____

Employer Information

Name: _____ Start Date: ____ / ____ / ____
 Addresses: _____ (yyyy - mm - dd)
 _____ (City) _____ (Province) _____ (Postal Code) End Date: ____ / ____ / ____
 _____ (yyyy - mm - dd)
 Contact Name: _____ Position Held: _____
 Phone Number: _____ Salary / Wage: _____
 Fax Number: _____ Reason for Leaving: _____

Employer Information

Name: _____ Start Date: ____ / ____ / ____
 Addresses: _____ (yyyy - mm - dd)
 _____ (City) _____ (Province) _____ (Postal Code) End Date: ____ / ____ / ____
 _____ (yyyy - mm - dd)
 Contact Name: _____ Position Held: _____
 Phone Number: _____ Salary / Wage: _____
 Fax Number: _____ Reason for Leaving: _____

Employer Information

Name: _____ Start Date: ____ / ____ / ____
 Addresses: _____ (yyyy - mm - dd)
 _____ (City) _____ (Province) _____ (Postal Code) End Date: ____ / ____ / ____
 _____ (yyyy - mm - dd)
 Contact Name: _____ Position Held: _____
 Phone Number: _____ Salary / Wage: _____
 Fax Number: _____ Reason for Leaving: _____

Driving Information

Driver Licenses

Province / State	Licenses No.	Type	Expiration Date (yyyy - mm - dd)

Driving Experience If none, write none

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates (yyyy - mm - dd)		Approx. No. of Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motorcoach – School Bus				
Other				

Accident record for the past 3 years or more (attach sheet if more space is needed).

If none, write none.

Incident Date (yyyy - mm - dd)	Nature of accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking violations).

If none, write none. Attach sheet if more space is needed

Incident Date (yyyy - mm - dd)	Locations	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Y / N
(Please Circle One)

If Yes, Details: _____

Has any license, permit or privilege ever been suspended or revoked? Y / N
(Please Circle One)

If Yes, Details: _____

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. (Generally, inquiries regarding medical history will be made only if 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.

In the event of employment, I understand 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.

Date: ____ / ____ / ____
(yyyy - mm - dd)

Applicant's Signature: _____
(electronic signature also accepted)