



DRIVER APPLICATION FORM

APPLICATION FOR EMPLOYMENT (Please print)

Name:	Street Address:
Phone Number:	Town/City:
Cell Number:	Province:
Other:	Postal Code:

EMPLOYMENT RECORD (Please list all your previous employers for the past 10 years)

Last/Current Employer:

Company Name:	City:	Province:
Contact Name:	Phone #:	
Date Employed From:	Date Employed To:	
Position Held:	Reason for Leaving:	

Second Last Employer:

Company Name:	City:	Province:
Contact Name:	Phone #:	
Date Employed From:	Date Employed To:	
Position Held:	Reason for Leaving:	

Third Last Employer:

Company Name:	City:	Province:
Contact Name:	Phone #:	
Date Employed From:	Date Employed To:	
Position Held:	Reason for Leaving:	

Fourth Last Employer:

Company Name:	City:	Province:
Contact Name:	Phone #:	
Date Employed From:	Date Employed To:	
Position Held:	Reason for Leaving:	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE			
ACCIDENT HISTORY	DATE	NATURE OF ACCIDENT (Rear-end, etc.)	FATALITIES /INJURIES
Last Accident			
Next Previous			

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS (Other than parking tickets)			
DATE	CHARGE	PENALTY	LOCATION

DRIVER LICENSES (Please list all licenses held within past 3 years)			
PROVINCE/STATE	TYPE	EXPIRY DATE	LICENCE NUMBER

How many years have you been driving truck? AZ _____ DZ _____ G _____

Have you ever been denied a license, permit or to operate a motor vehicle? (If yes, please attached statement providing details)	Yes	No	
Has your license, permit, or privilege been suspended or revoked? (If yes, please attached statement providing details)	Yes	No	
Are you legally eligible to work in Canada?	Yes	No	
Are you legally eligible to travel from Canada into the United States?	Yes	No	
Are you an insulin-using diabetic?	Yes	No	
Do you have epilepsy?	Yes	No	
Are you hearing impaired? [as defined by the US DOT in 391.41 (b) (11)]	Yes	No	
Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?	Yes	No	
If you answered yes to the proceeding question, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?	Yes	No	

I hereby declare that this application was completed by me and the information provided on this application for employment is true and complete. I understand that by providing false/incorrect information will disqualify me from employment, and/or cause my employment to be terminated.

I further understand that this position requires a valid driver's license, and will be required to provide proof thereof, on an ongoing basis.

I authorize the Company and/or their agent, to conduct employment confirmation/references and to make inquires on my personal information, driving record, accident record, drug test results (where applicable), and on any other information I have provided.

SIGNATURE _____ DATE _____