



APPLICATION FOR EMPLOYMENT

Note: Please attach original or copies of the following documents: Copy of your Driver's License – Current Drivers Abstract and CVOR Drivers Abstract (no older than 7 days).

In compliance with 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.

Date of Application: _____

Position Applied For: Company Driver Owner Operator

Name: _____ Date of Birth: ____/____/____

SIN#: _____ (required for Truck Drivers upon hire) Year Month Day

Current Address:

Street: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell phone: _____ Email address: _____

List your addresses of residency for the past 5 years.

Street: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Street: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Street: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Do you have the legal right to work in Canada? Yes / No

What is your current Citizenship? _____ Do you have a Work Visa: _____

Have you worked for this company before: Yes / No

If (yes) dates from: _____ to: _____

Reason for leaving: _____

Are you currently employed: Yes / No

If (no) how long since leaving your last employment _____

How did you hear about us? _____

Who referred you?: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes / No

If (Yes) please explain.



List your employment history for the past 10 years starting with the most current.
 All time for the past 10 years must be accounted for even if you were unemployed.

Employer Name: _____ City: _____ Prov: _____ Contact Person: _____ Phone _____ Dates from: _____ to: _____ Position: _____ Wages: _____ Reason for Leaving: _____
Employer Name: _____ City: _____ Prov: _____ Contact Person: _____ Phone _____ Dates from: _____ to: _____ Position: _____ Wages: _____ Reason for Leaving: _____
Employer Name: _____ City: _____ Prov: _____ Contact Person: _____ Phone _____ Dates from: _____ to: _____ Position: _____ Wages: _____ Reason for Leaving: _____

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's License #: _____

Province: _____

Type/Class: _____

Expiry Date: _____

Please report **ALL** collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years. (Attach sheet if more space is needed).

Date: _____ Nature of Accident: _____ Fatalities: Yes / No Preventable: Yes / No Charges: Yes / No Injuries: Yes / No Non-preventable Yes / No Date: _____ Nature of Accident: _____ Fatalities: Yes / No Preventable: Yes / No Charges: Yes / No Injuries: Yes / No Non-preventable Yes / No
--



Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Have you ever had your license to operate a motor vehicle suspended, revoked or denied?
Yes / No (Circle one)

If yes give complete details on reason and dates:

Driving Experience:

Straight Truck:	
Type of Equipment (van, reefer, flat etc):	_____
Dates from: _____	To: _____
Estimated # of Miles: _____	

Tractor & Semi-Trailer:	
Type of Equipment (van, reefer, flat etc):	_____
Dates from: _____	To: _____
Estimated # of Miles: _____	

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom:

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

Date: _____	Signature: _____
-------------	------------------