



DRIVER APPLICATION FOR EMPLOYMENT

Please print and complete in detail. Thank you.

Name: _____ Last Name, First Name & Initial	S.I.N. _____
Address: _____	Birth Date: _____ month/day/year
_____ City	Phone: _____
_____ Province/Territory _____ Postal Code	Cell Phone: _____

Position Applied For: _____

Date Available to Begin Work: _____

No. of Years Experience AZ: _____	CDN _____	US: _____
Driver's License #: _____	Province of Issue: _____	
Class: _____	Expiry Date: _____	
Do you have the legal right to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Who referred you to our company? _____

Are you currently employed? Yes No

If yes, does your current employer know you are looking? Yes No

If hired, do you have a reliable means of transportation to get to work? _____

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 investigation and inquiries of my personal, employment, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries 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 rules and regulations of the company, as permitted by law. **Unsigned applications will not be accepted.**

Driver's Signature

Date

EMPLOYMENT HISTORY

In accordance with the Federal Motor Carrier Safety Regulations section 383.35, all applicants to drive a commercial motor vehicle who are crossing border must provide the following information regarding all previous employment for the past 10 years.

Please list employers in reverse order starting with the most recent.
Add another sheet as necessary.

EMPLOYER	DATES
Name	From To
Address	Position
City	Wage
Contact Person	Phone Number
	Reason For Leaving

EMPLOYER	DATES
Name	From To
Address	Position

City	Wage
Contact Person	Phone Number Reason For Leaving

EMPLOYER	DATES
Name	From To
Address	Position
City	Wage
Contact Person	Phone Number Reason For Leaving

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Name	From To

Address	Position
City	Wage
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	Reason For Leaving

EDUCATION

Please Circle Highest Levels Completed

Grade/Secondary School: 1 2 3 4 5 6 7 8 9 10 11 12 13/OAC	Post Secondary: 1 2 3 4 5 Course of Study:
Type of Certificate or Diploma Obtained:	Certificate of Diploma Awarded:
Driving School: Name of School:	Location:
	Completion Date:
Training Included:	

OTHER DRIVING-RELATED COURSES, WORKSHOPS, OR SEMINARS

Dates	Course of Study	Company/Location	Diploma/ Certificate?

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT HAULED (eg. Dry Van, Refer, Tanker, Flatbed, etc.)	DATES		Approx. Total Miles/Km
		From	To	
Tractor & Semi-Trailer				
Tractor – Two Trailers Type (A, B, C)				
Other				

Please list the Provinces and States you've operated in for the last five years.

Which safe driving awards do you hold and from whom?

Is there any reason that you could not perform all the duties of the position applied for? If so, please explain.

List anything about yourself, your experiences or any additional qualifications which you feel would especially fit you for work with us?

The Human Rights Code prohibits discrimination in employment because of race, ancestry, place of origin, national or ethnic origin, creed, sex, sexual orientation, non-job related disability, marital or family status.

NOTICE TO DRIVERS AND CERTIFICATION OF COMPLIANCE

I. NOTICE TO DRIVER

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials. The following provisions of this legislation becomes effective July 1, 1987:

1. *No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident , licensing requirements of any state/province. This exception does not apply after December 31, 1989.*
2. *A driver convicted of a traffic violation (other than parking) must notify the motor carrier and the state/provinces which issued the license to that driver of such conviction within 30 days.*
3. *Any person applying for a job as a commercial vehicle must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past ten years, in addition to any other required information about the applicant's employment history.*
4. *Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.*

II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understood the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987. Please print.

Driver's Name: _____ S.I.N: _____

Address: _____ City: _____

Driver's License #: _____ Province/State: _____

Type/Class: _____ Expiry Date: _____

I further certify that the above commercial vehicle license is the only one held OR that I have surrendered the following licenses to the state/province indicated.

Prov/State: _____ # _____ Type/Class: _____

Driver's Signature: _____

Date: _____

