



COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

Date of Application: _____ SIN#: _____
Month/Day/Year

Name: _____
Last First Middle

Address: _____
If resided at this address less than 3 years, please provide further addresses.

Address: _____

Phone Number:(_____) _____ - _____

Driver License Number: _____ - _____ - _____

Class: _____ Issuing Province _____

License Expiry Date: _____ Medical Expiry Date: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege to drive ever been suspended or revoked? Yes No

Can you legally cross the U.S. Border: Yes No

Do You have a Fast Card? Yes No If yes Fast Card# _____ Expiry _____

Are you presently employed? Yes No When are you available to start? _____

List any restrictions you would have working an irregular schedule: "

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Would you be willing to submit to a pre-employment urinalysis (substance abuse) test? Yes No

Do you have any physical limitations, which may limit your ability to perform the job applied for?

Are you physically capable of performing heavy manual labor up to 90lbs? Yes No

If no to above, Explain: _____



EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle in interstate commerce shall provide information on all employers during the preceding 10 years. **Gaps in Employment Must be accounted for with explanation.** Please list all employers in reverse order, starting with the most recent. If more space is required please request another sheet from administrator.

Employer 1			Date
Name:			From To:
Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:		Phone:	Reason for Leaving:
Type of Equipment Driven:			Was this a Safety Sensitive position?
Were you subject to Federal Motor Carriers Safety Regulations during employment here?			Were you subject to Drug and Alcohol Testing?
Were you involved in any vehicle accidents while employed here?			
Employer 2			Date
Name:			From To:
Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:		Phone:	Reason for Leaving:
Type of Equipment Driven:			Was this a Safety Sensitive position?
Were you subject to Federal Motor Carriers Safety Regulations during employment here?			Were you subject to Drug and Alcohol Testing?
Were you involved in any vehicle accidents while employed here?			
Employer 3			Date
Name:			From To:
Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:		Phone:	Reason for Leaving:
Type of Equipment Driven:			Was this a Safety Sensitive



	position?
Were you subject to Federal Motor Carriers Safety Regulations during employment here?	Were you subject to Drug and Alcohol Testing?
Were you involved in any vehicle accidents while employed here?	

EXPERIENCE, EDUCATION AND QUALIFICATIONS

Did you attend a credited driving school in order to obtain your license? _____

Name of School Attended: _____

Have you been trained in Hours of Service? _____ if YES when? _____

Are you able to complete a logbook in accordance to Ontario Highway Traffic Act and the Federal Motor Carriers Safety Administration? _____ If no, explain: _____

Have you been trained in Hazardous Materials? _____ if YES when? _____

Have you been trained in Load Securement? _____ if YES when? _____

Have you been trained in Pre-trip Inspections? _____ if Yes when? _____

Are you able to complete an inward manifest & clear a load at U.S. or Canada Customs? **Yes** **No**

Which safe driving awards do you hold? _____

How many accident-free driving years do you currently have? _____

List any motor vehicle accidents you have been involved in during the past 5 years:

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	TOW AWAY

Which special courses, training or background do you possess? _____

Are there any provinces or states that you will not or cannot operate in? List: _____

TO BE READ CAREFULLY AND SIGNED BY APPLICANT

Ë 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 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. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application,
- In the event of my 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, as permitted by Law.

DATE: MONTH/DAY/YEAR

APPLICANT'S SIGNATURE