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Driver Application

IN COMPLIANCE WITH FEDERAL AND STATE 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: _____

NAME: _____
FIRST MIDDLE LAST

ADDRESS : _____

PHONE NUMBER(s) (H) _____ (C) _____

DATE OF BIRTH : _____ DRIVERS LICENCE # _____ PROVINCE : _____

SOCIAL INSURANCE NUMBER : _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE ? _____ WHERE ? _____ WHEN ? _____

REASON FOR LEAVING ? _____

ARE YOU EMPLOYED NOW ? _____ WHEN ARE YOU AVAILABLE TO START ? _____

WHO REFERED YOU ? _____ RATE OF PAY EXPECTED ? _____

PLEASE ENCLOSE CURRENT DRIVERS ABSTRACT WITH APPLICATION. (no more than 7 days old)

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PREFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE
APPLIED FOR ? _____

IF YES, PLEASE BREIFLY EXPLAIN : _____

CAN YOU CROSS THE BORDER ? _____

IF NO, PLEASE EXPLAIN: _____

DO YOU HAVE A VALID PASSPORT ? _____

DO YOU HAVE A BC PORT PASS ? _____

IF YES, PORT PASS # _____ EXPIRE: _____

DO YOU HAVE A FAST CARD ? _____

IF YES, FAST CARD # _____ EXPIRE : _____

DO YOU HAVE A US TWIC PORT PASS ? _____

IF YES, PORT PASS # _____ EXPIRE: _____

DO YOU HAVE ANY OBJECTION TO PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING ? _____

IF YES, PLEASE EXPLAIN : _____

NOTE: A DRUG & ALCHOL TEST IS MANDATORY FOR EMPLOYMENT

LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION THAT MAY HELP IN YOUR WORK FOR THIS COMPANY :

SHOW ANY TRUCKING , TRANSPORTATION OR OTHER EXPERIENCE OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION THAT THAT MAY HELP IN YOUR WORK FOR THIS COMPANY :

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS THAT YOU CAN WORK WITH OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION THAT THAT MAY HELP IN YOUR WORK FOR THIS COMPANY :

Employment History

	EMPLOYER	DATE	
		FROM : month / year	TO: month / year

NAME			
ADDRESS			
CITY			
		SALARY / WAGE :	
CONTACT		POSITION:	
PHONE #		REASON FOR LEAVING:	
	EMPLOYER	DATE	
		FROM : month / year	TO: month / year
NAME			
ADDRESS			
CITY			
		SALARY / WAGE :	
CONTACT		POSITION:	
PHONE #		REASON FOR LEAVING:	
	EMPLOYER	DATE	
		FROM : month / year	TO: month / year
NAME			
ADDRESS			
CITY			
		SALARY / WAGE :	
CONTACT		POSITION:	
PHONE #		REASON FOR LEAVING:	
	EMPLOYER	DATE	
		FROM : month / year	TO: month / year
NAME			
ADDRESS			
CITY			
		SALARY / WAGE :	
CONTACT		POSITION:	
PHONE #		REASON FOR LEAVING:	
	EMPLOYER	DATE	
		FROM : month / year	TO: month / year
NAME			
ADDRESS			
CITY			
		SALARY / WAGE :	
CONTACT		POSITION:	
PHONE #		REASON FOR LEAVING:	
	EMPLOYER	DATE	
		FROM : month / year	TO: month / year
NAME			
ADDRESS			
CITY			
		SALARY / WAGE :	
CONTACT		POSITION:	
PHONE #		REASON FOR LEAVING:	

ACCIDENTS:

	DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				

NEXT PREVIOUS				
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TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION :

HIGHEST GRADE COMPLETED: _____

COLLEGE : _____

LAST SCHOOL ATTENDED : _____

EXPERIENCE & QUALIFICATIONS - DRIVER :

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER				
LICENCES				

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE ? _____

HAS ANY LICENSE , PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED ? _____

IF THE ANSWER TO EITHER OF THESE QUESTIONS IS YES , PLEASE EXPLAIN:

DRIVING EXPERIENCE :

TYPES OF EQUIPMENT: _____

LIST PROVINCES / STATES OPERATED IN FOR THE LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER :

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM ?

TO BE READ & 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 INQUIRES OF MY PERSONAL, EMPLOYMENT , FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NESSASARY IN ARRIVING AT AN EMPLOYMENT DECISION. (Generally, inquires 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 THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE, I UNDERSTAND ALSO, THAT I AM REQUIRED TO ADBIDE BY ALL RULES AND REGULATIONSOF THE COMPANY.

_____ DATE _____ APPLICANT SIGNATURE

TO BE COMPLETED BY COMPANY REPRESENTATIVE:

PROCESS RECORD:

APPLICANT HIRED : _____ APPLICANT REJECTED : _____

DATE EMPLOYED : _____ POSITION : _____

	Superior	Good	Fair	Poor	Misc Notes:
Application					
Interview - 1					
Interview - 2					
Past Employment					
Road Test					
Traffic Convictions					
Criminal Convictions					

TERMINATION OF EMPLOYMENT :

DATE TERMINATED: _____

VOLUNTARY QUIT : _____ OTHER: _____

IN CASE OF EMERGENCY CONTACT:

To be completed by the below applicant if hired:

NAME: _____
 FIRST MIDDLE LAST

ADDRESS : _____

PHONE NUMBER(s) (H) _____ (C) _____

Emergency Contact info :

1) _____
 Name Relationship

Address : _____

Phone # : _____ Alternate # : _____

2) _____
 Name Relationship

Address : _____

Phone # : _____ Alternate # : _____

3) _____
 Name Relationship

Address : _____

Phone # : _____ Alternate # : _____