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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 ?

HAVE YOU EVER BEEN CONVICTED OF A FELONY ? IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER . Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

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 PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED FOR ? _____

IF YES, PLEASE BRIEFLY EXPLAIN : _____

CAN YOU CROSS THE BORDER ? _____

IF NO, PLEASE EXPLAIN: _____

ARE YOU LEGALLY ABLE TO DRIVE COMMERCIALY IN THE UNITED STATES ? _____

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: | |
| | PERSONAL REFERENCES | | |
| COMPANY : | | CONTACT : | |
| PHONE # : | | FAX # : | |
| | | | |
| COMPANY : | | CONTACT : | |
| PHONE # : | | FAX # : | |
| | | | |
| COMPANY : | | CONTACT : | |
| PHONE # : | | FAX # : | |
| | | | |

ACCIDENTS:

| | DATES | NATURE OF ACCIDENT | FATALITIES | INJURIES |
|---------------|-------|--------------------|------------|----------|
| LAST ACCIDENT | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

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 CERIFIES 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: _____

