



Head Office  
Bolton, ON  
L7E 1M4

## Application

Date of Application: \_\_\_\_\_ Position(s) Applied for: \_\_\_\_\_

Business Name: \_\_\_\_\_

Name: \_\_\_\_\_ S.I.N. \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Province Postal Code

Address for past three years: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City Province & Postal Code  
 \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City Province & Postal Code

Have you worked for this Company before? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Circle highest grade completed: 8 9 10 11 12       College     University    1 2 3 4

Last school attended? \_\_\_\_\_

### Experience and Qualifications

DRIVER  LICENSES	Province	License Number	Class	Expiration Date

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

B. Has any license, permit or privilege ever been suspended or revoked?                      Yes  No

If the answer to either A or B is Yes, PLEASE GIVE DETAILS

### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Trains etc.)	Dates		Approx. No of Miles
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Tractor Two Trailers				
Types Of Transmissions	<input type="checkbox"/> 5 Speed <input type="checkbox"/> 9 Speed <input type="checkbox"/> 10 Speed <input type="checkbox"/> 13 Speed O/D <input type="checkbox"/> 15 Speed Direct <input type="checkbox"/> 15 Speed Direct O/D <input type="checkbox"/> 18 Speed O/D			



Is there any reason you might be unable to perform the job you are applying for? Yes  No

If yes, explain if you wish. \_\_\_\_\_

**Accident record for the past 5 years or more (attach sheet if more space is needed)**

Dates	Nature of Accident	Fatalities	Injuries

**Traffic convictions and forfeitures for the past 5 years (other than parking violations)**

Location	Date	Charge	Penalty

**EXPERIENCE AND QUALIFICATIONS - OTHER**

Show any trucking, transportation or other experience that may help in your work for this company

\_\_\_\_\_  
List courses and training other than shown elsewhere in the application

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

**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 investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from liability in responding to inquiries and releasing information in connection with my application.

*I acknowledge that my company will be held responsible for any damage caused to your equipment, your customers equipment any and all property damage caused by my company's negligence and I understand that my company will be deducted for any of the above mentioned damages.*

*Two weeks notice must be given if quitting or resigning. Should proper notice not be given, I understand that my company will be deducted \$500 per week for the period of two weeks.*

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 this company.

**PLEASE NOTE:** A valid Driver's and CVOR Abstract is required. Safety footwear must be worn at all times.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

**QUESTIONNAIRE**

1) From 2 Industrial Rd Bolton to Derry and Kennedy Rd Mississauga:

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2) From 2 Industrial Rd Bolton to Loblaws Distribution Center, Maplegrove Rd Cambridge:

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3) From 2 Industrial Rd Bolton to 5425 Dixie Road Mississauga :

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4) Name (5) items you would look for on a bill of lading:

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5) When would you sign a bill of lading S.L.C. (Shippers Load and Count)?

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6) Give the procedure for picking up a trailer (hook-up)

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7) In the event of an accident, of which you are involved (no personal injuries to either party!) what Procedures would you take?

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8) Name (5) five pieces of documentation that you must produce while operating a commercial vehicle?

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## APPLICANT'S STATEMENT OF HEALTH

Name \_\_\_\_\_ Location \_\_\_\_\_

Position Applying For: \_\_\_\_\_

(Note: This statement of health is to be completed by the applicant. If answering "YES" to any statement, please give details on lines provided.)

### STATEMENT OF HEALTH

1. When did you have your last physical examination? \_\_\_\_\_

2. Have you, in the past three (3) years, consulted a doctor, has or sought advice for:

(a) Dizzy spells, epilepsy, or nervous disorders? No  Yes

(b) Asthma, bronchitis, or lung problems? No  Yes

(c) High blood pressure, pains in chest, or difficulty with the heart or blood vessels?  
No  Yes

(d) Arthritis, rheumatism, back problem, disc disease, joint or bone disorder?  
No  Yes

(e) Urine, kidney, or bladder disorder? No  Yes

(f) Difficulty with eyes? No  Yes

(g) Difficulty with ears? No  Yes

### PLEASE READ BEFORE SIGNING:

I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN IN THE STATEMENT OF HEALTH ARE TRUE AND ACCURATE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_