



EMPLOYMENT APPLICATION

Date of Application:

Position Applied for:

****A CURRENT 3 YEAR DRIVER'S ABSRACT AND CVOR MUST BE INCLUDED WITH APPLICATION****

APPLICANT INFORMATION

LAST NAME

FIRST NAME

STREET ADDRESS

UNIT#

CITY

PROVINCE

POSTAL CODE

CELL PHONE

EMAIL

DRIVER'S LICENCE NUMBER

FAST CARD? YES NO

SIN#

EXPECTED ANNUAL INCOME

Have you ever been convicted of a felony? YES NO If yes, explain

Have you ever worked for this company? YES NO If yes, when?

Did anyone refer you to this company? YES NO If yes, who?

Have you ever been denied a licence, permit, or privilege to operate a motor vehicle? YES NO

Has any licence, permit, or privilege ever been suspended? YES NO

Have you ever been disqualified from driving under FMCSA Regulations? YES NO

EDUCATION

HighSchool

Address

Attended From

To

Highest Grade Completed (circle): 9 10 11 12

College

Degree

Trucking School

Attended From

To

Please list any other relevant training or courses you've completed:

DRIVER EXPERIENCE AND QUALIFICATION

How many years of flatbed experience?

List other types of equipment used (ex: van, step deck, etc.)

How many years of steel coil experience?

List other types of commodities hauled:

List the provinces and states you have operated in during the last 5 years:

EMPLOYMENT HISTORY

The US Department of Transportation requires that driver applications show all employment for the past **three years**. All applications must also show commercial driver employment for the **seven years** immediately proceeding this three year period. Please begin with the most recent employment. There must also be no gaps between employment dates - if there was any period of time not working, please indicate when and why.

Company		Phone
Address		
Supervisor		Email Address of Supervisor
Job Title	Starting Date	Ending Date
Salary	Reason for Leaving	
Were you subject to FMCSRs while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company		Phone
Address		
Supervisor		Email Address of Supervisor
Job Title	Starting Date	Ending Date
Salary	Reason for Leaving	
Were you subject to FMCSRs while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company		Phone
Address		
Supervisor		Email Address of Supervisor
Job Title	Starting Date	Ending Date
Salary	Reason for Leaving	
Were you subject to FMCSRs while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company		Phone
Address		
Supervisor		Email Address of Supervisor
Job Title	Starting Date	Ending Date
Salary	Reason for Leaving	
Were you subject to FMCSRs while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company		Phone
Address		
Supervisor		Email Address of Supervisor
Job Title	Starting Date	Ending Date
Salary	Reason for Leaving	
Were you subject to FMCSRs while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company		Phone
Address		
Supervisor		Email Address of Supervisor
Job Title	Starting Date	Ending Date
Salary	Reason for Leaving	
Were you subject to FMCSRs while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

APPLICANT MUST READ AND SIGN

I certify that I have read and understood the employment application. It is agreed and understood that the employer may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position within this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a position, it may be conditional on the results of a physical examination and drug test. I certify that I am genuine for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. If hired, I agree to abide by all the rules and policies of the employer. **This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.**

Applicant Signature

Date