

# DRIVER INFORMATION FORM

## General Information

Driver Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Status:  Employee  Driver Contractor, *make cheques payable to* \_\_\_\_\_

***Please attach a void cheque or banking information statement for direct deposit purposes***

## Contact Information

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Information

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Employee Information

SIN No (*employees only*): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth (*employees only*): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

## Driver Information (*Please attach a copy of your valid Class 1 License*)

Driver License Number: \_\_\_\_\_ Class: \_\_\_\_ Expiry Date: \_\_\_\_\_

Requested Fuel Card PIN No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Benefit Plan Status:**  Single  Family  Waived

***\*\* This section to be completed by office \*\****

Unit Number Assigned: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Disclosure of Prescription Drugs Form Completed **OR**  Pre-employment D&A Test Completed

Hiring Notes: \_\_\_\_\_