

APPLICATION FOR EMPLOYMENT HIGHWAY DRIVER

In compliance with Federal and Provincial equal employment opportunities laws, qualified Applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status or non-job related disability.

(ANSWER ALL QUESTIONS & PLEASE PRINT)

Cell Phone #:		Provider:				
ny Driver Owner Operato	or Pilot Car I	Driver				
List addresses for the past 5 years beginning with your current address:						
CITY	PROV	POSTAL CODE	FROM (YR-YR)			
CITY	PROV	POSTAL CODE	FROM (YR-YR)			
CITY	PROV	POSTAL CODE	FROM (YR-YR)			
k in Canada and the United Stat	·~?					
k in Canada and the Onited Stat						
Date of Birth: Date available for wo			rk: MM/DD/YEAR			
y before? Dates: Fro	om:	To:	То:			
	MM/DD/YEAR		MM/DD/YEAR			
Reason for leaving:						
Are you currently employed? If not, how long since leaving last employment?						
If you were referred, please give the name of the person who referred you:						
Is there any reason you might be unable to preform the functions of the job for which you have applied? Y[] N[]						
If yes, please describe limitations:						
	ny Driver Owner Operator ars beginning with your curre CITY CITY K in Canada and the United State MM/DD/YEAR y before? Dates: From the name of the person who reference and the functions	Ars beginning with your current address: CITY PROV CITY PROV CITY PROV K in Canada and the United States? Date available for MM/DD/YEAR y before? Dates: From: If not, how long since leaving last emple ne name of the person who referred you: unable to preform the functions of the job for which years.	ny Driver Owner Operator Pilot Car Driver ars beginning with your current address: CITY PROV POSTAL CODE CITY PROV POSTAL CODE CITY PROV POSTAL CODE k in Canada and the United States? Date available for work: MM/DD/YEAR MM/ y before? Dates: From: To: To:			

EMPLOYMENT HISTORY

List your employment history for the last 10 years beginning with your most current. All time for the past 10 years must be accounted for even if you were unemployed:

accounted for even	if you were	unemployed:				
	FMPI	_OYER			DATE	
Name:	LIVII I	COTEN	From: Mo	Yr	To: Mo	Yr
Address:			Position Held:		10.100	
City:	Prov:	Code:	Salary/Wage:			
Contact Name:		(may we call them?) Y [] N []	Reason for Leavir	na:		
Phone #:		Fax #:		<u> </u>		
Were you subject to		Carrier Safety Regulations while y sensitive function; DOT regulate				Part 40 Y [] N []
	EMPI	OYER			DATE	
Name:			From: Mo	Yr	To: Mo	Yr
Address:			Position Held:			
City:	Prov:	Code:	Salary/Wage:			
Contact Name:		(may we call them?) Y [] N []	Reason for Leavir	ng:		
Phone #:		Fax #:				
Were you subject to Was the job designa	Federal Motor ted as a safet	Carrier Safety Regulations while y sensitive function; DOT regulate	contracted by the abo d & subject to Drug &	ove emplo Alcohol t	oyer? Y [] N [] esting under CFR 49,	Part 40 Y [] N []
	EMPI	_OYER			DATE	
Name:			From: Mo	Yr	To: Mo	Yr
Address:			Position Held:			
City:	Prov:	Code:	Salary/Wage:			
Contact Name:		(may we call them?) Y [] N []	Reason for Leavir	ng:		
Phone #:		Fax #:				
Was the job designa	ted as a safet	Carrier Safety Regulations while y sensitive function; DOT regulate	d & subject to Drug &	Alcohol t	esting under CFR 49,	Part 40 Y [] N []
	EMPI	LOYER			DATE	.,
Name:			From: Mo	Yr	To: Mo	Yr
Address:			Position Held:			
City:	Prov:	Code:	Salary/Wage:			
Contact Name:		(may we call them?) Y [] N []	Reason for Leavir	ng:		
Phone #:		Fax #:				
		Carrier Safety Regulations while y sensitive function; DOT regulate				Part 40 Y [] N []
	EMPI	_OYER			DATE	
Name:			From: Mo	Yr	To: Mo	Yr
Address:			Position Held:			
City:	Prov:	Code:	Salary/Wage:			
Contact Name:		(may we call them?) Y [] N []	Reason for Leavir	ng:		
Phone #:		Fax #:				
		Carrier Safety Regulations while y sensitive function; DOT regulate				Part 40 Y [] N []
	EMPI	OYER		-	DATE	
Name:			From: Mo	Yr	To: Mo	Yr
Address:			Position Held:			
City:	Prov:	Code:	Salary/Wage:			
Contact Name:		(may we call them?) Y [] N []	Reason for Leavir	ng:		
Phone #:		Fax #:				
Were you subject to	Federal Motor ted as a safet	Carrier Safety Regulations while y sensitive function; DOT regulate	contracted by the abo d & subject to Drug &	ove emplo Alcohol t	oyer? Y [] N [] esting under CFR 49,	Part 40 Y [] N []
	FMDI	OYER			DATE	
Name:	LIVII I	-0.21	From: Mo	Yr	To: Mo	Yr
Address:			Position Held:	11	I U. IVIU	11
City:	Prov:	Code:	Salary/Wage:			
Contact Name:	1104.	(may we call them?) Y [] N []	Reason for Leavir	Ju.		
Phone #:			TCGGOTT TOT LEGIVII	·9·		
		Fax #:				

Were you subject to Federal Motor Carrier Safety Regulations while contracted by the above employer? Y[] N[] Was the job designated as a safety sensitive function; DOT regulated & subject to Drug & Alcohol testing under CFR 49, Part 40 Y[] N[]

ACCIDENT REPORT

Please report <u>all</u> accidents, preventable, non-preventable, on road and private property for the past 3 years or more Attach sheet if more space is needed. If no history, please mark as N/A.

DATES	NATURE OF ACCIDEN		CHARGES		INIIID	IES/EATALITIES
DATES	(Head-on, rear-end, Upset,		CHARGES		NJUK	IES/FATALITIES
Please report <u>all</u> traffic convictions Attach sheet if more space is need		ie past 3	years (other then par	rking violatio	ns)	
DATE	LOCATION		CHARGE			PENALTY
	E	EDUCAT	TON			
Circle Highest grade completed:	_		ligh School: 1 2 3	4	College: 1	2 3 4
Last School Attended:					· ·	
	NAME				& PROVINCE/S	TATE
			FICATIONS - DRIVE	<u>R</u>		
LICENSE #	PROV/S	TATE	CLASS		EXPIRATION	ON DATE
A. Have you ever been de	enied a license, permit or privile	ege to op	perate a motor vehicle	e? YES[] !	NO []
	t or privilege ever been suspen			YES [] !	NO []
C. How many years have	you been AZ licensed?					
	DRIVII	NG EXP	<u>ERIENCE</u>	_		
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT			TES		APPROX# OF MILES
	(Van, Tank, Flat, etc)		FROM	Т	0	(Total)
List Provinces & States operated	l in for the last five years:					
Show special courses or training	taken that will help you as a d	river: _				
Which safe driving awards do yo	u hold and from whom?:					
	EXPERIENCE &	QUALIF	ICATIONS - OTHER	<u> </u>		
Show any trucking, transportation	•			-		
					-	
List courses and training other th	 nan shown elsewhere in this ap	nlication	·			
	ian shown clocwhore in the ap		,		-	
List special equipment or technic	cal materials you can work with	(other th	nan those already sho	own):		
			ED 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 enquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision (Generally, enquiries 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 enquiries and releasing information in connection with my application. In the event of employment, I understand that I am required to abide by all rules and regulations of the Company.						

Date

Signature



Please answer the following additional questions:

1.	Do you have the correct required travel documents for cross border work?	YES[]	NO []				
	Passport or FAST Card Document # Expire Date:						
2.	Do you understand both Canadian & USA 'Hours of Service' Regulations?	YES[]	NO[]				
3.	Are you familiar with Electronic Log Books (ELD)?	YES[]	NO[]				
4.	Are you familiar with weight and length regulations in both Canada & USA	YES[]	NO[]				
5.	Do you have any flat deck, step deck RGN or double drop experience?	YES[]	NO[]				
	If yes, please give details including amount of experience:						
6.	Do you have any experience hauling oversize and/or overweight loads?	YES[]	NO[]				
	If yes, please give details including amount of experience						
7.	7. Are you physically able to perform the following tasks: Chaining and/or strapping various types of loads? YES [] NO [] Tarping Loads? YES [] NO []						
	If no, please describe limitations:						
8.	Do you have any drug or alcohol driving convictions or charges currently pending?	YES[]	NO []				
	If yes, what charges and where?						
9.	Are you willing to do everything possible to promote a safe work environment?	YES[]	NO[]				
_							
App	Dlicant's Name: Please Print						
	Applicants Signature Date						