

Driver's Application For Employment

Company _____

Address _____

City _____ Province _____ PC _____

In compliance with Federal and Provincial equal employment opportunity 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.

Date of Application: _____

Position(s) Applied for _____

Name _____ Social Insurance No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
Province Postal Code Phone _____ How Long? _____

Previous Address _____ How Long? _____
Street City Prov. & PC
Street City Prov. & PC How Long? _____
Street City Prov. & PC How Long? _____

Do you have the legal right to work in Canada?

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

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 _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle must provide the following information of previous employment as required by regulations.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROVINCE	POSTAL CODE	SALARY / WAGE	
CONTACT PERSON		TEL	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROVINCE	POSTAL CODE	SALARY / WAGE	
CONTACT PERSON		TEL	REASON FOR LEAVING	

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CITY	PROVINCE	POSTAL CODE	SALARY / WAGE	
CONTACT PERSON		TEL	REASON FOR LEAVING	

EDUCATION

HIGHEST GRADE SCHOOL COMPLETED – circle highest grade completed

GRADE/SECONDARY SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12 13 Course of Study	BUSINESS, TRADE OR TECHNICAL SCHOOL 1 2 3 4 Course of Study
Type of certificate or diploma obtained	License, certificate or diploma awarded
Special courses or training	Special courses or training

OTHER COURSES, WORKSHOPS, OR SEMINARS

DATES	NAME	LOCATION	LICENSE, CERTIFICATE OR DIPLOMA

EXPERIENCE AND QUALIFICATIONS – DRIVER

	PROVINCE/STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	DATES TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

LIST PROVINCES, STATES, OR TERRITORIES OPERATED IN FOR 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? _____

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 THAT SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIAL 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 or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

Date

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE

- 1. APPLICATION
- 2. INTERVIEW
- 3. PAST EMPLOYMENT
- 4. WRITTEN EXAM
- 5. ROAD TEST
- 6. CRIMINAL AND TRAFFIC CONVICTIONS

SUPPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____