

Application for Employment

Date of Application _____
day. Month, year

Company _____ Street Address _____

City, Prov, Postal Code _____

Name _____ Telephone _____
(first) (middle) (last)

Address _____ How Long? _____
(street) (city/prov) (postal code)

Date of Birth _____ Social Ins. Number _____
(day, month, year) (391.21(b)(2))

Addresses for _____ How Long? _____
Past 5 years *(street) (city/prov) (postal code)*

_____ How Long? _____
(street) (city/prov) (postal code)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Drivers Licence _____
(province) (license number) (class) (expiration date) (d,m,y)

Have you ever been denied a driver's license? Y ___ N ___ Ever been suspended or revoked? Y ___ N ___

Driving Experience:

Class of Equipment	Type of Equipment <i>(van, tank, flat, etc)</i>	Date from	Date to	Approx. Miles
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor-Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

Position applying for _____ Full Time _____ Part Time _____

Have you worked for this company before? _____ Dates: From _____ To: _____
(month/year) (month/year)

Are you currently employed? _____ If not, how long since last employment? _____

Have you ever been convicted of a felony? _____ If yes, please explain on separate sheet of paper

Have you ever been bonded? Y ___ N ___ Name of bonding company _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Post secondary: 1 2 3 4

Last school attended _____ Address _____
(city/prov)

List provinces and states operated in during last 5 years _____

Courses or training that will help you as a driver _____

List safe driving awards and from whom _____

DRIVER APPLICANTS

Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d), (e), (i) (1) and (2)

The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years – via the application form or other written document prior to any hiring decision – that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-providing investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer (s), then the five-business days' deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

I have read, understand and agree to the preceding statement

Applicant Signature _____

Date _____

(day, month, year)

ACCIDENT RECORD FOR PAST 3 YEARS

(attach sheet if more space is needed)

	Date <i>(d, m, y)</i>	Nature of accident <i>(head on, rear end, upset etc)</i>	Fatalities	Injuries
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(other than parking violations)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach sheet if more space is needed)

EMPLOYMENT RECORD

(attach second sheet if more space is needed) (for dates use month/year)

DOT requires that Employment for at least 5 years and/or Commercial Driving Experience for the past 10 years to be shown

LAST EMPLOYER _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? Yes _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

SECOND LAST EMPLOYER _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? Yes _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

THIRD LAST EMPLOYER _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? Yes _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

FOURTH LAST EMPLOYER _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? Yes _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

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LAST EMPLOYER _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

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WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

LAST EMPLOYER _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

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WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

LAST EMPLOYER _____ Tel (____) _____

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LAST EMPLOYER _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

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Previous Employer Consent Form

I, _____ give my consent to perform a previous employer background check.

Signature _____ Date _____

COMPANY BEING CONTACTED: _____

PERSON CONTACTED: _____

DATE: _____ TELEPHONE NUMBER: _____

FAX NUMBER: _____

APPLICANT LISTS DATES OF YOUR EMPLOYMENT WITH YOUR FIRM FROM: _____

TO: _____ IS THIS CORRECT? _____

HOW WAS THIS PERSONS ATTENDANCE RECORD: _____

APPROXIMATELY HOW MANY MILES DRIVEN YEARLY: _____

WHAT TYPE OF PRODUCTS HAULED: _____

WAS THERE ANY PROBLEM WITH DELIVERY AND PICK UP TIME: _____

WAS THERE ANY SIGNIFICANT INCIDENTS OR ACCIDENTS (SPILLS, ARGUMENTS WITH CUSTOMERS, ETC)? _____

PREVENTABLE OR NON-PREVENTABLE ACCIDENTS? _____

ANYON THE JOBINJURIES? _____

GENERAL OPINION OF CONDUCT _____

WHY DID THIS PERSON LEAVEYOUREMPLOY? _____

WOULDYOU REHIRE THIS PERSON? _____

COMMENTS _____

INQUIRY PERFORMED BY: _____ TELEPHONE NUMBER: _____

DATE: _____