



Driver Application Form

DRIVER APPLICATION:

Applicant Name:	Social Insurance #:
Current Address: City: Post Code:	Date of Birth:

Residence Past 3 years:

Address: City: Post Code:	How Long?
Address: City: Post Code:	How Long?

Experience & Qualifications- Driver

A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!

Applicant list the Provinces and license numbers of all license held for the past 3 years

Province	License #	Expiration Date	Class	Endorsements

Driving Experience

Equipment Class	Type of Equipment Van, Flat, Tank, etc	Dates		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries



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Moving Traffic Convictions and Forteitures for the past 3 years

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes() No()

B. Has any license, permit or privilege ever been revoked? Yes() No()

If yes, attach statement giving details.

EMPLOYMENT RECORD

Last Employer: Position held: From: To: Address: Telephone #: Subject to FMCSRs: Yes () No () Subject to Alcohol and Controlled substances Testing requirments: Yes () No ()
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Last Employer:		
Position held:	From:	To:
Address:		
Telephone #:		
Subject to FMCSRs:	Yes ()	No ()
Subject to Alcohol and Controlled substances Testing requirments:	Yes ()	No ()
Last Employer:		
Position held:	From:	To:
Address:		
Telephone #:		
Subject to FMCSRs:	Yes ()	No ()
Subject to Alcohol and Controlled substances Testing requirments:	Yes ()	No ()

This Certifies that this application was complted by me, and that all entries on it and Information on it are true to the best of my knowloedge.

I also hereby to authorize abrove companies to release all records of employment, including assessments of my job performance, ability and fitness (inlucing dates of any and all alcohol or drug tests, Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a r result of providing information to the above-mentioned person and/or company.

Applicant Name (print)

Applicant's Signature

Date