

# Driver Application

Name \_\_\_\_\_ Position applied for: \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**DRIVING HISTORY: ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED); IF NONE, LEAVE BLANK**

Date (YYYY-MM-DD): \_\_\_\_\_ Nature of accident (head-on, rear end, upset, etc.): \_\_\_\_\_

Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_ Hazardous Material Spill: \_\_\_\_\_

Date (YYYY-MM-DD): \_\_\_\_\_ Nature of accident (head-on, rear end, upset, etc.): \_\_\_\_\_

Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_ Hazardous Material Spill: \_\_\_\_\_

**TRAFFIC CONVICTIONS IN PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS); IF NONE, LEAVE BLANK**

Date (YYYY-MM-DD): \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_

Date (YYYY-MM-DD): \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_

Date (YYYY-MM-DD): \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS**

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

Has any license, permit or privilege ever been suspended or revoked? (Yes/No) \_\_\_\_\_

Can you work legally in Canada? (Yes/No) \_\_\_\_\_

Can you legally enter the U.S.? (Yes/No) \_\_\_\_\_

Are you currently in a drug testing program? (Yes/No) \_\_\_\_\_

**DRIVING EXPERIENCE**

<u>Class of Equipment</u>	<u>Yes/No</u>	<u>Type of Equipment (Van, Tank, Flat, Dump, Reefer)</u>	<u>Years</u>	<u>Months</u>
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____

<u>TRAINING/CERTIFICATION</u>	<u>Yes/No</u>	<u>Yes/No</u>
Dangerous Goods Training	_____	_____
WHMIS Training	_____	_____
Tandem Certification	_____	_____

FAST Card \_\_\_\_\_ AZ License Number: \_\_\_\_\_

Driver Training \_\_\_\_\_ DZ License Number: \_\_\_\_\_

G License Number: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

From (YYYY-MM-DD): \_\_\_\_\_ To (YYYY-MM-DD): \_\_\_\_\_ Position: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

From (YYYY-MM-DD): \_\_\_\_\_ To (YYYY-MM-DD): \_\_\_\_\_ Position: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

From (YYYY-MM-DD): \_\_\_\_\_ To (YYYY-MM-DD): \_\_\_\_\_ Position: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

From (YYYY-MM-DD): \_\_\_\_\_ To (YYYY-MM-DD): \_\_\_\_\_ Position: \_\_\_\_\_

I certify that the facts contained in this application are true and complete. I understand that, if employed, false statements on this application are grounds for termination of agreement. I authorize investigation of all statements contained herein. I further authorize all individuals, companies and motor vehicle agencies to give you any and all information covering my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability from any damage that may result from furnishing the same.

Signature \_\_\_\_\_ Date \_\_\_\_\_