



**Note: Please attach original or copies of the following:**

- *Driver's license (copy please)*
- *Current driver's abstract – 3 year record search*
- *Current CVOR (abstract and CVOR within the past 30 days)*

*For cross-border driver's please also include*

- *Current police criminal search (within the past 30 days)*
- *Copy of your FAST card*

*For owner-operators please also include:*

- *WSIB account number or proof of equivalent to WSIB insurance*

**Date of application:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Current address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**List your addresses for the past 5 years:**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **How long?** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **How long?** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **How long?** \_\_\_\_\_

**Are you a Canadian citizen? Yes/No**

**If no, are you legally eligible to work in Canada? Yes/No**

**Can you legally cross the Canada/US border? Yes/No**

**Are you currently employed? Yes/No**

**If yes, please state current employer** \_\_\_\_\_

**If no, how long since leaving your previous employer?** \_\_\_\_\_

Is there any reason you may be unable to perform the functions of the job you have applied for? Yes/No

Is yes, please explain \_\_\_\_\_

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*Please list your employment history for the past 10 years, starting with the most current. All time during the past 10 years must be accounted for even if you were unemployed. Please attach a separate sheet if necessary.*

Employer name: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates from: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Wages: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Was this position subject to alcohol and controlled substance testing: Yes/No

Employer name: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates from: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Wages: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Was this position subject to alcohol and controlled substance testing: Yes/No

Employer name: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates from: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Wages: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Was this position subject to alcohol and controlled substance testing: Yes/No

**Education:**

Highest level achieved: \_\_\_\_\_

Last school attended: \_\_\_\_\_

**Experience and Qualifications**

Driver's Licence Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Prov: \_\_\_\_\_ Type/Class: \_\_\_\_\_ Expiry date: \_\_\_\_\_

*Please report ALL collisions, commercial, personal, preventable and non-preventable, on road and private property for the past 5 years. Please attach a separate sheet if necessary.*

Date: \_\_\_\_\_

Nature of accident: \_\_\_\_\_

Fatalities: Yes/No          Preventable: Yes/No          Charges: Yes/No          Injuries: Yes/No

Date: \_\_\_\_\_

Nature of accident: \_\_\_\_\_

Fatalities: Yes/No          Preventable: Yes/No          Charges: Yes/No          Injuries: Yes/No

Date: \_\_\_\_\_

Nature of accident: \_\_\_\_\_

Fatalities: Yes/No          Preventable: Yes/No          Charges: Yes/No          Injuries: Yes/No

Date: \_\_\_\_\_

Nature of accident: \_\_\_\_\_

Fatalities: Yes/No          Preventable: Yes/No          Charges: Yes/No          Injuries: Yes/No

Date: \_\_\_\_\_

Nature of accident: \_\_\_\_\_

Fatalities: Yes/No          Preventable: Yes/No          Charges: Yes/No          Injuries: Yes/No

*Please report ALL traffic convictions, citations and forfeitures for the past 3 years (other than parking violations). Attach a separate sheet if necessary.*

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Charge:** \_\_\_\_\_ **Penalty:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Charge:** \_\_\_\_\_ **Penalty:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Charge:** \_\_\_\_\_ **Penalty:** \_\_\_\_\_

**Have you ever been denied a license or permit to operate a motor vehicle? Yes/No**

**Has any license or permit ever been suspended or revoked: Yes?No**

**\*\*\*If the answer to either of the above questions is yes, please attach a statement giving details.\*\*\***

### **Driving Experience:**

*Please list the types of equipment you have driven and/or pulled and the number of years experience you have with that equipment.*

**Type of equipment:** \_\_\_\_\_ **Years experience:** \_\_\_\_\_

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**Type of equipment:** \_\_\_\_\_ **Years experience:** \_\_\_\_\_

**Type of equipment:** \_\_\_\_\_ **Years experience:** \_\_\_\_\_

**Type of equipment:** \_\_\_\_\_ **Years experience:** \_\_\_\_\_

**List provinces and states operated in for the past five years:** \_\_\_\_\_

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List any special courses or training that will help you as a driver: \_\_\_\_\_

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List any special equipment to technical materials you can work with (other than those already shown) \_\_\_\_\_

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 understand that I am required to abide by all rules and regulations of the Company. For purposes of gathering this information, I agree to supply information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records.

**Note to applicant:**

All information provided in this application may be used and your previous employer will be contacted for the purpose of verifying your employment and safety performance history. You have a right to see the information provided by your previous employer and can do so by submitting a written request.

Except as provided for herein, or with your prior consent, the Company shall not use the information gathered for any other purpose.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_