



# Driver Application for Contract Agreement

**Answer all questions - please print**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

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

Position(s) applied for \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

SIN#: \_\_\_\_\_

Phone #: \_\_\_\_\_

List your addresses of residency for the past 3 years

Cell Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_ How long? \_\_\_\_\_  
Street City Province & Postal Code

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City Province & Postal Code

Previous \_\_\_\_\_ How long? \_\_\_\_\_  
Addresses: Street City Province & Postal Code

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City Province & Postal Code

Street City Province & Postal Code

Do you hold a valid FAST Card? \_\_\_\_\_ Number \_\_\_\_\_ Expiry Date \_\_/\_\_/\_\_.

Do you have the legal right to work in the United States? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Health Card Number: \_\_\_\_\_

## Employment History - Prior 10 Years Required

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province and postal code.

Applicants to drive a commercial motor vehicle\* interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer	Date
Name:	From: _____ To: _____
Address:	Position Held:
_____	Salary/Wage:
City                      Province                      Postal Code	Reason for Leaving:
Contact Person: _____	Phone #: _____

Employer	Date
Name:	From: _____ To: _____
Address:	Position Held:
_____	Salary/Wage:
City                      Province                      Postal Code	Reason for Leaving:
Contact Person: _____	Phone #: _____

Employer	Date
Name:	From: _____ To: _____
Address:	Position Held:
_____	Salary/Wage:
City                      Province                      Postal Code	Reason for Leaving:
Contact Person: _____	Phone #: _____

Employer	Date
Name:	From: _____ To: _____
Address:	Position Held:
_____	Salary/Wage:
City                      Province                      Postal Code	Reason for Leaving:
Contact Person: _____	Phone #: _____

Employer	Date
Name:	From: _____ To: _____
Address:	Position Held:
_____	Salary/Wage:
City                      Province                      Postal Code	Reason for Leaving:
Contact Person: _____	Phone #: _____

\* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding

Employer	Date
Name:	From: To:
Address:	Position Held:
City Province Postal Code	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving:

Employer	Date
Name:	From: To:
Address:	Position Held:
City Province Postal Code	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving:

Employer	Date
Name:	From: To:
Address:	Position Held:
City Province Postal Code	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving:

Employer	Date
Name:	From: To:
Address:	Position Held:
City Province Postal Code	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving:

Employer	Date
Name:	From: To:
Address:	Position Held:
City Province Postal Code	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving:

Employer	Date
Name:	From: To:
Address:	Position Held:
City Province Postal Code	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving:

Employer	Date
Name:	From: To:
Address:	Position Held:
City Province Postal Code	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving:

Accident record for past 3 years or more - if none, write *none*

Dates	Nature of accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Account			
Next Previous			
Next Previous			

(Attach sheet if more space is needed)

Traffic convictions and forfeitures for the past 3 years  
(other than parking violations) if none, write none

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

### Education

Circle highest grade completed: 1 2 3 4 6 7 8

High School: 1 2 3 4 College: 1 2 3 4

Last school attended: \_\_\_\_\_  
(Name) (City)

## Experience and Qualifications - Driver

Drivers Licenses	Province/State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_  
 B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

***If the answer to either A or B is yes, attach statement giving details***

## Driving Experience - if none, write *none*

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. no. of miles (total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Motor coach - School Bus				
Other				

List States/Provinces 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 shown elsewhere in this application


List special equipment or technical materials you can work with (other than those already shown)

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***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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the company.

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***Date***

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***Applicant's Signature***