



9-45th Parallel Drive Ingleside, ON K0C 1M0
 Phone: (613) 537-8900 Fax: (613) 537-9450
 Toll Free: (800) 387-2804

Application for Employment

Applicant Information

Name: _____ Phone: _____
 First Middle Last

Date of Birth (dd/mm/year): _____ SIN: _____

Current Address: _____
 Street City Province Postal Code

*If at the above residence for less than three years, list below all residences for the past three years

Previous Address: _____
 Street City Province Postal Code

Previous Address: _____
 Street City Province Postal Code

Position applied for: _____ Part-time: _____ Full-Time: _____

Have you worked for us before? _____

If yes; from: _____ to: _____
 Month/year Month/year

Reason for leaving: _____

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

Have you ever been convicted of a criminal offence? Yes: _____ No: _____

*If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Education

Circle the highest level of education completed: Secondary Education: 8 9 10 11 12 Post Secondary: 1 2 3 4

Degree received: _____

Last school attended: _____
 Name Address



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Driver Qualifications

Driver's Licenses Held in the past 3 years				
Province:	License Number:	Class:	Endorsement(s):	Expiration Date:

- A. Have you every been denied a license, permit, or privilege to operate a motor vehicle?
 Yes: _____ No: _____
- B. Has any license, permit or privilege ever been suspended or revoked?
 Yes: _____ No: _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
 Yes: _____ No: _____

*If you answered "yes" to A, B, or C, please attach a statement providing details

Driver Experience

Class of Equipment:	Type of Equipment (Van, Tank, Flat, etc.)	Dates: (From – To)	Approximate Total Miles:
Straight Truck			
Tractor or Semi Tractor			
Twin Trailers – LCV's			
Other			

- A. List states operated in during last five years: _____
- B. List special courses or training that will help you as a driver: _____
- C. List driving awards held and who awards were presented by: _____



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Accidents/Convictions

Accident review for the past 3 years (attach a separate sheet of paper if more space is needed)

Date of Accident:	Nature of Accident: (Head-on, Rear-end, Overturn, etc.)	Fatalities?	Injuries?

Traffic conviction and Forfeitures for the past 3 years (exclude parking violations)

Location	Conviction Charge:	Date:	Penalties: