



**Driver's Application for Employment**

Date of Application \_\_\_\_\_

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

Social Security No. \_\_\_\_\_

Current Address \_\_\_\_\_ Phone number \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

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)

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Are you able to do some heavy lifting and tarping/untarpping and securing of loads? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid FAST card? \_\_\_\_\_

Which US border crossings have you used in last 3 years?

\_\_\_\_\_

\_\_\_\_\_

Have you split b-trains for deliveries or loading? \_\_\_\_\_

List states and provinces operated in for the past 5 years \_\_\_\_\_

\_\_\_\_\_

## Employment History

*All driver applicants must provide the following information in all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.*

<b>Employer</b>		Date
Name		From:
Address		
City	State	Zip
		To:
Contact Person	Phone Number	
Position Held	Salary / Wage	
Reason for Leaving		

<b>Employer</b>		Date
Name		From:
Address		
City	State	Zip
		To:
Contact Person	Phone Number	
Position Held	Salary / Wage	
Reason for Leaving		

<b>Employer</b>		Date
Name		From:
Address		
City	State	Zip
		To:
Contact Person	Phone Number	
Position Held	Salary / Wage	
Reason for Leaving		

Accident record for past 3 years or more (attach sheet if more space is needed) if none, write none

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

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:

High school:

College:

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

**Experience and Qualifications – Driver**

	States	License No.	Type	Expiration
Drivers Licenses				

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 suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

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

## Driving Experience

*If none please write none*

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight truck				
Tractor and Semi Trailer				
Tractor Two Trailers				

List types of transmissions operated \_\_\_\_\_

Show special courses or training that will help you as a driver \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**Note: Drivers abstract, CVOR abstract and criminal search must be handed in with applications.**

### **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 liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all policies and procedures of the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature