

EXPERIENCE AND QUALIFICATIONS

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE
(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	CHARGES	INJURIES/FATALITIES
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS, CITATIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME CITY

EXPERIENCE AND QUALIFICATIONS – DRIVER

	PROV / STATE	LICENCE NO.	TYPE	EXPIRATION DATE
DRIVER LICENCES				

A: Have you ever been denied a licence, permit or privilege to operate a motor vehicle? YES [] NO []

B: Has any licence, permit or privilege ever been suspended or revoked? YES [] NO []

If the answer to either A or B is YES, attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX # OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

LIST PROVINCES/STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING TAKEN 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:

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 enquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, enquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers, and other persons from all liability in responding to enquiries 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 further understand that I am required to abide by all rules and regulations of the company.

Date

Signature

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file)

THIS SECTION TO BE COMPLETED BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal / Traffic Convictions						

SIGNATURE OF INTERVIEWING OFFICER: _____

TRANSFERS

FROM:	TO:	FROM:	TO:
DATE:		DATE:	
REASON FOR TRANSFER:		REASON FOR TRANSFER:	

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____
DISMISSED: _____ VOLUNTARY QUIT: _____ OTHER: _____
TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 5 years.
NOTE: Add another sheet if necessary.

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:

Contact Person:	Tel #:	Reason for Leaving:
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MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? Y [] N [] IF NO, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE REASON BELOW.
