



Box 1070, Halbstadt, Manitoba R0A 0S0  
Ph: (204)324-9779 ♦ Fax: (204)324-9789

### APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (Province) (Postal Code)

How Many Years? \_\_\_\_\_ Previous Address (if less than 3 years)  
\_\_\_\_\_  
(Street) (City) (Province) (Postal Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.I.N.: \_\_\_\_\_  
(Day/Month/Year)

### DISCLOSURE OF DRIVER'S LICENCE

Driver Licence No.: \_\_\_\_\_ Province: \_\_\_\_\_

Class: \_\_\_\_\_ Year Obtained: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

Are you currently employed?  Yes  No

When are you available to start work? \_\_\_\_\_

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

If yes, please give details: \_\_\_\_\_

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

### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Reefer etc.)	Dates From/To	Apprx. No. of Miles per Month
Straight Truck			
Tractor & Semi-Trailer			
Tractor-Two Trailers			
Other			

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (attach sheet if more space is required)

Dates	Nature of Accident (Head-On, Rear-End, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

Have you ever been denied entry into the U.S.?  Yes  No

Do you hold a valid FAST card?  Yes  No

Will you provide a criminal background check from the RCMP?  Yes  No

Is your drivers abstract clean?  Yes  No

If No, please list infractions: \_\_\_\_\_

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

### EDUCATION

Circle highest grade completed      1   2   3   4   5   6   7   8   9   10   11   12

List any special courses or training that you have had as a professional driver: \_\_\_\_\_

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

**EMPLOYMENT HISTORY**

(Most recent first)

Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Dates Employed (From/To): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Dates Employed (From/To): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Dates Employed (From/To): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Dates Employed (From/To): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Dates Employed (From/To): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

**PLEASE READ CAREFULLY AND SIGN**

This certifies that I have completed this application 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 to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools, or persons from all liability in responding to inquiries 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 rules and regulations of the company, as permitted by law.

I further understand, that I am required to be alcohol and drug tested according to the U.S. DOT rules, and that refusal to do so, or a result showing a positive testing after being tested, will nullify this application.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)