

EDUCATION:

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

College / trade school years completed: 1 2 3 4 5 6

Last School Attended _____
Name City

Have you ever attended Driver Training School? Yes () No (). If yes, please provide a copy of certificate.

State any special courses or training that will help you as a driver or in other aspects of this job:

ACCIDENT HISTORY: for the past 5 years (regardless of who was at fault or whether it is on your abstract):

DATES: NATURE OF ACCIDENT

Last Accident _____
Fatalities – Yes () No () Injuries – Yes () No () Towed – Yes () No ()

Next Previous _____
Fatalities – Yes () No () Injuries – Yes () No () Towed – Yes () No ()

TRAFFIC CONVICTIONS: For the past 3 years, other than parking violations. If none, write none.

LOCATION: DATE: CHARGE: PENALTY:

SAFETY CODE VIOLATIONS: For the past 2 years, Hours of Service, mechanical, pre-trip warnings and violations. If none, write none.

LOCATION: DATE: CHARGE: PENALTY:

Commercial Driving Experience - Please indicate number of years of experience for the following:

_____ Up to 300 miles in Canada _____ 301 - 500 miles in Canada _____ 500+ miles in Canada
_____ Up to 300 miles in Canada & US _____ 301 - 500 miles in Canada & US _____ 500+ miles in Canada & US
The total of years entered above should equal your total years of driving experience.

Indicate the longest distance traveled during driving employment: _____

Indicate if you have experience in driving over the Rocky Mountains: No () Yes () Years _____

Indicate your experience in reefer transport: No () Yes () Years _____

Commodities: Meat () Produce () Ice cream () Potatoes ()

EMPLOYMENT HISTORY — Please provide the following information on all driving employment or contracts during the preceding 10 years or a minimum of three years other employment (which ever is greater). Please list companies in reverse order, starting with the most recent. Please understand that the information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391. 23 (d) , (e) , (i) (1) and (2)

Last Employer: _____ **Employer Address:** _____
Supervisor Name: _____ **Supervisor Position:** _____
Supervisor Phone #: _____ **Supervisor Email:** _____

Start Month/ Year: _____ **End Month/ Year** _____ as Owner/Operator () As Employee ()

Did you drive a commercial vehicle for this employer? No () Yes () **If yes , Straight Truck () Tractor-Trailer () Other ():** _____

Trailer Type if Applicable: Reefer () Heated Van () Dry Van () Flatbed () Other () : _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? No () Yes ()

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40 ? No () Yes ()

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Second Last Employer: _____ **Employer Address:** _____
Supervisor Name: _____ **Supervisor Position:** _____
Supervisor Phone #: _____ **Supervisor Email:** _____

Start Month/ Year: _____ **End Month/ Year** _____ as Owner/Operator () As Employee ()

Did you drive a commercial vehicle for this employer? No () Yes () **If yes , Straight Truck () Tractor-Trailer () Other ():** _____

Trailer Type if Applicable: Reefer () Heated Van () Dry Van () Flatbed () Other () : _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? No () Yes ()

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40 ? No () Yes ()

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Third Last Employer: _____ **Employer Address:** _____
Supervisor Name: _____ **Supervisor Position:** _____
Supervisor Phone #: _____ **Supervisor Email:** _____

Start Month/ Year: _____ **End Month/ Year** _____ as Owner/Operator () As Employee ()

Did you drive a commercial vehicle for this employer? No () Yes () **If yes , Straight Truck () Tractor-Trailer () Other ():** _____

Trailer Type if Applicable: Reefer () Heated Van () Dry Van () Flatbed () Other () : _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? No () Yes ()

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40 ? No () Yes ()

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Fourth Last Employer: _____ Employer Address: _____

Supervisor Name: _____ Supervisor Position: _____

Supervisor Phone #: _____ Supervisor Email: _____

Start Month/ Year: _____ End Month/ Year _____ as Owner/Operator () As Employee ()

Did you drive a commercial vehicle for this employer? No () Yes () If yes , Straight Truck () Tractor-Trailer () Other (): _____

Trailer Type if Applicable: Reefer () Heated Van () Dry Van () Flatbed () Other (): _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? No () Yes ()

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40 ? No () Yes ()

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Fifth Last Employer: _____ Employer Address: _____

Supervisor Name: _____ Supervisor Position: _____

Supervisor Phone #: _____ Supervisor Email: _____

Start Month/ Year: _____ End Month/ Year _____ as Owner/Operator () As Employee ()

Did you drive a commercial vehicle for this employer? No () Yes () If yes , Straight Truck () Tractor-Trailer () Other (): _____

Trailer Type if Applicable: Reefer () Heated Van () Dry Van () Flatbed () Other (): _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? No () Yes ()

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40 ? No () Yes ()

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For Owner/Operator Completion Only:**Vehicle Information Sheet**

Company Name (if applicable) _____

Tractor Year: _____ Make: _____ Model: _____

Odometer Reading: _____ Wheelbase (Maximum 244 ") _____ Weight _____ lbs

Tractor Monthly Payment: \$ _____

Years in business as a highway owner-operator: _____ years

If you have your own WCB: WCB # _____ Clearance Letter Available Yes () No ()

Please provide the following additional documents with your application for review:**Driver License****Drivers Abstract (less than 1 month old)****Criminal Search (less than 3 months old)****For Owner/Operators:**

- **Letter of Standing from Equipment Financial Institution**
- **Business Registration/Incorporation Documents**

Application Acknowledgement – TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment (including driving record), financial or 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, healthcare providers, highway enforcement agencies 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 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.

By signing below, I certify that this application was completed by me and that all entries are true and correct to the best of my knowledge. I also certify that I will submit to drug and alcohol testing requirements as needed.

Name (print)_____
Signature_____
Date