



613-822-8568

2850 County Road 18
Prescott, ON, K0E 1T0

Driver's Application for Employment

(Answer all questions – please print)

Position(s) Applied For:

Name:

LAST

FIRST

MIDDLE

Address:

Cell Phone #:

Phone (other) #:

License No:

Expiration Date:

Are you looking for: ☐ Daily work ☐ Overnights (*max 36 hours*) ☐ Combination of both

We require that you can lift 50 pounds. Are you able to do this type of work if necessary? ☐ Yes ☐ No

Most of our work requires that you are able to start between 00:00 and 04:00 ☐ Yes ☐ No

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

If yes, please explain:

Experience & Qualifications – Driver AZ

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.

List provinces/states operated in for last five years:



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Special courses or training taken that will help you as a driver:

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:

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		EMPLOYER NAME
		FROM (YY/MM)	TO (YY/MM)	
Straight Truck				
Tractor & Trailer				
Tractor – Two Trailers				
Other				

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:	From:	To:
	MM/YY	MM/YY
Address:		
Contact:	Phone (other) #:	
Position Held:	Reason for Leaving:	



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Employer:	From:	To:
	MM/YY	MM/YY
Address:		
Contact:	Phone (other) #:	
Position Held:	Reason for Leaving:	

Employer:	From:	To:
	MM/YY	MM/YY
Address:		
Contact:	Phone (other) #:	
Position Held:	Reason for Leaving:	

Employer:	From:	To:
	MM/YY	MM/YY
Address:		
Contact:	Phone (other) #:	
Position Held:	Reason for Leaving:	

Employer:	From:	To:
	MM/YY	MM/YY
Address:		
Contact:	Phone (other) #:	
Position Held:	Reason for Leaving:	

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? ☐ Yes ☐ No
IF NO, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE REASON BELOW.



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I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted.

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted of any violation required to be listed during the past 12 months.

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 employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, 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 further understand that I am required to abide by all rules and regulations of the company.

Signature:

Date:
