



**Transportation
Distribution Services
Freight Services & Strategies
Value Added Services**

DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

In compliance with Federal and Provincial equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status or non-job related disability.

Position(s) Applied For: _____

Name: _____
LAST FIRST MIDDLE

Phone #: _____ Cell Phone #: _____ Fax #: _____

List addresses for past 5 years beginning with most recent:

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Do you have the legal right to work the United States? _____

Date of Birth: _____
(Required for Commercial Drivers) Year / Month / Day

Can you provide proof of age? _____

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

Who referred you? _____ Rate of Pay Expected: _____

Is there any reason you might be unable to perform the functions of the job you have applied for?

Y[] N[]

If yes, please explain: _____

Applicant's Signature: _____

Date: _____



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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

SELECT 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

DRIVER LICENCES	PROV / STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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? _____



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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 D & D TRANSPORT, INC, OPERATIONS MANAGER

	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: _____



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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:			

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.



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**EMPLOYEE AUTHORIZATION:
REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

I hereby authorize you to release the following information to D & D Transportation, for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

APPLICANT'S NAME: _____

S.I.N. #: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Previous Employer: _____

Contact Name: _____

Telephone No: _____

Fax No: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Employment Dates: Start: _____

Finish: _____

Position/Job: _____

Equipment Operated: _____

Experience: Mountain: Y [] N []

U.S.: Y [] N []

Winter: Y [] N []

Did he/she treat equipment well? _____

Was he/she a safe and efficient driver? _____

Was his/her general conduct satisfactory? _____

Did he/she have any accidents? _____

Did he/she have any citations? _____

How was his/her attitude towards:

- Management? _____
- Customers? _____
- Co-workers? _____

How much lost time from work due to injury/illness? _____

Reason for leaving your employ: Discharged: Y [] N [] Resigned: Y [] N [] Laid Off: Y [] N [] Other: _____

If a position were available, would he/she be available for re-hire? _____

Comments:



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REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to D & D Transport, Inc. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ **Date:** _____

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information below will be used for a "permissible purpose" as defined in the Act and that the information received will not be used for any other purpose.
2. I further certify that if the applicant named below is denied employment based on the information received, I will identify the source of the report in accordance Section 615(a) of the Fair Credit Reporting Act.

Signature: _____ **Date:** _____

TO: _____

The applicant below has completed an application with our company for the position of _____. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please provide the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL INSURANCE NUMBER: _____ **LICENSE NUMBER:** _____

REQUESTED BY:

 NAME

 POSITION

 SIGNATURE

 DATE