

Contract Express Limited
APPLICATION FOR EMPLOYMENT OR OWNER OPERATORS

Note: Please attach original or copies of the following documents: Copy of your Driver's License – Current Drivers Abstract and CVOR Drivers Abstract (no older than 7 days). US Drivers also include Current Police Clearance (no older than 30 days) or an I-94 Card with your waiver - WSIB Account Number (if applicable) –FAST Card.

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

Date of Application: _____

Position Applied For: Owner Operator Driver

Name: _____ Date of Birth: ____/____/____
SIN#: _____ (required for Truck Drivers upon hire) Year Month Day

Current Address:
Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell phone: _____ Email address: _____

List your addresses of residency for the past 5 years.

Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? ____
Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? ____
Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Do you have the legal right to work in Canada? Yes / No

What is your current Citizenship? _____ Do you have a Work Visa: _____

Can you legally cross the US/Canadian Border? Yes / No

Have you worked for this company before: Yes / No

If (yes) dates from: _____ to: _____

Reason for leaving: _____

Are you currently employed: Yes / No

If (no) how long since leaving your last employment _____

How did you hear about us? _____

Who referred you?: _____

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 explain.

List your employment history for the past 10 years starting with the most current.
All time for the past 10 years must be accounted for even if you were unemployed.

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Education:

Circle 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 & Qualifications:

Driver's License #: _____

Province: _____

Type/Class: _____

Expiry Date: _____

Please report **ALL** collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years. (Attach sheet if more space is needed).

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Please report **ALL** 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: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Have you ever had your license to operate a motor vehicle? suspended, revoked or denied

Yes / No (Circle one)

If yes give complete details on reason and dates:

If answer to above is no please complete the following:

I _____ hereby guarantee that I have never been denied a license nor had a license to operate a motor vehicle suspended or revoked for any reason. Signature: _____.

Driving Experience:

Straight Truck:

Type of Equipment (van, reefer, flat etc): _____

Dates from: _____ To: _____

Estimated # of Miles: _____

Tractor & Semi-Trailer:

Type of Equipment (van, reefer, flat etc): _____

Dates from: _____ To: _____

Estimated # of Miles: _____

Tractor & Two Trailers:

Type of Equipment (van, reefer, flat etc): _____

Dates from: _____ To: _____

Estimated # of Miles: _____

Other (Please specify):

List states & provinces operated in for the last five years:

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom:

List special equipment or technical materials you can work with (other than those already shown)

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete. This authorization shall remain on file and shall serve as on-going authorization for: (i) the collection, use and disclosure of my information for the purposes stated above; (ii) the Company re-checking and updating their files, at any point during or after my relationship with the Company, by making similar inquiries as described above; (iii) the Company sharing with each other information they have obtained on me; (iv) the Company sharing their files with third parties who may be interested in employing me (now and after my employment or contract with the Company is terminated) and (v) the disclosure of my information, if deemed reasonably necessary, in anticipation of and in the course of an actual or potential sale, reorganization, consolidation, merger or amalgamation of the Company; (vi) the investigation of illegal, potentially fraudulent or questionable activities and (vii) when required or permitted by law. This authorization is effective immediately upon execution of this document, and continues throughout my relationship with the company, and after my relationship with the Company terminates.

I hereby release the Company, employers, schools, health care providers 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. For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records.

Except as provided for herein, or with your prior consent, the Company shall not use the information gathered on me for any other purpose.

Date: _____ Signature: _____

EQUIPMENT INFORMATION

Please provide as much information as possible. Missing information may delay or negate your application.

TRUCK

Make & Model: _____

Year: _____

Colour: _____

Engine: _____

Horse Power: _____

Front Axle Weight: _____

Rear Axles Weight: _____

Tire Size: _____

Sleeper: Yes No

Weight: _____

Date of Annual: _____

Fuel Capacity: _____ ABS: Yes / No

Wheelbase: _____ Jake Brake: Yes / No

Average MPG: _____ 5th Wheel Height: _____ (inch)

Transmission Type and speeds: _____

Payments: _____ Are They Current? Yes / No

Financing Held by: _____ Until: _____

Owned Leased (Leased trucks will require permission form the Leasing Company for Licensing purposes)

Leasing Company: _____

Mortgage/Rent Payment: _____

Other Financial Commitments Monthly total: _____