

# Contract Express Ltd.

7419 McLean Rd W, Puslinch, ON N0B 2J0

## COMMERCIAL VEHICLE OPERATOR APPLICATION FOR EMPLOYMENT OR CONTRACT

Date of Application: \_\_\_\_\_ SIN#: \_\_\_\_\_  
*Month/Day/Year*

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
If resided at this address less than 3 years, please provide further addresses.

Address: \_\_\_\_\_

Phone Number:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Class: \_\_\_\_\_ Issuing Province \_\_\_\_\_ License Expiry Date: \_\_\_\_\_ Medical Expiry Date: \_\_\_\_\_

### Owner Operators Only

Truck information: Year \_\_\_\_\_ Make \_\_\_\_\_ Last Annual Inspection \_\_\_\_\_

Do you have a WSIB exempt #? **No** If yes WSIB# \_\_\_\_\_

Do you have alternative insurance coverage including out of country? Yes **NO**

Name: \_\_\_\_\_

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

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

Is there any reason that may prevent your from legally crossing the U.S. Border? **Yes No**

Do You have a **FAST** Card? **Yes No** If yes FastCard# \_\_\_\_\_ Expiry \_\_\_\_\_

Do you have a **TWIC** card? **Yes No** if yes TWIC card # \_\_\_\_\_ Expiry \_\_\_\_\_

Are you presently employed? **Yes No** When are you available to start? \_\_\_\_\_

Would you be willing to submit to a pre-employment urinalysis (substance abuse) test? **Yes No**

Are you physically capable of performing heavy manual labor up to 90lbs? **Yes No**

If no to above, Explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants to drive a commercial motor vehicle in interstate commerce shall provide information on all employers during the preceding 10 years. **Gaps in Employment Must be accounted for with explanation.** Please list all employers in reverse order, starting with the most recent. If more space is required please request another sheet from administrator.

<b><u>Employer 1</u></b>			<b>Date</b>
Name:			From                      To:
Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:		Phone:	Reason for Leaving:
Type of Equipment Driven:			Was this a Safety Sensitive position?
Were you subject to Federal Motor Carriers Safety Regulations during employment here?			Were you subject to Drug and Alcohol Testing?
Were you involved in any vehicle accidents while employed here?			
<b><u>Employer 2</u></b>			<b>Date</b>
Name:			From                      To:
Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:		Phone:	Reason for Leaving:
Type of Equipment Driven:			Was this a Safety Sensitive position?
Were you subject to Federal Motor Carriers Safety Regulations during employment here?			Were you subject to Drug and Alcohol Testing?
Were you involved in any vehicle accidents while employed here?			
<b><u>Employer 3</u></b>			<b>Date</b>
Name:			From                      To:
Address:			Position Held:
City:	Province:	Postal Code:	Salary/Wage:
Contact Person:		Phone:	Reason for Leaving:
Type of Equipment Driven:			Was this a Safety Sensitive position?
Were you subject to Federal Motor Carriers Safety Regulations during employment here?			Were you subject to Drug and Alcohol Testing?
Were you involved in any vehicle accidents while employed here?			

**EXPERIENCE, EDUCATION AND QUALIFICATIONS**

Did you attend a credited driving school in order to obtain your license? \_\_\_\_\_

Name of School Attended: \_\_\_\_\_ Date Certified \_\_\_\_\_

Have you been trained in Hours of Service? \_\_\_\_\_ if YES when? \_\_\_\_\_

Have you been trained in Hazardous Materials? \_\_\_\_\_ if YES when? \_\_\_\_\_

Have you been trained in Load Securement? \_\_\_\_\_ if YES when? \_\_\_\_\_

Have you been trained in Pre-trip Inspections? \_\_\_\_\_ if Yes when? \_\_\_\_\_

Are you able to complete an inward manifest & clear a load at U.S. or Canada Customs? **Yes No**

How many accident-free driving years do you currently have in a Commercial Motor Vehicle? \_\_\_\_\_

List any motor vehicle accidents you have been involved in during the past 5 years:

<b>DATES</b>	<b>NATURE OF ACCIDENT</b>	<b>FATALITIES</b>	<b>INJURIES</b>	<b>TOW AWAY</b>

Which special courses, training or background do you possess? \_\_\_\_\_

Are there any provinces or states that you will not or cannot operate in? List: \_\_\_\_\_

**TO BE READ CAREFULLY 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 to make such investigations and inquiries of 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 my 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, as permitted by Law.

I understand that information I provide regarding current and previous employers may be used and those employers will be contacted, for the purpose of investigating my safety performance history as required by FMCSA 391.23 and I understand that I have the right to:

Review information provided by previous employers

Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information.

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I can't agree on the accuracy of the statement.

\_\_\_\_\_  
Date: Month/Day/Year

\_\_\_\_\_  
Applicant's Signature