



7061 Hwy#24, Guelph, ON.

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

Are you presently employed? Yes No When are you available to start?_____

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.

<u>Employer 1</u>			Date	
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 involved in any vehicle accidents while employed here?				
<u>Employer 2</u>			Date	
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 involved in any vehicle accidents while employed here?				
<u>Employer 3</u>			Date	
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 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? _____

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:

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	TOW AWAY

Which special courses, training or background do you possess? _____

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 our Insurance Company 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