

EMPLOYMENT FOR THE PAST FIVE YEARS

PRESENT / LAST EMPLOYER: NAME: _____

ADDRESS: _____ PHONE #: _____

POSITION HELD: _____ FROM: _____ TO: _____
MONTH YEAR MONTH YEAR

DUTIES PERFORMED: _____

SUPERVISOR _____

TYPE OF VEHICLE(S): _____

PRODUCT TYPE(S) HAULED: _____

PREVIOUS EMPLOYER: NAME: _____

ADDRESS: _____ PHONE #: _____

POSITION HELD: _____ FROM: _____ TO: _____
MONTH YEAR MONTH YEAR

DUTIES PERFORMED: _____

SUPERVISOR _____

TYPE OF VEHICLE(S): _____

PRODUCT TYPE(S) HAULED: _____

PREVIOUS EMPLOYER: NAME: _____

ADDRESS: _____ PHONE #: _____

POSITION HELD: _____ FROM: _____ TO: _____
MONTH YEAR MONTH YEAR

DUTIES PERFORMED: _____

SUPERVISOR _____

TYPE OF VEHICLE(S): _____

PRODUCT TYPE(S) HAULED: _____

DRIVING RECORD

A) HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE IN CANADA OR UNITED STATES?

YES: _____ NO: _____

B) HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED IN CANADA OR THE UNITED STATES?

YES: _____ NO: _____

C) HAVE YOU BEEN DRUG TESTED WITHIN THE PAST SIX MONTHS?

YES: _____ NO: _____

C) HAVE YOU EVER BEEN CONVICTED FOR AN ALCOHOL AND/OR STIMULANT RELATED OFFENCE WHILE IN CARE OF A MOTOR VEHICLE IN CANADA OR THE UNITED STATES?

YES: _____ NO: _____

LIST STATES AND PROVINCES OPERATED IN LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD _____

	DATE	NATURE OF ACCIDENT (HEAD ON, REAR ON END, UPSET, ETC.)
LAST ACCIDENT		
PREVIOUS ACCIDENT		
PREVIOUS ACCIDENT		

LIST YOUR TRAFFIC CONVICTIONS FOR THE LAST 5 YEARS

FOR EMPLOYMENT REFERENCES MAY WE APPROACH:

Your Present / Last Employer

YES

NO

Your former employer(s)

YES

NO

PLEASE READ CAREFULLY AND SIGN:

I agree to submit to a periodic medical examination including substance/drug screening by a doctor of the company's choice at the company's request and I authorize his doctor to furnish the company with the results of these examinations. I further agree to a company driver examination (written and practical) to assist in determining my suitability for a driving position. I hereby certify the information given on this form and enclosures to be true and accurate, and grant permission without prejudice to use the information at their discretion.

SIGNATURE: _____

DATE: _____

(DO NOT WRITE IN THIS SPACE)

COMMENTS:

