Canada wide Job application for Truck Drivers

**Date: \_\_\_/\_\_\_\_/\_\_\_\_   Circle One:  Owner Operator    Company Driver       Owner operator Driver**

**Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_       Sin: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_    Home Phone: \_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Address (If less Than 3 year at present address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Province** | **State** | **License #** | **Endorsements** | **Expiry Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

**B has any license, permit, or privilege.ever been suspended or revoked Yes or No ?**

**C.Have you ever been convicted Of a felony? Yes Or no?**

**Deep.Do you have any restriction to legally enter the USA?Yes or no?**

**If the answers to a.B C D Yes  Give Details :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Class of equipment.** | **From.** | **To** | **Approximate numbers of miles.** |
| **Straight truck.** |  |  |  |
| **Tractor and semi trailer.** |  |  |  |
| **Other?** |  |  |  |

**List provinces.And other states operated in the last five years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Show special courses that will help you as a driver. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any safe driving awards held. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accident records for the last past three years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates?** | **Natural accidents, head on rear etc.** | **Numbers are fatalities or injuries.If any.** | **Preventable?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Traffic convictions and Forfeitures for the last past three years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location.** | **Date.** | **I can do one of them.** | **penalty..** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Employment history from the last three years.**

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Salary  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason To leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Salary  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason To leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Salary  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason To leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal References.**

**What's the three People.For references other than relatives who have knowledge of your safety habits.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be read and signed by the applicant.**

**Agreed and understood that any misrepresentation, Given above shall be considered an act of dishonesty.**

**I agree and understood that 1584243 Alberta limited operating as E2r Transport Or its agents have investigated the applicants background as ascertain Any and all information of concern to applicant record , Whether the same is of record or not, an applicant releases employers and persons name heroin from all liability for any damages on account for his furnishing such information.**

**I agreed to furnish such  additional information and complete such examinations as may be required to complete my employment file.**

**It is agreed and understood that his application for qualification in no way obligates the company to employ the applicant.**

**It is agreed and understood that if a qualified driver is on a 90 day probationary Period during time he or she may be disqualified without recourse. This certifies that.This application was completed by me and that all entries on it and information in it are true and completed.To the best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Request/Consent for release of substance testing results.**

**I (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    SIn : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FAX #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Province \_\_\_\_\_\_\_\_\_\_\_\_  Postal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent to the release of information concerning my alcohol and controlled substance.Testing records / results To;**

**Prospective Empylor :                                                         Attention : Safety**

**1584243 Alberto limited.                                                     Toll Free  : 877 372 0756 ext 4**

**Operating as.E2r Transport.**

**9620 27 Ave NW,**

**Edmonton, AB T6N 1B2**

**This is This is in.Compliances with US dot.Regulations part 382.405 (f) and (h),  Which state:**

**F Will be made available to a subsequent Employer upon receipt of a written request from a driver disclosure by that subsequent Employer is permitted only as expressly Authorized by the terms of drivers request.**

**H And employers shall release information regarding.Drivers record as directed by the Pacific written consent Of the driver authorizing release of the information to an identified person. Release of such information by the terms of the employees consent 382413. (A) (B) (c) (E) (f) further state.**

**An employee may obtain.Pursuant to a drivers written consent .Any of the information concerning the driver which is maintained under this part by the driver’s  previous employers.**

**B An employer shall obtain pursuant To a drivers consent information on the drivers alcohol test with a concentration Result of a 0.04 or greater.Positive controlled.Substrate test results and refusals to be tested within the preceding two yeas What?Are maintained by the driver's previous employer under section.No later than 14 calendar days.after The first time a driver performed safety-sensitive for an employer..**

**Section 2. To be completed by the previous employer.**

**1. has a person tested positive for a controlled substance.Test in the last two years, yes or no?**

**2. How's this person had a breath alcohol concentration for 0.04 Or greater in the last two years, yes or no?**

**3. How's this person refused test in the last two years, yes or no?**

**Previous employers representative Providing information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature / date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorization to obtain PSP information.**

1. In connection with your application for employment with.1584243 Alberta Ltd Operating As E2r Transport (“ Prospective Employer”),We may obtain one or more reports regarding your driving and safety inspection history from the Federal motor Carrier Safety Administration.if the prospective employer uses Any information?It obtains from FMCS A in a decision to not hire you or to make any other adverse employment decision regarding you.The prospective employer willProvide.you with a copy of the report upon which its decision was based on a written summary on your right under a fair credit report act before taking  any final adverse action If any final?Adverse action is taken against you based upon your driving history or safety report, the prospective employer.We'll notify you that the action has been taken and that  the action was in part or in whole on this report . The Prospective Employer Cannot obtain  background reports from Fmcsa unless  you consent in writing. If you agree that the Prospective Employer may obtain Such background Reports , please read the following And Sign below.

1. I authorized prospective employers to access the FMCA pre employment screening program PSP system to seek information regarding my commercial.Driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of the safety performance information, including crash data from the previous five years and inspection.History from the previous three years I understand and acknowledge that this.release of information may assist the prospective employer to make a determined regarding of my suitability as an employee.

1. I further understand.That needed the prospector employer nor the FMCS, a contractor supply.the crash and safety information has the capability To correct any safety data that appears to be incorrect, I understand I may challenge the accuracy of the data by submitting a request to HTTP S://dataqs.fmcsa.dot.gov. If.i am not challenging crash or inspection information reported  By a state FM TSA cannot change or correct this data. I understand my request will be forwarded by the data queues system.To the appropriate state for ad junction.

1. Please note:Any crush or inspection which you were involved will display on your PSP report, since the PSP report does not report Or.Assign your imply For it will include all commercial motor vehicle crashes where you would wear a driver or cloth driver and where are those crashes were reported to FMCSA regardless fault Similarly, all inspections with or without violations, appear on the The SP report state citations Association with FMCSR violations that have been.ad junction by a court of law also will appear and remain on a PSP report

**…………………………………………………………………………………………………………………………**

    Date \_\_\_\_\_\_\_\_\_\_\_\_\_           Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Letter of authorization to obtain driving record.**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom it may concern, I hereby.Authorize my employer.1584243 Alberta Limited.Operating as E2r Transport To obtain at any time my commercial driver app shortcut also authorized 1584243 Alberta Limited.Operating as E2r Transport. To obtain any required information from my information from my insurance company .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name

Driver's disclosure of license.

Pursuant Section 318.1 (1) of the Highway Traffic Act

I (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby disclose The only jurisdiction In which The class.Of license held whether or not.The licenses suspended and the name in which the license is issued.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jurisdiction ( city/province)          Class suspended ?        name

I understand that I could possess Only one driver's license.

I understand that I must inform my employer Immediately.Of any convictions or accidents while operating a motor vehicle.

I understand that I must immediately inform My employer of any suspensions restriction prohibitions or any change in status to my driver’s license.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date (dd/m/yy)

Declaration.Of hours of service.

I (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby disclosure my hours of service for the last seven days prior.To the date of this document.

|  |  |  |
| --- | --- | --- |
|  | Driving Hours | ON duty (not driving) hours |
| Day1 |  |  |
| Day2 |  |  |
| Day3 |  |  |
| Day4 |  |  |
| Day5 |  |  |
| Day6 |  |  |
| Day7 |  |  |
| Day8 |  |  |

I understand that I may be asked to provide copies of my log books to verify the above information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signature date dd/mm/yy)