



# Driver Application Form

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Name: \_\_\_\_\_  
Surname First Middle

Address: \_\_\_\_\_  
Street City Province Postal Code

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_  
(Required if hired)

Date of birth: \_\_\_\_\_  
(MM/DD/YYYY)

Drivers licence number: \_\_\_\_\_  
(Province) (Class) (Expiry Date)

Driving experience:

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

Annual pay expected: \_\_\_\_\_

Do you have a physical limitation that would impair your ability to perform the position applied for?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you had your class one license for 3 years or longer?  Yes  No  
(Insurance Requirement)

Can you cross the US border?  Yes  No

Application continued on page 2



# Driver Application Form

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

Has your license ever been suspended or revoked?  Yes  No

Any accidents in the last 3 years?  Yes  No

Date	Description	Charges	Injuries Preventable

Work Experience: Please list all employment for the past 10 years starting with the most current

Employer Information: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Wage: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your current employer?  Yes  No

Reason: \_\_\_\_\_

Application continued on page 3



# Driver Application Form

Employer Information: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Wage: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Information: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Wage: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Application continued on page 4



# Driver Application Form

Employer Information: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Wage: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Information: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Wage: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Application continued on page 5



# Driver Application Form

Employer Information: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Wage: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Applicant please read and sign:**

This certifies that I completed this application and that all entries on it and the information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, or medical history and other related matter as may be necessary in arriving at an employment decision. (Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release 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.

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

Applicant Signature: \_\_\_\_\_

Applicant Name (Please print): \_\_\_\_\_