

NEW DRIVER CHECKLIST

DRIVER NAME: _____ APP DATE _____ COMPANY: _____

CANADA

DOCUMENT	RECEIVED	NOTES
APPLICATION		
POLICY FORM		
N PRINT ABSTRACT		
BC – ICBC CLAIMS HISTORY		
LICENSE COPY		
EMAIL ADDRESS		
WCB#		
SIN CARD OR NUMBER		
CARE CARD IF THEY HAVE IT		
WORK PERMIT		
IF LOCAL, PORT PASS # OR COPY		
LOG BOOK KNOWLEDGE TEST IF APPLICABLE		RESULT:
PREVIOUS EMPLOYER REFERENCE CHECK		ATTEMPT 1: ATTEMPT 2: ATTEMPT 3:

OFFICE USE ONLY

APPLICATION COMPLETED BY: _____

EMAILED TO CARRIER ON: _____ <DATE>

SCANNED TO SERVER ON: _____ <DATE>

ENTERED MAXIMIZER ON: _____ <DATE>

ENTERED ON REVIEW ON: _____ <DATE>

DRIVER'S APPLICATION FOR EMPLOYMENT

Date of application _____ Company: _____

Position(s) Applied for (circle) DRIVER OWNER OPERATOR

Country to Travel (circle all that apply): CANADA USA Class 1 since year _____

(ANSWER ALL QUESTION-PLEASE PRINT CLEARLY)

In compliance with Federal and State equal employment opportunity applicants are considered for all positions without regard to race, color, religion, age, marital status, or non-job related disability.

Name _____
Last First Middle

Home Phone _____ Cell Phone _____

Date of Birth _____ SIN: _____
Month Day Year

Passport # (if applicable) _____ Port Pass # (if applicable) _____

Current Address _____
Street City Zip Code How long

If less than 2 years, provide the previous addresses.

Previous Address _____
Street City Zip Code How long

Previous Address _____
Street City Zip Code How long

DRIVER'S APPLICATION FOR EMPLOYMENT

QUALIFICATIONS - DRIVER

The following license is the only one I will possess:

Driver License _____
Province License No. Type Expiration Date

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

B Has any license, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

Motor Vehicle Driver's Certification of Compliance with Driver License Requirements

1) POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional license to the state that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If multiple licenses has been lost or stolen, close your record by notifying the state of issuance that you no longer want to be licensed.

2) NOTIFICATION OF LICENSE SUSPENTION: REVOCATION OR CANCELLATION: Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your license. In addition, Section 383.31 require that any time you violate a state or local traffic law (other than parking) , you must report within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

DRIVER CERTIFICATION: I certify that I have read and understood to above requirements.

Driver's Signature _____ Date: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

List employers in reverse order starting with the most recent (List previous 5 years)

1. Name of Employer: _____ Contact person _____

Address: _____

FROM: _____ TO _____ Phone No () _____ Fax No _____
Month Year month Year

Type of Equipment _____ Reason for leaving _____ Position Held _____

2. Name of Employer: _____ Contact person _____

Address: _____

FROM: _____ TO _____ Phone No () _____ Fax No. _____
Month Year month Year

Type of Equipment _____ Reason for leaving _____ Position Held _____

3. Name of Employer: _____ Contact person _____

Address: _____

FROM: _____ TO _____ Phone No. () _____ Fax No _____
Month Year month Year

Type of Equipment _____ Reason for leaving _____ Position Held _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Accident record for past 3 years or more including on Personal Vehicle (attach sheet if more space is needed).

Last accident _____
 Date Month Year Nature of accident Fatalities Injuries

Next previous _____
 Date Month Year Nature of accident Fatalities Injuries

Next previous _____
 Date Month Year Nature of accident Fatalities Injuries

Traffic conviction and forfeitures for the past 3 year THAT WILL NOT BE listed on your abstract.

 Location Date Month Year Charge Penalty

 Location Date Month Year Charge Penalty

 Location Date Month Year Charge Penalty

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it true and complete to the best of my knowledge.

I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matter as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) Hereby release employers, school, 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 may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the company.

Date _____ Month _____ Year _____

Applicant's Signature _____

Thank you for your interest in our company

PREVIOUS EMPLOYMENT REFERENCE CHECK

FROM – PROSPECTIVE EMPLOYER	TO – PREVIOUS EMPLOYER
COMPANY:	COMPANY:
CONTACT INFO:	FAX #:
APPLICANT NAME:	PERIOD WORKED:

I understand that the information to be released by my previous employer is limited to the DOT-regulated testing items listed in Section 2 below. This release is in accordance with DOT Regulation 49 CFR Part 40 and Part 391. I authorize my Previous Employer to release such information to my Prospective Employer.

Applicant Signature: _____ **Date:** _____

General Reference

1. What kind of work did applicant do for you? _____
2. What type of equipment did applicant drive? _____
3. Number of Tickets? _____ # of Accidents? _____
4. Reason for leaving your company? ___ Discharged ___ Quit ___ Laid off
5. Was applicants driver license ever suspended? ___ YES ___ NO
6. Applicants' General conduct Rating ___ Satisfactory ___ Unsatisfactory
7. Applicants' driving knowledge ___ Satisfactory ___ Unsatisfactory
8. Would you re-employ? ___ YES ___ NO
9. General remarks: _____

Section 2: DOT Alcohol and Drug Policy (if applicable)

Driver did not travel to USA

- | | | |
|--|-----|----|
| 1. Has this person ever tested positive for a controlled substance in the last 3 years? | YES | NO |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 In the last 3 years? | YES | NO |
| 3. Has this person ever refused a required test for drugs or alcohol in the last 3 years? | YES | NO |
| 4. Did a previous employer report a violation of the drug and alcohol rule? | YES | NO |
| 5. Has this person had any other violations of the DOT drug and alcohol testing regulations? | YES | NO |
| 6. If you answered "yes" to any of the above items, did the employee complete a Return-to-Duty process? | YES | NO |

If "yes" to # 4, you must provide the previous employer's report. If "yes" to # 6, you must transmit the return-to-duty documentation.

Signature of Person supplying this information: _____ Date: _____

Thank you for taking the time to complete this reference check. PLEASE FAX FORM BACK TO: 604-592-9633.

Driver Licensing Acknowledgement Form

I, _____, confirm that I have only held the license(s)
(Driver Print Name)
 noted below from the time I have resided in Canada to the present time.

Province	Check if you held a license	Class Held	Dates (From – To)	Office Use only Abstract Requested
British Columbia				
Alberta				
Saskatchewan				
Manitoba				
Ontario				
New Brunswick				
Nova Scotia				
Quebec				
Prince Edward Island				
Newfoundland				

I understand the carrier with whom I am applying with has all rights to request my driving abstract from the above noted provinces to verify my driving history.

I am aware that any false statements on this form can result in my employment termination.

Signed by Applicant/Driver: _____ Date: _____