

DRIVER'S APPLICATION FOR EMPLOYMENT

NAME OF APPLICANT – (SURNAME, FIRST, GIVEN NAMES – NO INITIALS)

PHONE NUMBER (1 st)	PHONE NO. (2 nd)	SOCIAL INSURANCE NO	
PRESENT RESIDENCE ADDRESS		POSTAL CODE	YRS. AT THIS ADDRESS
PREVIOUS RESIDENCE ADDRESS		POSTAL CODE	YRS. AT THIS ADDRESS
PERSON TO CONTACT IN CASE OF EMERGENCY		PHONE	
DRIVER'S LICENSE NO.	<input type="checkbox"/> RESTRICTED <input type="checkbox"/> ENDORSED REASON -		

DRIVING EXPERIENCE – CHECK MARK APPROPRIATE BOXES AND RECORD ESTIMATED MILEAGE FOR EACH AND NUMBER OF YEARS EXPERIENCE (5 YEARS MINIMUM REQUIRED)

<input type="checkbox"/> TAXI	MILEAGE	YEARS	<input type="checkbox"/> OTHER	MILEAGE	YEARS
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ARE YOU NOW, OR HAVE YOU RECENTLY BEEN EMPLOYED AS A DRIVER? IF "YES", STATE TYPE OF VEHICLE AND ESTIMATE HOURS PER DAY DRIVING NO YES (PROVIDE DETAILS) -

HAVE YOU EVER TAKEN A PROFESSIONAL DRIVING COURSE OR A DEFENSIVE COURSE ?

NO YES (SPECIFY TYPE AND DATE) -

ACCIDENT RECORD – LIST BELOW ALL VEHICLE ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED (whether at fault or not) IN LAST 5 YEARS

DATE	OWNER OF VEHICLE	APPROXIMATE DAMAGE \$	WAS ANYONE INJURED?	WERE YOU AT FAULT?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY – LIST BELOW WHERE YOU HAVE BEEN EMPLOYED FOR THE LAST 5 YEARS WITH DATES

NAME OF EMPLOYER	TYPE OF WORK	NAME OF SUPERVISOR	EMPLOYER'S ADDRESS	START DATE	END DATE	REASON FOR LEAVING

HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION AS A RESULT OF A MOTOR VEHICLE COLLISION ?

NO YES (PROVIDE DATE AND DETAILS) -

HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION ON ACCOUNT OF YOUR SERVICES BEING UNSATISFACTORY ?

NO YES (PROVIDE DATE AND DETAILS) -

HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION FOR FAILURE TO PROPERLY ACCOUNT FOR FUNDS ?

NO YES (PROVIDE DATE AND DETAILS) -

HAVE YOU EVER HAD ANY TYPE OF INSURANCE CANCELLED BY AN INSURANCE COMPANY ?

NO YES (PROVIDE DATE AND DETAILS) -

I HERBY CERTIFY THAT THE ABOVE QUESTIONS ARE ANSWERED CORRECTLY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE. I APPRECIATE THAT EMPLOYMENT AS A DRIVER OF A COMMERCIAL VEHICLE INVOLVES SERIOUS RESPONSIBILITIES CONCERNING THE SAFETY OF THE PUBLIC AND THAT SUCH EMPLOYMENT PLACES VALUABLE CARGO AND EQUIPMENT IN MY CARE. ACCORDINGLY I AGREE THAT MY PROSPECTIVE EMPLOYER MAY MAKE SUCH INQUIRIES AS MAY BE DEEMED NECESSARY TO VERIFY THE ABOVE INFORMATION. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

DATE	SIGNATURE OF APPLICANT
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Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based on your merit and no other consideration.