



APPLICATION FOR EMPLOYMENT

Date of Application _____

Name _____ (First) (Middle) (Last)

Address _____ (Street) (City/State) (Postal Code/Zip Code) How Long? _____

Date of Birth _____ (Month, Day, Year) Social Security Number _____

Addresses for _____ (Street) (City/State) (Postal Code/Zip Code) How Long? _____

past 3 years _____ (Street) (City/State) (Postal Code/Zip Code) How Long? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

What type of work are you looking for?

Canada Only Canada/USA

Phone: _____ Fax: _____

E Mail Address: _____

EDUCATION

Circle last grade completed : 1 2 3 4 5 6 7 8 9 High School: 10 11 12 College: 1 2 3

Last School Attended: _____ Name City

QUALIFICATIONS

Drivers License Master Number: _____ Province Issued: _____

Type/Class: _____ Expiration Date: _____

Equipment Operated? _____

Driving Experience: Canada USA

WHMIS? Yes No FIRST AID? Yes No FAST? Yes No TWIC? Yes No



EMPLOYMENT RECORD

(attach second sheet if more space is needed) (for dates use month/year)

NOTE: DOT requires that Employment for at least 3 years and/or Commercial Driving Experience for the past 10years be shown

LAST EMPLOYER: NAME: _____

ADDRESS: _____

SUPERVISOR: _____

Tel : (____) _____ Fax: (____) _____

POSITION HELD: _____ From: _____ To: _____

REASON FOR LEAVING: _____

SECOND LAST EMPLOYER: NAME: _____

ADDRESS: _____

SUPERVISOR: _____

Tel : (____) _____ Fax: (____) _____

POSITION HELD: _____ From: _____ To: _____

REASON FOR LEAVING: _____

THIRD LAST EMPLOYER: NAME: _____

ADDRESS: _____

SUPERVISOR: _____

Tel : (____) _____ Fax: (____) _____

POSITION HELD: _____ From: _____ To: _____

REASON FOR LEAVING: _____

FOURTH LAST EMPLOYER: NAME: _____

ADDRESS: _____

SUPERVISOR: _____

Tel : (____) _____ Fax: (____) _____

POSITION HELD: _____ From: _____ To: _____

REASON FOR LEAVING: _____



TO BE READ AND SIGNED BY APPLICANT

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

(Date)

(Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to information required by the Federal Motor Carrier Safety Regulations.

ATTENTION

- Make sure the application is complete including current phone numbers, fax numbers and email addresses.
- Attach a current Drivers abstract.
- Attach a current Criminal Search.
- Please attach any other certificates or diplomas that may apply to position.

DUE PROCESS RIGHTS

(regarding information received as a result of investigations required by 49 CFR 391. 23(d) and (e))

You are hereby notified that you have the following rights regarding the investigative information that will be provided to the prospective employer pursuant to 49 CFR 391.23 (d) and (e):

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Received by: _____

(Name)

Date: _____

(Month, day, year)