



Job application for truck drivers

SECTION - I	
PERSONAL DETAILS	
Name :	Surname :
Birth Date (if necessary for position) :	
Home telephone # : ()	Cell # : ()
Address _____	
Previous address (if less than 3 yrs) _____	

SECTION - II					
STUDIES					
Courses	Number of years/ months	End date	Name and location of school	Specialization	Degree, diploma or certificate
Primary school					
High School					
Cegep & University					
Training in driving heavy equipment					
Other courses					
Specify if :	You speak French <input type="checkbox"/>	English <input type="checkbox"/>	Others <input type="checkbox"/>	Specify : _____	
	You read French <input type="checkbox"/>	English <input type="checkbox"/>	Others <input type="checkbox"/>	Specify : _____	
	You write French <input type="checkbox"/>	English <input type="checkbox"/>	Others <input type="checkbox"/>	Specify : _____	

SECTION - III		
JOB HISTORY		
Please list below all of your jobs for the past 10 years, beginning with the most recent.		
USA: In the case of drivers driving in this country, please complete all of the information of your past employer of the past 3 years. (Add a separate sheet if needed)		
1. Employer:		
Address:		
Functions:	From :	To :
Supervisor:	Telephone : ()	
Current salary or at time of departure:	/Km/mile \$	/Hour \$
Reason for leaving:		
Were you subject to regulation by the FMCSA* at this job?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Did the position held had a "function related to security" for the purpose of screening for drugs and alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

*Federal Motor Carrier Safety Administration (USDOT)

2. Employer:		
Address:		
Functions:	From :	To :
Supervisor:	Telephone : ()	
Current salary or at time of departure:	/Km/mile \$	/Hour \$
Reason for leaving :		
Were you subject to regulation by the FMCSA at this job?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Did the position held had a "function related to security" for the purpose of screening for drugs and alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
3. Employer:		
Address:		
Functions:	From :	To :
Supervisor:	Telephone : ()	
Current salary or at time of departure:	/Km/mile \$	/Hour \$
Reason for leaving:		
Were you subject to regulation by the FMCSA at this job?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Did the position held had a "function related to security" for the purpose of screening for drugs and alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
4. Employer:		
Address:		
Functions:	From :	To :
Supervisor:	Telephone : ()	
Current salary or at time of departure:	/Km/mile \$	/Hour \$
Reason for leaving:		
Were you subject to regulation by the FMCSA at this job?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Did the position held had a "function related to security" for the purpose of screening for drugs and alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
5. Employer:		
Address:		
Functions:	From :	To :
Supervisor:	Telephone : ()	
Current salary or at time of departure:	/Km/mile \$	/Hour \$
Reason for leaving:		
Were you subject to regulation by the FMCSA at this job?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Did the position held had a "function related to security" for the purpose of screening for drugs and alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
6. Employer:		
Address:		
Functions:	From :	To :
Supervisor:	Telephone : ()	
Current salary or at time of departure:	/Km/mile \$	/Hour \$
Reason for leaving:		
Were you subject to regulation by the FMCSA at this job?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Did the position held had a "function related to security" for the purpose of screening for drugs and alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

SECTION - IV		
QUALIFICATIONS		
Drivers permit N ^o :	Province:	
Classes:	Expiration:	Restriction(s):
Manual transmission (M)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Air brake (F)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Large road train (T)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of demerit points:		
Have you ever been refused a license to drive a commercial vehicle?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has your license ever been revoked or suspended?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes to one of the two questions, please give reasons:		
Do you have a driver's license issued by another jurisdiction?		Yes <input type="checkbox"/> No <input type="checkbox"/> Which one?
Do you have any knowledge of air brake systems?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do you have an Ontario certification for adjusting air brake cam "S"?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Ontario certificate of maintenance of the rotation system for commercial vehicles?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do you have a training certificate in transportation of hazardous materials?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Expiration:

SECTION - V						
A) DRIVING EXPERIENCE						
Type of equipment	Tractor & trailer	Dates		Km / miles Traveled annually (approx.)	Type of travel	
		From	To		Local-Reg.	Long Dist.
Van (dry box)						
FlatBed						
Container						
Insulated/Reefer						
Dray						
Oversized						
Dry Tanker						
Liquid Tanker						
Tipper						
Train type "B"						
Large road train						
Other (specify)						
Type of transmission used (number of years):				<input type="checkbox"/> Manuel _____ <input type="checkbox"/> Automatic _____		
Jurisdictions where you have worked:				<input type="checkbox"/> Quebec _____ <input type="checkbox"/> USA _____ <input type="checkbox"/> Canada _____ <input type="checkbox"/> Mexico _____		

B) TRAINING			
Provide theoretical training and courses at this level (if applicable)			
Courses	Date	Name and institution	Duration (hours)
Hours of Service <input type="checkbox"/> Canadian <input type="checkbox"/> American			
Daily Mechanical Inspection			
Transport of Dangerous Goods			
Securing of Cargo			
Loads Standards (weight)			
Air Brake			
Preventive Driving			
Saving Energy			
SIMDUT or WHMIS			
Customer Relations			
Other (specify)			
Participation in competitions of skill or efficiency?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever received honourable mentions? If yes, from whom and why have you received them? _____			Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION – VI				
A) DRIVING (ACCIDENTS, INCIDENTS)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any accidents or incidents related to driving a heavy vehicle over the last 3 years? If yes, please specify their nature and date of when they occurred: _____ _____				
Name(s) of employer(s) at the time: _____ Briefly describe the circumstances (attach a separate sheet if necessary) : _____ _____ _____				
B) DRIVING (VIOLATIONS, FINES)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any tickets or fines over the last 3 years relating to the use of heavy vehicles? If yes, complete the following (attach a separate sheet if necessary)				
Place	Date	Nature of infraction	Sentence	Demerit Points

SECTION - VII	
Do you have the "FAST" card?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you part of a screening program on drugs and alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

SECTION - VIII					
OTHER QUALIFICATIONS: Maintenance and repair of heavy vehicles Specify your training and experience (if applicable): _____ _____ _____					
HANDLING:					
A) Specify your training and experience in the following table (if applicable)					
Equipment/Activities	Training	Years of experience	Equipment/Activities	Training	Years of experience
Forklift operating			Load distribution		
Sorting and counting merchandise			Protection of goods		
Cargo handling			Lading and transport document		
B) Indicate your academic training and courses taken at this level (if applicable)					
Courses	Date	Name and location of institution		Specialization	

SECTION - IX	
BACKGROUND: WORK RELATED ACCIDENTS	
Have you ever had an accident or work related to the use of heavy vehicles or in connection with the job applied during the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify dates beginning with the most recent: _____ _____	
Name of employer at the time: _____ _____	
Type of injury: _____ _____	
This information will be verified as permitted by the CSST. Any omission of information will be considered voluntary on your part and, by extension, interpreted as a false statement.	

SECTION - X	
PHYSICAL ABILITIES	
Are you able to assist with manual loading or unloading of the trailer, which requires lifting, pushing or pulling of up to 20 kg?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: _____ _____	

SECTION - XI

DO BE READ AND SIGNED BY THE CANDIDATE:

It is agreed and understood that if I make a false statement or misrepresentation in the process of my application or if I failed to provide required information on this form or its annexes, I will be liable for dismissal after the finding of the misrepresentation or omission on my part.

It is agreed and understood that the company and its agents may investigate my background including, but not limited to, employment history, criminal and civil records, drug and alcohol history while driving a heavy vehicle, financial records and driving record to ensure that all my statements are accurate. However, I have the right to review information provided by my former employers and to correct any errors made by them. I also have the right to attach a rebuttal to the file in care of disagreement within 30 days of commencing employment.

I agree to provide information and / or additional documents to complete this form and to submit to a medical examination by a physician chosen or appointed by the company.

It is agreed that if I am hired, I will undergo a trial period during which I may be dismissed without action.

This certifies that this application has been completed by me, at the best of my knowledge and that all data and information are true and complete.

Signature of Applicant

Place

Date

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting 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 will notify you that the action has been taken and that the action was based 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:

I authorize _____ (“Prospective Employer”) to access the FMCSA 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 safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying 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 <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)