



Job application

SECTION - I	
PERSONAL DETAILS	Email:
Name :	Surname :
Desired 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 **M**otor **C**arrier **S**afety **A**dministration (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 - VIII

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 drug and alcohol while driving a heavy vehicle to check my record of service and 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 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