



9466, 124A ST SURREY BC, V3V 7G2
 TEL :604 725 9008 FAX:604 585 9391

DRIVER'S APPLICATION

Applicant Name: _____

Address _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters 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.) I hereby release employers, schools, 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) applied for: _____

Name: _____ Social Insurance No.: _____

List your addresses of residency for the past 3 years

Current Address _____
Street _____ City _____
Province _____ Postal Code _____ How Long? _____

Phone Home: _____ Cell: _____ Email: _____

Previous Address _____
Street _____ City _____
Province _____ Postal Code _____ How Long? _____

Phone Home: _____ Cell: _____ Email: _____

Do you have the legal right to work in Canada? _____

Date of Birth: _____ Can you proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To: _____ Rate of Pay: _____ Position _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving your last employer? _____

Who referred you? _____

Rate of pay expected: _____ Have you ever been bonded? _____

Name of bonding Company _____

Have you ever been convicted of a crime? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.

Is there any reasons you might be unable to perform the functions of the job for which you have applied(as described in the attached job description) _____

If yes, explain if desired _____

EMPLOYMENT HISTORY

All driver applicant must provide the following information on all employers during the preceding 10 years. List complete mailing addresses: street number, city, province and postal code.

Employer			Date	
Name			From	To
Address			Position Held	
City	Prov	Postal Code	Salary/Wage	
Contact person		Phone No.	Reason for Leaving	
Where you subject to any FMSCA or NSC regulations while employed?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety –sensitive function subject to drug and alcohol testing requirements?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employer			Date	
Name			From	To
Address			Position Held	
City	Prov	Postal Code	Salary/Wage	
Contact person		Phone No.	Reason for Leaving	
Where you subject to any FMSCA or NSC regulations while employed?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety –sensitive function subject to drug and alcohol testing requirements?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employer			Date	
Name			From	To
Address			Position Held	
City	Prov	Postal Code	Salary/Wage	
Contact person		Phone No.	Reason for Leaving	
Where you subject to any FMSCA or NSC regulations while employed?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety –sensitive function subject to drug and alcohol testing requirements?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

ACCIDENT RECORD: For the past 3 years or more (Attach sheet if more space is required) if none, write NONE

Dates	Nature of Accident	Fatalities	Injuries	Hazardous Material
Last Accident				
Next Accident				
Next Accident				

EXPERIENCE AND QUALIFICATIONS- DRIVER (Attach sheet if more space is required)

List all driver licenses or permits held in past 3 years

	Province	License No.	Type	Expiration Date
DRIVER				
LICENCES				

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 been suspended or revoked? Yes No

If the answer to A or B is yes, please give details _____

DRIVING EXPERIENCE Check YES or NO

Miles	Class of Equipment		Type of Equipment (Van,Tank,Flat,Dump,Reefer)	Dates		# of (Total)
				From(M/Y)	To(M/Y)	
	<input type="checkbox"/> Y	<input type="checkbox"/> N				
	<input type="checkbox"/> Y	<input type="checkbox"/> N				
	<input type="checkbox"/> Y	<input type="checkbox"/> N				
	<input type="checkbox"/> Y	<input type="checkbox"/> N	More than 8 passengers			
	<input type="checkbox"/> Y	<input type="checkbox"/> N	More than 16 passengers			
	Other					

LIST PROVINCES OPERATED IN FOR THE LAST 5 YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION: _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN): _____

EDUCATION

Highest grade completed (From Grade 1 through Grade 12): _____ College/University(How many years)?: _____

Name of last school attended: _____ City/Province: _____

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 are true and complete to the best of my knowledge.

Signature: _____

Date: _____

PLEASE NOTE: All driver applications must be accompanied with the following information:**1.** 'N' Print Abstract (Not P Print) **2.** 6 year accident claim history

To obtain this information, please contact ICBC at 604-661-2255

ACHIEVE GROUP