



DRIVER'S APPLICATION FOR EMPLOYMENT

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APPLICANT TO COMPLETE

(Answer all questions)

In compliance with 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.

Applicant Name _____ Date of Application _____

Address _____ City _____ Prov/State _____

Postal/Zip _____

Position(s) Applied for Owner Operator Company Driver

Do you have the legal right to work in the Canada? Yes No Do you have the legal right to work in the USA? Yes No

Date of birth _____ Can you provide proof of age? Yes No

Have you worked for this company before? Yes No Where? _____

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

Reason for leaving _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Yes No Name of bonding company _____

Have you ever been convicted of a felony? Yes No

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province and postal/zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent.)

Employer #1 _____ Position Held _____

Address _____ City _____ Prov/State Post/Zip _____

Contact Person _____ Phone Number _____

Reason for Leaving _____ Salary _____

Employed From _____ To _____

Were you subject to the FMCSRS[†] while employed? Yes ___ No ___

Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?

Employer #2 _____ Position Held _____

Address _____ City _____ Prov/State Post/Zip _____

Contact Person _____ Phone Number _____

Reason for Leaving _____ Salary _____

Employed From _____ To _____

Were you subject to the FMCSRS[†] while employed? Yes ___ No ___

Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?

Employer #3 _____ Position Held _____

Address _____ City _____ Prov/State Post/Zip _____

Contact Person _____ Phone Number _____

Reason for Leaving _____ Salary _____

Employed From _____ To _____

Were you subject to the FMCSRS[†] while employed? Yes ___ No ___

Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD: Have you had any accidents in the past 3 years? Yes No

TRAFFIC CONVICTIONS: Have you had any traffic convictions in the past 3 years? Yes No

DRUG & ALCOHOL TESTING: Have you ever tested positive for either drugs or alcohol? Yes No

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSE	PROV/STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 ever been suspended or revoked? Yes No

If the answer to either A or B is YES, give details _____

DRIVING EXPERIENCE (Check Yes or No)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, tank, flat, dump, reefer)	DATES From (M/Y) to (M/Y)		APPROX. NO. OF MILES Totals
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor–Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No				
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No <small>8 or more passengers</small>				
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No <small>15 or more passengers</small>				
Other:				

List provinces/states operated in for last five 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 trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)