

CANEDA DRIVER APPLICATION

Thank you for your interest in Caneda! We always look forward to applications from great people who would like to join our team! Send your completed application form to hr@caneda.com.

Date of Applic			-			
Position Appli	ed For: 🗆 Comp	any Driver 🗆 Owi	ner Operator	☐ 5-Ton Fleet		
Please select y	our preferred reg	ion of operation: \Box	Canada ☐ Cro	ss Border 🗆 Loc	cal/Regional	
How did you h	near about Caneda	Transport? Choos	e an item.			
PERSONAL/0	CONTACT INFOR	RMATION				
Full Name (Plea	ase enter name as shov	vn on your driver's license)				
Last Name		First Name		Middle Initial		
Email Address	:			Phone Number:		
Current Addre						
	Street Addres	S				
	City		Province/State	Postal/Zip Code		
	How long ha	ve you lived here?				
Date of Birth:				_		
	Month	Day	Year			
QUALIFICAT	IONS					
		iring qualifications to b o not meet all the quali			sed on the position that the applicant	
	∕ust be at least 25	years old, with 5 years	of related LTL and/	or Cross Border Class	1 experience.	
	Aust be legally ent	itled to work in Canada			· · · · · ·	
	Iold a valid Class 1 Iold a valid Passpo					
		Canada and US DOT re	equirements (where	applicable)		
		ts and 2 moving violati	· · · · · · · · · · · · · · · · · · ·	ovided within 30 days	of hire.	
	lo preventable acc	idents or DUI charges i	n the last 5 years.			
The following	must be complete	prior to offer of contra	ct and orientation:			
	applicant must agro eferences.	ee to pre-employment	Alcohol and Drug t	est (negative result) a	nd background check (with at least 3	
		cessfully complete a th			relevant documentation.	



LICENSE/EXPERIENCE INFORMATION

Driver License:								
N	umber		Class		Province/State		iry Date n/dd/yyyy)	
Driving Experience:		(Total years)						
Experience In: (Check all that apply)	□ LTL	☐ Flat Deck	□ Step [Deck	□ Van	☐ Moun	tain Driving	
Provinces Driven In:					States Driven	In:		
Do you have a Free a	nd Secure T	rade (FAST) card?	□ Yes	□ No				
Do you have electron	nic ELD Expe	rience?	□ Yes	□ No				
Are you legally entitle	ed to work	in Canada?	□ Yes	□ No				
Have you set up a Cle	earinghouse	account?	□ Yes	□ No				
Has your license ever		-		□ No				
If yes, please provide	е ин ехріинс							
EQUIPMENT INFO	RMATION	(Owner Operat	ors Only	/)				
What year is your tr	ractor/unit?	,						
What is the make o	f your tracto	or/unit?	Choos	e an ite	m.			
What is the model of	of your tract	tor/unit?						
Is your tractor a lease or do you own?		□ Lea	sed [☐ Owned				
Do you have a Dash Cam installed?		□ Yes	□N	0				
ACCIDENTS/VIOLA	TIONS							
Accident Record/Vio	lations for t	he past 3 years.						
Date N	ature of Vio	lation						
Date N	ature of Acc	cident					njury or Fatality?	
							☐ Yes ☐ No	
							☐ Yes ☐ No	
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EMPLOYMENT RECORD

Note: DOT requires that employment for at least three years and/or Commercial Driving Experience for the past ten years be shown.

Have you been previou	usly employed with Caneda Transport? 🔲 Yes	s □ No	Date Range	
Company Name		May we co	ntact this employer?	□ Yes □ No
Position	Start Date		End Date	
Address				
Contact	Street	City Phone		Province/State
Reason for Leaving		_ 1110110		
	ect to a DOT regulated alcohol and controlled so	ubstance testi	ng program? ☐ Yes	□ No
Was this position subj	ect to FMCSA regulations (US)?		☐ Yes	□ No
Company Name		May we co	ntact this employer?	☐ Yes ☐ No
Position	Start Date		End Date	
Address				
-	Street	City		Province/State
Contact		Phone		
Reason for Leaving				
-	ect to a DOT regulated alcohol and controlled so	ubstance testi		□ No
Was this position subj	ect to FMCSA regulations (US)?		☐ Yes	□ No
Company Name		May we co	ntact this employer?	□ Yes □ No
Position	Start Date		End Date	
Address				
-	Street	City		Province/State
Contact		Phone		
Reason for Leaving				
Was this position subj	ect to a DOT regulated alcohol and controlled so	ubstance testi	ng program? ☐ Yes	□ No
Was this position subj	ect to FMCSA regulations (US)?		☐ Yes	□ No
Company Name		May we co	ntact this employer?	☐ Yes ☐ No
Position	Start Date	_ `	End Date	
Address				
Address	Street	City		Province/State
Contact		Phone		
Reason for Leaving				
Was this position subj	ect to a DOT regulated alcohol and controlled so	ubstance testi	ng program? ☐ Yes	□ No
Was this position subj	ect to FMCSA regulations (US)?		☐ Yes	□ No



TO BE READ & SIGNED BY THE APPLICANT

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED TO ASSESS APPLICANT SUITABILITY AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSES OF EMPLOYMENT INVESTIGATION.

I certify that this application was completed by me the applicant, and that all entries on it and information in it are true and completed to the best of my knowledge.

I authorize Caneda Transport Ltd. and their assigned agents, to make such investigations and inquiries of my personal, employment, criminal search; driving abstracts; drug results from previous employers or their consortium or their insurance carrier or agent for my driving record; and other related matters as may be necessary in arriving at an employment decision.

If hired or contracted, this authorization shall remain on file and shall service as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment or contract period or after such period.

I hereby release employers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment or contract, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Furthermore, I understand that Caneda Transport Ltd. and/or their Agents may keep any information on file including work performance as related to my employment period and make it available to any second party only with my verbal or written consent. I understand, also, that I am required to abide by all rules and regulations of Caneda Transport Ltd.

For purposes of gathering this information, I have supplied information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records, including date of birth, residence history and driver's license number and Province.

-	_	-		_	
Applicant Signature		_	Date		

Please include a 5-year Driver's Abstract along with the completed application form.

Email the completed application to hr@caneda.com.

Caneda Transport Ltd. recognizes the potentially sensitive nature of the information requested and seeks to protect the privacy rights of all individuals about whom we hold personal data. Access to personal information will only be used for purposes directly related to an individual's employment with Caneda Transport Ltd. Any access, use, dissemination and/or disclosure of the information in a manner contrary to Federal and Provincial privacy laws constitutes an offence punishable by fine and/or imprisonment.