

DRIVER APPLICATION

Date of Application: _____

Position Applied For: Company Driver Owner Operator

Please select your preferred region of operation: Canada Cross Border Regional

How did you hear about Caneda Transport? _____

PERSONAL/CONTACT INFORMATION

Full Name (Please enter name as shown on your driver's license)

Last Name

First Name

Middle Initial

Email Address: _____

Phone Number: _____

Current Address: _____

Street Address

City

Province/State

Postal/Zip Code

How long have you lived here? _____

Date of Birth: _____

Month

Day

Year

LICENSE/EXPERIENCE INFORMATION

Driver License: _____

Number

Class

Province/State

Expiry Date

Driving Experience: _____ (Total years)

Experience In:

LTL

Flat Deck

Step Deck

Van

Mountain Driving

(Check all that apply)

Provinces Driven In: _____

States Driven In: _____

Do you have a Free and Secure Trade (FAST) card? Yes No

Do you have electronic ELD Experience? Yes No

Are you legally entitled to work in Canada? Yes No

Have you setup a Clearinghouse account? Yes No

Has your license ever been denied or suspended? Yes No

If yes, please provide an explanation: _____

ACCIDENTS/VIOLATIONS

Accident Record/Violations for the past 3 years

Date	Nature of Violation	Date	Nature of Accident	Injury or Fatality?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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 previously employed with Caneda Transport? Yes No Date Range _____

Company Name _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position _____	Start Date _____	End Date _____
Address		
Street _____	City _____	Province/State _____
Contact _____	Phone _____	
Reason for Leaving _____		
Was this position subject to a DOT regulated alcohol and controlled substance testing program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this position subject to FMCSA regulations (US)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position _____	Start Date _____	End Date _____
Address		
Street _____	City _____	Province/State _____
Contact _____	Phone _____	
Reason for Leaving _____		
Was this position subject to a DOT regulated alcohol and controlled substance testing program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this position subject to FMCSA regulations (US)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position _____	Start Date _____	End Date _____
Address		
Street _____	City _____	Province/State _____
Contact _____	Phone _____	
Reason for Leaving _____		
Was this position subject to a DOT regulated alcohol and controlled substance testing program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this position subject to FMCSA regulations (US)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TO BE READ & SIGNED BY 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, 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, 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.

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

Applicant Signature

Date

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.