



Driver () Contractor () Application

Fax to 506-375-8801 with documents requested on page 4.

To: _____ Fax # / Email: _____

Please note that all requested information and dates must be provided for review of this application

APPLICANT Name: _____
First Middle Last

Home Phone #: _____ Cell # _____ Fax # _____

Email Address: _____ SIN# _____

Current Address: _____

How long have you been at this address? _____ If less than 3 years please fill out previous address.

Previous Address: _____

Date of Birth: _____ Driver's License # _____ Expiry date _____ Prov. _____

Are you eligible to drive into the United States today? Yes () No () Why Not? _____

Have you ever been convicted of a felony? _____ If yes, please explain on separate sheet of paper

I confirm this driver's license is the only license I currently have or will possess: Yes () No ()

Has any license, permit or privilege ever been suspended or revoked Yes () No ()

How many years have you been driving highway tractor trailer? _____ Years

Have you ever had a positive drug test? Yes () No ()

Are you currently using Insulin to control blood sugar? Yes () No ()

Have you lost any work time (over 5 days) due to medical conditions in the last 2 years? Yes () No ()

Details: _____

Is there any reason you might be unable to perform the functions of the position? Yes () No ()

Specify: _____



EDUCATION:

Circle Highest grade completed : 1 2 3 4 5 6 7 8 9 10 11 12

College / trade school years completed: 1 2 3 4 5 6

Last School Attended _____
Name City

Have you ever attended Driver Training School? Yes () No ()

State any special courses or training that will help you as a driver or in other aspects of this job:

ACCIDENT HISTORY: for the past 5 years (regardless of who was at fault or whether it is on your abstract):

DATES: NATURE OF ACCIDENT

Last Accident _____
Fatalities – Yes () No () Injuries – Yes () No () Towed – Yes () No ()

Next Previous _____
Fatalities – Yes () No () Injuries – Yes () No () Towed – Yes () No ()

Next Previous _____
Fatalities – Yes () No () Injuries – Yes () No () Towed – Yes () No ()

TRAFFIC CONVICTIONS: For the past 3 years, other than parking violations. If none, write none.

LOCATION: DATE: CHARGE: PENALTY:

Commercial Driving Experience - Please indicate number of years of experience for the following:

_____ Up to 300 miles in Canada _____ 301 - 500 miles in Canada _____ 500+ miles in Canada
_____ Up to 300 miles in Canada & US _____ 301 - 500 miles in Canada & US _____ 500+ miles in Canada & US
The total of years entered above should equal your total years of driving experience

Indicate the longest distance traveled during driving employment: _____

Indicate if you have experience in driving over the Rocky Mountains: No () Yes () Years; _____

Indicate your experience in reefer transport: No () Yes () Years _____

Commodities: Meat () Produce () Ice cream () Potatoes ()

EMPLOYMENT HISTORY – Please provide the following information on all driving employment or contracts during the preceding 10 years or a minimum of three years other employment (which ever is greater). Please list companies in reverse order, starting with the most recent. Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391.23 (d), (e), (i) (1) and (2)

Last Employer: _____ **Supervisor Name:** _____

Supervisor Position: _____ **Phone#** _____ **City / Province:** _____

Start Month/ Year: _____ **End Month/ Year** _____ as Contractor () As Employee ()

Did you drive a vehicle for this employer? No () Yes () **If so, Straight Truck** () **Tractor-Trailer** ()

Trailer if Applicable: Reefer () Heated Van () Dry Van () Flatbed () Other () _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? No () Yes ()

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40 ? No () Yes ()

=====

Second Last Employer: _____ **Supervisor Name:** _____

Supervisor Position: _____ **Phone#** _____ **City / Province:** _____

Start Month/ Year: _____ **End Month/ Year** _____ as Contractor () As Employee ()

Did you drive a vehicle for this employer? No () Yes () **If so, Straight Truck** () **Tractor-Trailer** ()

Trailer if Applicable: Reefer () Heated Van () Dry Van () Flatbed () Other () _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? No () Yes ()

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40 ? No () Yes ()

=====

Third Last Employer: _____ **Supervisor Name:** _____

Supervisor Position: _____ **Phone#** _____ **City / Province:** _____

Start Month/ Year: _____ **End Month/ Year** _____ as Contractor () As Employee ()

Did you drive a vehicle for this employer? No () Yes () **If so, Straight Truck** () **Tractor-Trailer** ()

Trailer if Applicable: Reefer () Heated Van () Dry Van () Flatbed () Other () _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? No () Yes ()

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40 ? No () Yes ()

Forth Last Employer: _____ **Supervisor Name:** _____

Supervisor Position: _____ **Phone#** _____ **City / Province:** _____

Start Month/ Year: _____ **End Month/ Year** _____ **as Contractor** () **As Employee** ()

Did you drive a vehicle for this employer? No () Yes () **If so, Straight Truck** () **Tractor-Trailer** ()

Trailer if Applicable: Reefer () Heated Van () Dry Van () Flatbed () Other () _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? No () Yes ()

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40 ? No () Yes ()

=====

Fifth Last Employer: _____ **Supervisor Name:** _____

Supervisor Position: _____ **Phone#** _____ **City / Province:** _____

Start Month/ Year: _____ **End Month/ Year** _____ **as Contractor** () **As Employee** ()

Did you drive a vehicle for this employer? No () Yes () **If so, Straight Truck** () **Tractor-Trailer** ()

Trailer if Applicable: Reefer () Heated Van () Dry Van () Flatbed () Other () _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? No () Yes ()

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40 ? No () Yes ()

=====

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries 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.

This application was completed by me, all entries are true and correct to the best of my knowledge. **I also certify that, where as this position is a safety sensitive position, I will submit to and pass pre-employment and random drug testing as required.**

Applicant Signature _____ Date _____

Please attach or fax the following with the return of these documents to Fax # 506-375-8801:

- Driver License Photocopy (enlarged by 50% if possible for clarity)**
- Drivers Abstract (less than 3 months old)**
- Criminal Search**
- For Contractors – Letter of Standing from Equipment Financial Institution**



TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries 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.

This application was completed by me, all entries are true and correct to the best of my knowledge.

Applicant Signature _____ Date _____

Applicant, Please leave the section below blank, for previous employer to complete. Contractors go to page 7 to complete Contractor Only Portion.

Request for Information From Previous Employer or Contract Company Page 1 of 2

Previous Employer: _____ **Fax #:** _____

Employer Contact : _____ **Contact Position :** _____ **Phone #** _____

Please complete the requested information and return by fax to 506-375-8801. Thank you for your assistance.

Applicant Name : _____ Date: _____

Applicant lists date of employment/contract with your firm, as being from _____ to _____.

Are the above dates correct? No () Yes () If not, please advise the correct dates: _____

Specify vehicle type driven, if applicable: Straight Truck () Tractor-Trailer () Other () _____

Specify trailer type hauled, if applicable: Reefer () Heated Van () Dry Van () Flatbed () Other () _____

Do you consider the applicant a safe driver? Yes () No () If no, please advise why : _____

ACCIDENTS: Please list any accidents or significant incidents during applicant's period of employment/contract:

DATES:

NATURE OF ACCIDENT

Last Accident _____

Fatalities – Yes () No () Injuries – Yes () No () Towed – Yes () No ()

Next Previous _____

Fatalities – Yes () No () Injuries – Yes () No () Towed – Yes () No ()

Second Previous _____

Fatalities – Yes () No () Injuries – Yes () No () Towed – Yes () No ()

Request for Information From Previous Employer or Contract Company Page 2 of 2

TRAFFIC CONVICTIONS: For the past 3 years, other than parking violations. If none, write none.

LOCATION:

DATE:

CHARGE:

PENALTY:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please advise of any on the job injuries or events of lost time in excess of 5 days: _____

Describe Service to the customer (on time; customer relations; claims, etc.) _____

CHARACTERISTICS:

| | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|
| Disposition, Tact, Ability to get along with others | () | () | () | () |
| Initiative, Resourcefulness | () | () | () | () |
| Safety Habits | () | () | () | () |
| Driving Skill | () | () | () | () |
| Attitude | () | () | () | () |
| Loyalty | () | () | () | () |

Why did applicant leave your employ/contract: _____

Would you rehire? Yes () No () Why? _____

Comments: _____

Thank you for taking time to assist us in our hiring effort. Please contact us at 506-375-8600 Or 1-866-377-8600 ext 210 if you have any questions.



Contractor Only Portion:

Contractor Vehicle Information Sheet

Company Name (if applicable) _____

Tractor Year: _____ Make: _____ Model: _____

Odometer Reading: _____ Wheel Base (Maximum 244 “) _____ Weight _____ lbs

Tractor Monthly Payment: \$ _____

Trailer Year: _____ Make: _____ Model: _____

Reefer Year: _____ Make: _____ Model: _____

Years in business as a highway owner-operator: _____ years

If you have your own WCB: WBC # _____ Clearance Letter Available Yes () No ()

Office Use

RETURN TO ITEM #2 ON BROKER HIRE CHECKLIST

Below are standards required to proceed with an application:

Tractor Model year must be no older than 5 years (unless trade is emanate). If older, approval must be approved by the President
Wheel base - maximum 244”

Driver All tandem applicants must be willing and able to drive US
Number of contracts/employments in the last 3 years - standard acceptable is 2
Shortest period of employment with 1 employer - at least 1 year
No fault accidents in the last 2 years, maximum 2 moving violations

Contractor Preferably 1-2 years experience as an owner operator

APPROVE () DECLINE () _____

Signed

Date