

TRUCKFREIGHT

I N T E R N A T I O N A L

Driver Application Form

Please print neatly.

Personal Information

Name _____
Last First Initials

Address _____
Street City Prov Postal Code

Telephone _____ Cell _____

E-mail _____ FAX _____

Are you interested in Full Time or Part Time Work _____ Full Time _____ Part Time

Do you have a valid Class 1 drivers License? _____ Yes _____ No

How many years experience do you have driving a Tractor/Trailer? _____

How many years experience do you have pulling Super B "Hoppers"? _____

Are you eligible to cross into the U.S.? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

When are you available to start work? _____
Day Month Year

Would you be willing to work weekends? _____ Yes _____ No

Are you currently an Owner/Operator? _____ Yes _____ No

How did you hear about this job? _____ Friend _____ Recruiter _____ Local Paper _____ Internet

Other _____

FAX completed form along with your drivers abstract to:

(204) 942-4758, Attention: Paul Willms/Chuck Cadick

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.

Date (Day/Month/ Year)

Applicant's Signature

CONFIDENTIAL ONCE COMPLETED