

TRUCKFREIGHT

INTERNATIONAL

Driver Application Form

Please print neatly in capital letters.

Personal Information

Name _____
Last First Initials

Address _____
Street City Prov Postal Code

Telephone _____ Cell _____

E-mail _____ FAX _____

Social Insurance Number _____

General Information

Driver License Number _____ Expiry Date _____ Province _____

When did you first obtain a Class 1A License? _____

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

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

Have you ever been denied a permit, privilege or license to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No
If yes please provide brief details below:

Are you currently admissible into the U.S.? _____ Yes _____ No

Do you require a waiver to enter the U.S.? _____ Yes _____ No
If yes, it expires

Day Month Year

Are you employed now? _____ Yes _____ No

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

Would you be willing to take a physical exam? _____ Yes _____ No

During the past five years have you had to report to Worker's Compensation Board for assistance due to injury? _____ Yes _____ No

If so what was the nature of the injury? _____

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Accidents

An original driver's abstract issued within the previous 30 days will be required at the time of interview.

Have you had any accidents (preventable and non-preventable) in the last 3 years involving either commercial or non-commercial vehicles? Yes No

If 'Yes' please provide the requested information for each accident.

Date _____ Location _____
Day Month Year

Nature of Accident _____

Cost of Damages/ Injury (if any) _____

Date _____ Location _____
Day Month Year

Nature of Accident _____

Cost of Damages/ Injury (if any) _____

Date _____ Location _____
Day Month Year

Nature of Accident _____

Cost of Damages/ Injury (if any) _____

Education

Highest grade completed _____

Post Secondary Education/ Driver's Schools

Institution _____ Year _____

Institution _____ Year _____

Institution _____ Year _____

Special Courses or Training you have had as a driver (record of training may be requested)

Course _____ Date _____ Training Provider _____

Course _____ Date _____ Training Provider _____

Course _____ Date _____ Training Provider _____

Have you received any safe driving awards? Yes No

If yes, from whom? _____

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

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Employment in Last Five Years

Company _____ Contact Name _____
Address _____ Phone _____
Start Date _____ End Date _____ Position _____
Reason for Leaving _____

Company _____ Contact Name _____
Address _____ Phone _____
Start Date _____ End Date _____ Position _____
Reason for Leaving _____

Company _____ Contact Name _____
Address _____ Phone _____
Start Date _____ End Date _____ Position _____
Reason for Leaving _____

References

Please provide any additional character or work references you may wish.

Name _____ Phone _____ Position _____
Name _____ Phone _____ Position _____
Name _____ Phone _____ Position _____

FAX completed form to: (204) 942-4758, Attention: Paul Willms

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

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