



Company : _____
 Address : _____

MANDATORY

Application for Employment as a Heavy Vehicle Driver

SECTION I	
A) For the candidate: <i>Read, complete and sign before handing in the form</i>	
Position sought: _____	
Location: _____	Date: _____
B) PERSONAL INFORMATION	
Family Name: _____	First name: _____
Address (for the last 3 years): _____ _____ _____	
Telephone: Home: () _____	Work: () _____
Date of birth : _____	Social Insurance Number : _____

SECTION II	
PROFESSIONAL ACTIVITIES (AS A DRIVER)	
EXPERIENCE AND QUALIFICATIONS	
Licence No. : _____	Classes: _____ Province: _____
Expiration : _____	Restrictions: _____
Manual transmission indication (M)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Air brake indication (F)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Long combination vehicle indication (T)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driving prohibited in United States	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of demerit points: _____	
Have you ever been refused a commercial vehicle driver's licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your licence ever been revoked or suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered Yes to one of the two previous questions, indicate why: _____	
Ontario pneumatic "S" cam brake adjustment certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Ontario wheel system maintenance certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are you familiar with the air-brake system?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Transportation of Dangerous Goods certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Expiration : _____	
Are you a member of a drug and alcohol screening program?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

SECTION IIDo you have an additional driver's licence issued by another jurisdiction? Yes No N/A **SECTION III****EDUCATION**

Course	Number of years	Date completed	Name and location of teaching institution	Specialization	Grade, diploma or certificate
Primary					
Secondary					
College and university					
Heavy vehicle driver training					
Other courses					

Indicate whether you speak French English other Specify: _____
 you read French English other Specify: _____
 you write French English other Specify: _____

SECTION IV**EXPERIENCE** (starting with the most recent, please list all positions you have held in the past three years)**For USA: Positions held over the past 10 years.** (Use additional sheets if necessary.)

1. Employer : _____ Telephone: (____) _____
 Address : _____
 Duties : _____ From _____ to _____
 Supervisor : _____ Weekly salary at time of departure: \$ _____
 Reason for leaving: _____

Were you subject to the DOT while employed? Yes No N/A Was your job designated as a safety sensitive function subject to alcohol and controlled substances testing requirements? Yes No N/A

2. Employer : _____ Telephone: (____) _____
 Address : _____
 Duties : _____ From _____ to _____
 Supervisor : _____ Weekly salary at time of departure: \$ _____
 Reason for leaving: _____

Were you subject to the DOT while employed? Yes No N/A Was your job designated as a safety sensitive function subject to alcohol and controlled substances testing requirements? Yes No N/A

3. Employer : _____ Telephone: (____) _____
 Address : _____
 Duties : _____ From _____ to _____
 Supervisor : _____ Weekly salary at time of departure: \$ _____
 Reason for leaving: _____

Were you subject to the DOT while employed? Yes No N/A

SECTION IV

Was your job designated as a safety sensitive function subject to alcohol and controlled substances testing requirements?

Yes No N/A

SECTION V**A) DRIVING (EXPERIENCE)**

Driving equipment	Type of experience (trailers, tankers, etc.)	Dates		km / miles driven (approx.)	Type of routes	
		from	to		Local	Long dist.
Straight truck						
Tractor/semi-trailer combination						
Combination vehicles						
Flat bed						
Long combination vehicle						
Double-drop low-bed						
Container						
Wood chips / sawdust						
Specialized transp.						
Solid bulk tanker						
Moving (furniture)						
Other (specify):						

Type of motor used: _____

Type of transmission: _____

Number of years

Number of years

Country and/or provinces where you have worked:

Canada _____ Québec _____ United States _____ Mexico _____

B) DRIVING (TRAINING)

Indicate what theoretical training you have received, identifying specific courses taken (if applicable)

Course	Date	Name and location of teaching centre	Duration (hours)
Hours of service			
Daily inspection (safety check)			
Transportation -Dangerous Goods			
Alcohol/drug screening			
Load securing			
Wheels			
Air brakes			
Preventive driving			
Energy efficiency			
WHMIS			
Customer relations			
Other (specify)			

Have you received any honorary mentions?

Yes No

SECTION V

If yes, which one? _____

C) DRIVING (ACCIDENTS, INCIDENTS)During the past five years, have you been involved in any accidents or incidents while driving a heavy vehicle? Yes No

If yes, indicate the date and nature of the event: _____

Name(s) of your employer(s) at the time: _____

Briefly explain the circumstances (if insufficient space, please attach a sheet): _____

D) DRIVING (VIOLATIONS, FINES)Have you pleaded guilty or have been found guilty of any traffic violations over the past 3 years, other than parking violations, while to operating a heavy vehicle? Yes No

If yes, please complete the following section (if insufficient space, please attach a listing)

Location	Date	Type of violation	Sentence	Demerit points

SECTION VI**EXPERIENCE AND QUALIFICATIONS: Maintenance and repair of heavy vehicles** Yes No

Indicate your training and experience (if applicable): _____

SECTION VII**EXPERIENCE AND QUALIFICATIONS: Handling****A) Indicate your training and experience in the table below (if applicable)**

Equipment / Activities	Training	Years of experience	Equipment / Activity	Training	Years of experience
Forklift driving			Load securement		
Sorting and counting goods			Weight distribution		
Goods handling and protection			Bill of lading and other shipping documents		

B) Indicate what theoretical training related to material handling you have received, identifying specific courses taken (if applicable)

Course	Date	Name and location of the teaching institution	Specialization

SECTION VIII**HISTORY: INDUSTRIAL ACCIDENTS (WORK RELATED)**In the past three years, have you had one or more industrial accidents involving a heavy vehicle, or relating to the position sought? Yes No

SECTION VIII

If yes, start with the most recent: _____

Name of employer at the time: _____

Type of injury suffered: _____

*This information will be verified as permitted by the Act Respecting Occupational Health and Safety. Any omission on your part will be considered intentional, and will be interpreted as a false declaration.***SECTION IX**

TO BE READ AND SIGNED BY THE CANDIDATE:

It is agreed and understood that if I make a false or misleading declaration in this application for employment process, or if I fail to provide information required on this form or its appendices, I will be liable to dismissal once the false declaration or omission is discovered, in accordance with the Bond requirements, internal regulations, labour conventions, and/or corporate policies and procedures.

It is agreed and understood that the company or its agents may investigate my previous history and record, including alcohol and controlled substance while driving a motor vehicle, to verify abilities and to ascertain the accuracy of my declarations. I have the right to review the information provided by previous employers, the right to have errors in the information corrected by the previous employer and the right to have a rebuttal statement attached to the alleged erroneous information as late as 30 days after being employed if there is any disagreement.

I agree to provide additional information and/or documents required to complete this form, and to take a medical examination conducted by a physician selected or appointed by the company. I hereby authorize the company to obtain from my previous employers and from any other source the company deems necessary, information that they may have recorded in my file.

It is agreed that if hired, I will be subject to a probation period during which I may be dismissed without any recourse.

I hereby certify that I have completed this application for employment, and that all the entries and information it contains are accurate and complete to the best of my knowledge.

Candidate's signature

____/____/____
Date

SECTION X: FOR PERSONNEL USE ONLY (Not to be completed by the candidate)**A) INTERVIEW**

Individual conducting the interview	Date	Observations

B) TO BE USED BY THE TESTER

Administered by	Date	Result	Class	Observations and interpretation

C) REFERENCE CONTROL

Previous positions	Results	Previous positions	Results
I		III	
II		IV	

D) DATE HIRED: _____