

Do you have the legal right to work in Canada? _____

Are you 21 years of age or older? _____

Have you worked for our Company before? _____

Date: From _____ To _____ Rate of Pay _____/mile

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment?

How did you hear of our Company?

Referral (If yes, by whom) _____

Advertising (If yes, what form) _____

Other _____

Rate of pay expected: _____/mile.

EDUCATION

HIGHEST EDUCATION COMPLETED

Grade/Secondary School: 1 2 3 4 5 6 7 8 9 10 11 12 13

Business, trade or technical school: _____ Years. Course of Study: _____

Type of certificate or diploma obtained: _____

OTHER COURSES, WORKSHOPS, OR SEMINARS

DATES	NAME	LOCATION	LICENSE, CERTIFICATE

EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle must provide the following information of the last 10 years of previous employment as required by regulations.

List employment history starting with most recent employer.

EMPLOYER		DATE
		FROM TO
ADDRESS		RATE OF PAY
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
EMPLOYER		DATE
		FROM TO
ADDRESS		RATE OF PAY
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
EMPLOYER		DATE
		FROM TO
ADDRESS		RATE OF PAY
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING

**UPON COMPLETING THIS SECTION, YOU ARE GIVING LEN DUBOIS TRUCKING
INC. APPROVAL TO CONTACT PREVIOUS EMPLOYERS**

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER'S LICENSE	PROVINCE/STATE	LICENSE NO.	TYPE	EXPIRY DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, TANKER)	DATES		APPROX.NO FOR MILES (TOTAL)
		TO	FROM	
Straight Truck				
Tractor and Semi Trailer				
Tractor – Two Trailers				
Other				

List Provinces, States, and/Or Territories Operated In For the Last 5 Years

Indicate special courses or training that will help you as a driver and any safe driving awards you may hold and from whom.

This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, and financial or medical history and other related matters as may be necessary in arriving at any employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries 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 as permitted by law.

Date

Applicant's Signature

PROCESS OF RECORD – OFFICE USE ONLY

- Applicant Hired
- Applicant Rejected

Date: _____

Company Driver

Owner Operator Contract (ensure O/O has reviewed and signed contract)

Rating throughout interview process:

Category	Superior	Good	Fair	-Average	Poor	Written Record on File
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Criminal/Traffic Convictions						

Name of Reviewing Officer: _____

TERMINATION OF EMPLOYMENT

Date Terminated _____

Reason:

- Dismissed
- Resigned
- Retired
- Other

Include Termination Report in Driver File

Supervisor: _____

DRIVER'S CERTIFICATION OF VIOLATIONS AND ACCIDENTS

I certify that the following is a true and complete list of convictions (other than parking violations) and accidents required to be reported under the Highway Traffic Act during the past 12 months.

DATE	OFFENSE/ACCIDENT	LOCATION	TYPE OF VEHICLE OPERATED

If no violations or accidents are listed above, I certify that I have not been convicted or forfeited bond or collateral because of any violation required to be listed during the past 12 months.

Date of Certification

Drivers Signature

Len Dubois Trucking Inc.
Motor Carrier

1001 Elgin Avenue, Winnipeg, MB
Motor Carrier Address

Reviewed by: Signature

Title

AUTHORIZATION FOR DRIVER RECORD SEARCH

DRIVER APPLICANT COMPLETES THIS SECTION: **DATE:** _____

I hereby authorize Len Dubois Trucking Inc. to request a search of my driving record based on the information available of the Ministry of Transportation.

Check Appropriate Box(es)

- Driver(completes driving record covering a three-year period)
- Driver (while driving Commercial Motor Vehicles only – C.V.O.R.)
- Certified copy of each search for legal purposes.

The information is requested:

Check Appropriate Box

- As part of a Driver Application for Employment as a Commercial Motor/Vehicle Driver.
- Other _____

Driver's License No. _____ Date of Birth _____ Age _____ Sex _____

Driver's Name: _____

Surname, Given Name, Middle Initials

Street, No.

City

Province

Postal Code

Previous Address – City, Province, Postal Code

Driver Applicant Signature

Date

MOTOR CARRIER COMPLETES THIS SECTION:

The above named driver – applicant has applied for a position with this company. The information received from the Ministry of Transportation will be used for the purpose of qualifying the person for this job applied for.

Company Representative Signature

Date

DRIVER DISCLOSURE OF LICENSE

DRIVER'S NAME

Pursuant to Section 318.1(1) of the Highway Traffic Act, namely a driver shall disclose in writing each jurisdiction in which the driver is licensed, the class of license held, and the status of the license. Pursuant to Section 318.1(3), namely the driver shall without delay disclose in writing to the motor carrier a suspension, cancellation, prohibition or change in classification of the driver license.

DECLARATION

I, _____ hereby disclose the only jurisdiction in which I am licensed, the class of license held, whether or not the license is suspended, and the name in which the license is issued.

_____	_____	_____	_____	_____
Jurisdiction	License Number	Class	Suspended?	Name

- I understand that I can possess only one driver's license.
- I understand that I must inform my employer immediately of any convictions or accidents while operating a motor vehicle.
- I understand that I must immediately inform my employer of any suspensions, restrictions, prohibitions or any other changes in status to my driver's license.

Signed _____

Date _____

MEDICAL HISTORY

Do you have any pre-existing conditions that would hinder your job performance such as:

- Diabetes
- Heart Condition
- Chronic Back Problems
- Restrictive Vision
- Other

If so further explain:

COMMERCIAL DRIVERS ABSTRACT AUTHORIZATION FORM

I hereby authorize the Division of Driver and Vehicle Licensing in the Province of _____, to release my Commercial Drivers Abstract to:

Len Dubois Trucking Inc.
1001 Elgin Avenue
Winnipeg, MB R3B 1B5

Please Print:

Driver Name: _____

Driver's License #: _____

Date of Birth: _____

Driver Signature: _____



NEW EMPLOYEE DATA

(Please Print)

Last Name _____ First Name _____ Initial _____

Street Address _____ Apartment # _____

City _____ Province/State _____

Postal/Zip Code _____

Phone (Home) _____ (Cell) _____

Emergency Contact _____

Emergency Phone _____

Marital Status _____

Date of Birth(dd/mm/yyyy) _____

Drivers License # _____

Social Insurance Number _____

FOR OFFICE USE ONLY

Salary – Annual: _____

Hourly Rate: _____

Job Title: _____

Hire Date: _____

Benefits: Yes _____ No _____

Waive 3 Month: Yes _____ No _____
Waiting Period