Application

✓ Please Check One

Date Applied:_____

Position Applied for: ☐ Courier ☐ D-Z Driver ☐ A-Z Driver ☐ Owner/Operator

Applicant Information

First Name:	Middle Name:	Last Name:
Date of Birth:	S.I.N.	Health Card Number:
Gender (Please Circle One): Male Female	**Current Address:**	
City:	Province:	Postal Code:
Home Telephone:	Cell/Pager Number:	
E-mail:		
Driver's License Number:		
Class of License:	Expiration Date:	Medical Expiration Date:

Previous addresses are required if the applicant has been at their current address for less than five years.

Previous Address:		
City:	Province:	Postal Code:

Previous Address:	Relationship:	Telephone:
Alternate Contact Name:	Relationship:	Telephone:

Previous Employment Information (Last Five Years)

Please list employers in reverse order starting with the most recent.

Previous Employer:		Type of Business:	
Employer's Address:		Duration of Employment:	
City and Province:	Postal Code	Telephone & Contact Name:	
Start Date:	End Date:	Reason for Leaving:	
Position:	Hourly Wage/Salary/Mileage:		Annual Income:

Previous Employer:		Type of Business:	
Employer's Address:		Duration of Employment:	
City and Province:	Postal Code	Telephone & Contact Name:	
Start Date:	End Date:	Reason for Leaving:	
Position:	Hourly Wage/Salary/Mileage:		Annual Income:

Previous Employer:			Type of Business:	
Employer's Address:			Duration of Employment:	
City and Province:	Postal Code	Telephone & Contact Name:		
Start Date:	End Date:		Reason for Leaving:	
Position:	Hourly Wage/Salary/Mileage:			Annual Income:

Previous Employer:			Type of Business:	
Employer's Address:			Duration of Employment:	
City and Province:	Postal Code	Telephone & Contact Name:		
Start Date:	End Date:		Reason for Leaving:	
Position:	Hourly Wage/Salary/Mileage:			Annual Income:

Previous Employer:			Type of Business:	
Employer's Address:			Duration of Employment:	
City and Province:	Postal Code	Telephone & Contact Name:		
Start Date:	End Date:		Reason for Leaving:	
Position:	Hourly Wage/Salary/Mileage:			Annual Income:

Are you legally permitted to work in Canada? Yes ☐ No ☐

Have you ever worked for __________________ or any of her sister companies? ☐ Yes ☐ No

If yes, please indicate when: ___________________ , _________________ to ________________ , _________________ (Month, Year)

Are you currently employed? ☐ Yes ☐ No

If yes, please indicate the company name: ____

Super visor name:_________________________________ Telephone Number: __________-_________-__________.

How long have you worked for them? ________________ , _________________ (Month, Year)

It is expected all drivers to be able to assist with loading and unloading of trucks, are you physically capable of doing this? Yes ☐ No ☐

Is there any reason that you are aware of that you would be denied a FAST card? ☐ Yes ☐ No

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

Have you ever had any license, permit or privilege suspended or revoked? ☐ Yes ☐ No

If the answer to any of the above two questions is yes please give details: ____

____
____
____
____
____
____
____
____
____

Accident Record (Last Five Years)

Please indicate preventable or non-preventable.

First Accident ☐ Preventable ☐ Non-preventable

Date:	Location:

Nature of Accident:

Second Accident ☐ Preventable ☐ Non-preventable

Date:	Location:

Nature of Accident:

Third Accident ☐ Preventable ☐ Non-preventable

Date:	Location:

Nature of Accident:

Fourth Accident ☐ Preventable ☐ Non-preventable

Date:	Location:

Nature of Accident:

Fifth Accident ☐ Preventable ☐ Non-preventable

Date:	Location:

Nature of Accident:

Do you have any Western Canada or U.S. Mountain experience? ☐ Yes ☐ No

If yes, how many years? _____

Certificates, Licenses, Courses

Please list all applicable certificates, licenses and courses taken.

Course:	Authorized By:	Effective Date:
Course:	Authorized By:	Effective Date:
Course:	Authorized By:	Effective Date:
Course:	Authorized By:	Effective Date:
Course:	Authorized By:	Effective Date:

Emergency Contact(s)

Name:	Relationship & Phone Number:

Other Contact Information:

Any Drug Allergys:

Please read carefully before signing

In compliance with equal employment opportunity laws, all qualified applicants will be considered for all positions without regard to race, colour, religion, sex, nationality, age, marital status , orientation, or any non-job related disability. In accordance with _____ all information submitted on this application is held in the strictest of confidence.

_____ REQUIRES RANDOM DRUG AND ALCOHOL TESTING FOR ALL DRIVERS AND OWNER/OPERATORS WHO WILL BE TRAVELLING OUT-OF-PROVINCE OR OUT-OF-STATE.

I hereby certify that this application has been completed by me, and that all entries on it and all information provided therein are true and complete to the best of my knowledge. I authorize _____ and its representatives to make inquiries to past employers in regards to my performance. I hereby release all my previous and current employers, educational institutions, health care providers and all other persons from all liability in responding to inquiries and in the release of information (personal or otherwise) in connection with my application for employment _____. In the event of my employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the Company.

***I _____, authorize you, _____ to make inquiries from past employers.**

Applicant's Signature: _____ Date: _____, 2____.

Human Resources Name: _____

Human Resources Signature: _____ Date: _____, 2____.

Please note that the applicant is required to fill-in all fields.

For Office Use Only

First Available Date:	Start Date:
Training Start Date:	Training End Date:
Probation Start Date:	Probation End Date:
End Date:	Reason:

Payroll Structure

Position and Division:	Hourly, Salary or Mileage:	Hours per Week:

Any Additional Requirements or Comments: