

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____ Date of Application: _____

Name of Carrier: ROBINSON TRANSPORT

In compliance with Federal and provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability, or any other protected group status.

Note: Please attach original or copies of the following documents: Copy of your Driver's License – Current Drivers Abstract and CVOR Drivers Abstract (no older than 30days). US Drivers also include Current Police Clearance (no older than 30 days) or an I-94 Card with your waiver - WSIB Account Number (if applicable) –FAST Card.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have a right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED: REJECTED:
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACE IN FILE)

DATE EMPLOYED: _____ TERMINAL EMPLOYED: _____

DEPARTMENT: _____ CLASSIFICATION: _____

SIGNATURE OF INTERVIEWING OFFICER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

DISMISSED: VOLUNTARILY QUIT: OTHER:

TERMINATION REPORT PLACED IN FILE: SUPERVISOR: _____

Position Applied For: Van Flatbed Company Driver Owner Operator

Name: _____ Date of Birth: ____/____/____
SIN#: _____ (required for Truck Drivers) Year Month Day

Current Address: Street: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ Fax: _____ Cell phone: _____ Email address: _____
List your addresses of residency for the past 5 years. Street: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ How Long? ____ Street: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ How Long? ____ Street: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Do you have the legal right to work in Canada? Yes / No

What is your current Citizenship? _____ Do you have a Work Visa: _____

Can you legally cross the US/Canadian Border? Yes / No

If no, please explain: _____

Have you worked for this company before: Yes / No

If (yes) dates from: _____ to: _____

Reason for leaving: _____

Are you currently employed: Yes / No

If (no) how long since leaving your last employment _____

How did you hear about us? _____

Who referred you?: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes / No

If (Yes) please explain.

List your employment history for the past 10 years starting with the most current.
 All time for the past 10 years must be accounted for even if you were unemployed.

EMPLOYER		DATE	
NAME:		FROM: MO: YR:	TO: MO: YR
ADDRESS:		POSITION HELD:	
CITY:	PROV.	POSTAL CODE:	
CONTACT PERSON:		PHONE NUMBER:	
SALARY/WAGE:			
REASON FOR LEAVING:			
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY –SENSITIVE FUNCTION IN ANY DOT-REGULATED MADE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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Education:

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended:

Name

City

Experience & Qualifications:

Driver's Licence#: _____

Province: _____

Type/Class: _____

Expiry Date: _____

Please report **ALL** collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years. (Attach sheet if more space is needed).

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____

Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Please report **ALL** traffic convictions, citations and forfeitures for the past 3 years (other than parking violations). (Attach sheet if more space is needed).

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Have you ever been denied a license or permit to operate a motor vehicle? **Yes / No**
 Has any license or permit ever been suspended or revoked? **Yes / No**

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES PLEASE ATTACH A STATEMENT GIVING DETAILS!

Driving Experience:

Straight Truck:
Type of Equipment (van, reefer, flat etc): _____
Dates from: _____ To: _____
Estimated # of Miles: _____

Tractor & Semi-Trailer:
Type of Equipment (van, reefer, flat etc): _____
Dates from: _____ To: _____
Estimated # of Miles: _____

Tractor & Two Trailers:
Type of Equipment (van, reefer, flat etc): _____
Dates from: _____ To: _____
Estimated # of Miles: _____

Other (Please specify):

List states & provinces operated in for the last five years:

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom:

List special equipment or technical materials you can work with (other than those already shown)

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.

I understand, also, that I am required to abide by all rules and regulations of the Company. For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records.

Except as provided for herein, or with your prior consent, the Company shall not use the information gathered on me for any other purpose.

TO DRIVER:

Please note that the information provided in this Application may be used and your previous employer will be contacted for the purpose of investigating your safety performance history information as per paragraphs (a) and (e) of FMSCR Reg. 391.23. You have a right to see the information provided by your previous employer and can do so by submitting a written request.

Date: _____ Signature: _____

EQUIPMENT INFORMATION

TRUCK

Make & Model: _____

Year: _____

Weight; _____

Fuel Capacity: _____ ABS: Yes / No

Wheelbase: _____ Jake Brake: Yes / No

Engine: _____ 5th Wheel Height: _____
(inch)

Payments: _____ Are They Current? Yes / No

Financing Held by: _____ Until: _____

TRAILER (Flat-Bed Division only)

Make & Model: _____

Year: _____ Suspension:

Length: _____ Weight: _____ Annual Safety: _____
MM/DD/YY

Vented: Yes / No Inside Height: _____

Payments: _____ Are they Current: Yes / No

Financing Held by: _____ Until:
