

APPLICATION FOR EMPLOYMENT

U.S. Long Haul Truck Driver

Muskoka Transport Limited
456 Ecclestone Drive, Box 1336
Bracebridge, ON P1L 1R1

HR USE ONLY

Employee No. _____

Hire Date: _____

Documents Received:

__ Driver's License

__ Criminal Search

__ FAST Card

__ CVOR Abstract

__ MTO Abstract

__ Birth Certificate

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED

PLEASE PRINT

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

DATE _____

Name _____ Social Insurance No. _____
First Middle Last

Present address _____
Street City Prov Postal Code How Long?

Telephone Number (____) _____ Cell Number (____) _____

List addresses for past 3 years

Previous address _____
Street City Prov Postal Code How Long?

Previous address _____
Street City Prov Postal Code How Long?

Do you have a legal right to work in the United States? Yes No

Date of Birth? ____/____/____
Month / Day / Year

Can you provide proof of age? _____

In case of emergency notify _____
Name Address Phone

Have you worked for this company before? _____ Dates: From _____ to _____

Position? _____ Rate of Pay \$ _____

Reason for leaving? _____

Have you ever been convicted of a felony? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Are you currently employed? _____ If not, when was your last day employed? _____

Who referred you? _____ Rate of pay expected \$ _____

List any handicaps that prevent you from doing certain kinds of work _____

Are you physically capable of doing heavy manual work? _____ Ever injured on the job? _____

Give nature and degree of such injuries _____

How much time lost from work in past three years for illness? _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province and postal code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. List most recent employer first.

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	PROV.	P.C.	Salary/Wage	
CONTACT PERSON:			TEL: ()	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			Reason for leaving	

Was your job designated as a Safety Sensitive function in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	PROV.	P.C.	Salary/Wage	
CONTACT PERSON:			TEL: ()	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			Reason for leaving	

Was your job designated as a Safety Sensitive function in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	PROV.	P.C.	Salary/Wage	
CONTACT PERSON:			TEL: ()	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			Reason for leaving	

Was your job designated as a Safety Sensitive function in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	PROV.	P.C.	Salary/Wage	
CONTACT PERSON:			TEL: ()	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			Reason for leaving	

Was your job designated as a Safety Sensitive function in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES		NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE. ATTACH SHEET IF MORE SPACE IS REQUIRED

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGHSCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED: _____
 (NAME) _____ (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, give details: _____

DRIVING EXPERIENCE- IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, TANK, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH –SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR 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? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN ALREADY SHOWN)

TO BE READ AND SIGNED BY THE APPLICANT

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer. 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.

Applicant Signature

Date

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVG	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL & TRAFFIC CONVICTIONS						

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____

DISMISSED VOLUNTARILY QUIT OTHER: _____