



Driving to Deliver the Highest Standard of Excellence.

Welcome Applicant:

After completing your application, please provide the following additional information:

- Current Commercial Abstract (within last 30 days)**
- Personal Driver Abstract**
- Copy of Drivers License**
- Copies of your CDRP and/or FAST card**
- Criminal Record Search (within last 30 days)**
- Proof of Citizenship (i.e. Birth Certificate, Passport, etc)**
- WSIB Clearance Certificate (Owner Operators Only)**
- Copy of Medical Certificate**
- Photographs of tractor (all 4 sides)**

Regards,

**Eric Bialkowski
Vice President of Human Resources
Ext. 248**

**Amy MacNeill
Human Resources Specialist
Ext. 237**

EMPLOYMENT HISTORY

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. Add another sheet if necessary.

EMPLOYER - CVOR # IF POSSIBLE			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD		
CITY	PROVINCE	P.C.	WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES NO
 WAS YOUR JOB DESIGNATED A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MADE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

EMPLOYER - CVOR # IF POSSIBLE			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD		
CITY	PROVINCE	P.C.	WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES NO
 WAS YOUR JOB DESIGNATED A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MADE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

EMPLOYER - CVOR # IF POSSIBLE			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD		
CITY	PROVINCE	P.C.	WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES NO
 WAS YOUR JOB DESIGNATED A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MADE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

EMPLOYER - CVOR # IF POSSIBLE			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD		
CITY	PROVINCE	P.C.	WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES NO
 WAS YOUR JOB DESIGNATED A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MADE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

ACCIDENT HISTORY REPORT

Please report ALL collisions – commercial, personal, preventable, non-preventable, on-the-road, and private property for the past five years.

DATES	COMPANY NAME	LOCATION	PREVENTABILITY / CHARGES

DATES	COMPANY NAME	LOCATION	PREVENTABILITY / CHARGES

If no history of accidents or incidents please check here: _____

Applicants Signature : _____

Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to

Drive Logistics _____ for purposes of investigation.
(Prospective Employer)

You are released from any and all liability which may result from furnishing such information.

(Date)

(Applicant's Signature)

Ph: _____

Fax: _____

Contact: _____

Personnel Manager:

The below named individual has made application to this company for a position as an AZ driver

_____ and states that he/she was employed by you as a
_____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely,

Name of Applicant: _____

1. Employed from _____ to _____ as _____.

2. Did he/she drive a motor vehicle for you? _____ Straight Truck? _____
Tractor/Trailer? _____ Bus? _____ Other? (Specify) _____

3. Was he/she a safe and efficient driver? _____.

4. Reason for leaving: Discharged _____; Resignation _____; Layoff _____; Other _____

5. Was his/her general conduct satisfactory? _____ Eligible for Re-hire? _____

6. Please advise history of past driving record if available for past three years.

Preventable Accidents? _____ Type? _____

Points to CVOR? _____ Out of Province violations? _____

Please assess the applicant's work performance by circling (P) Poor (F) Fair (G) Good (E) Excellent

On Time Delivery: P F G E Relationship w/Customers: P F G E Relationship w/Staff: P F G E

Log Management: P F G E Equipment Maintenance: P F G E Equipment Handling: P F G E

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCE TESTING

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, Middle, Last Social Insurance No. _____

hereby authorize that:

Previous employer: _____
Street: _____ Telephone: _____
City, Prov., P.C. _____ Fax No.: _____

May release and forward information requested by my previous employer (below) of this document my Alcohol and Controlled Substances Testing records to:

Prospective Employer: Drive Logistics
Attention: Amy MacNeill – Human Resource Specialist
Street: 3315 Devon Drive Windsor, Ontario
Phone: 519-967-0356 Fax No.: 519-790-0123

Applicant Signature *Date*

TO BE COMPLETED BY PREVIOUS EMPLOYER:

If driver was not subject to Part 382 FMCSA testing requirements while employed by this employer, please check here , sign below, and return. Under Part 382 testing requirements:

1. Has this person ever tested positive for a controlled substance in the last three years? Yes No
2. Has this person ever had an alcohol test with a BAC 0.04 or greater in the last three years? Yes No
3. Has this person ever refused a required test for drugs or alcohol in the last three years? Yes No

If yes to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name: _____ Telephone: _____
Street: _____ City/State or Prov., Zip or P.C. _____
Completed by: _____ Date: _____
Signature, Title

This form was faxed (check here) to previous employer on _____
Date *Initials*

EDUCATION

HIGHEST GRADE COMPLETED – please circle

GRADE/SECONDARY SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12 Course of Study	BUSINESS, TRADE OR TECHNICAL SCHOOL 1 2 3 4 Course of Study
Type of certificate or diploma obtained	License, certificate or diploma awarded
Special courses or training	Special courses or training

OTHER COURSES, WORKSHOPS OR SEMINARS

DATES	NAME	LOCATION	LICENSE, CERTIFICATE OR DIPLOMA

EXPERIENCE AND QUALIFICATIONS – DRIVER

	PROVINCE/STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

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 YES, PLEASE PROVIDE DETAILS: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES FROM	DATES TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR/TRAILER				
TRACTOR/ 2 TRAILERS				
OTHER				

LIST PROVINCES, STATES, OR TERRITORIES OPERATED IN LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHO? _____

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU 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 THOSE ALREADY SHOWN)

IS THERE ANY REASON WHY YOU MIGHT NOT BE ABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?

IF YES, EXPLAIN IF YOU WISH.

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 also understand that I am required to abide by all rules and regulations of Drive Logistics. 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, Drive Logistics shall not use information gathered on me for any other purpose.

TO BE READ AND SIGNED BY APPLICANT

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 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. 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.

Applicant's Signature

Date