

**DRIVER  
APPLICATION FOR EMPLOYMENT**

CONNORS TRANSFER  
P.O. BOX 2080  
STELLARTON, N.S.  
B0K 1S0

ANSWER ALL QUESTIONS - PLEASE PRINT

In compliance with equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, nationality origin, age, marital status, or non-job related disability.

Date of Application \_\_\_/\_\_\_/\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Insurance No. \_\_\_-\_\_\_-\_\_\_  
*last first middle*

List your addresses of residency for the past 3 years.

Current \_\_\_\_\_  
*street city*  
\_\_\_\_\_ Phone ( ) - - How Long? \_\_\_\_\_  
*state zip code*  
\_\_\_\_\_ How Long? \_\_\_\_\_  
*state city state and zip code*  
\_\_\_\_\_ How Long? \_\_\_\_\_  
*state city state and zip code*  
\_\_\_\_\_ How Long? \_\_\_\_\_  
*state city state and zip code*

Do you have the legal right to work in the United States \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Can you provide proof of age \_\_\_\_\_

Required for Commercial Drivers

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

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Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

\_\_\_\_\_

If yes, explain if you wish

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employees during the preceding 3 years. List complete mailing address, street number, city, state and zip 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.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

<b>EMPLOYER</b>	<b>DATE</b>
NAME:	FROM                      TO
ADDRESS:	POSITION HELD
CITY:                                      STATE:                                      ZIP	SALARY/WAGE
CONTACT PHONE:	REASON FOR LEAVING

<b>EMPLOYER</b>	<b>DATE</b>
NAME:	FROM                      TO
ADDRESS:	POSITION HELD
CITY:                                      STATE:                                      ZIP	SALARY/WAGE
CONTACT PHONE:	REASON FOR LEAVING

<b>EMPLOYER</b>	<b>DATE</b>
NAME:	FROM                      TO
ADDRESS:	POSITION HELD
CITY:                                      STATE:                                      ZIP	SALARY/WAGE
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CONTACT PHONE:	REASON FOR LEAVING

<b>EMPLOYER</b>	<b>DATE</b>
NAME:	FROM                      TO
ADDRESS:	POSITION HELD
CITY:                                      STATE:                                      ZIP	SALARY/WAGE
CONTACT PHONE:	REASON FOR LEAVING

Includes vehicles having a GVWR of 26001 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)

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)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**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 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, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, FLAT, ETC	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SIMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER-				

List states operated in for last five years \_\_\_\_\_  
 \_\_\_\_\_

Show special courses in training that will help you as a driver \_\_\_\_\_  
 \_\_\_\_\_

Which safe driving awards do you hold and from whom \_\_\_\_\_  
 \_\_\_\_\_

Show any trucking, transportation or other experience that may help in our work for this company.

List sources and training other than shown elsewhere in this application.

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

**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 investigation and inquiries of my personal, employment, financial or medical history and other relate 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, school, 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 bide by all rules and regulations of the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**PROCESS RECORD**

Applicant hired \_\_\_\_\_ Rejected \_\_\_\_\_

Date employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_  
(IF REJECTED SUMMARY EPORT OF REASONS SHOULD BE PLACED IN FILE)

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

	SUPERIOR	GOOD	POOR	BELOW AVG.	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

From: _____ Date: _____ Reason for transfer: _____	To: _____	From: _____ Date: _____ Reason for transfer: _____	To: _____
From: _____ Date: _____ Reason for transfer: _____	To: _____	From: _____ Date: _____ Reason for transfer: _____	To: _____

**TERMINATION OF EMPLOYMENT**

Date terminated \_\_\_\_\_ Department released from \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily quit \_\_\_\_\_ Other \_\_\_\_\_

Termination report placed in file \_\_\_\_\_ Supervisor \_\_\_\_\_

**REQUEST FOR INFORMATION**  
**From Previous Employer**

I hereby authorize your to release the following information to CONNORS TRANSFER LTD. for the  
prospective employer  
purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from  
any and all liability which may result from furnishing such information.

Date \_\_\_\_\_ Applicant's Signature X \_\_\_\_\_

MAIL TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_  
\_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply  
envelope for your convenience. Thank you for your courtesy.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_

=====

Name of applicant: \_\_\_\_\_ Social Insurance No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at wage \_\_\_\_\_ of salary of \_\_\_\_\_.

2. Did he/she drive motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semitrailer?  
\_\_\_\_\_, Bus? \_\_\_\_\_. Other (Specify) \_\_\_\_\_.

3. Was he/she a safe efficient driver? \_\_\_\_\_.

4. Reason for leaving your employ: Discharged \_\_\_\_\_; Resignation \_\_\_\_\_  
Lay Off \_\_\_\_\_; Military Duty \_\_\_\_\_.

5. Was his/her general conduct Satisfactory \_\_\_\_\_.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## The Occupational Health & Safety Specialists

101 Ilsley Avenue, Suite 5A  
Darmouth, NS B3B 1S8

Ph: 800-294-2971  
Fax: 800-620-4784

Website - [www.ecmm.ca](http://www.ecmm.ca)  
Email - [ecmm@ecmm.ca](mailto:ecmm@ecmm.ca)

### Release of Information Form

**Section I.** To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed Name: \_\_\_\_\_

Employee SSN or ID Number: \_\_\_\_\_

I hereby authorize the release of information from my DOT regulated drug and alcohol testing records by my previous employer listed in Section I-A to the employer listed in Section I-B. This release is in accordance with DOT regulation 49 CFR Part 40, Sec. 40.25 and FMCSR Part 382, Sec. 382.301(b). I understand that information to be released in Section II-A by my previous employer is limited to the following items for the past three years:

1. Alcohol test results with a result of 0.04 or higher;
2. Verified positive controlled substance testing;
3. Refusal to be tested for controlled substance or alcohol;
4. Date last tested for controlled substance and result (if applicable);
5. Inclusive dates for participation in the employer's random drug and alcohol testing program;
6. Other violations of DOT agency drug and alcohol testing regulations;
7. Documentation, if any, of completion of the return-to duty process following a rules violation;
8. Information obtained from previous employers of a drug and/or alcohol violation.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Section I-A.**

Previous Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

#### **Section I-B.**

New Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_