

**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.)

EMPLOYER	DATE
NAME:	FROM TO
ADDRESS:	POSITION HELD
CITY: STATE: ZIP	SALARY/WAGE
CONTACT PERSON:	REASON FOR LEAVING

EMPLOYER	DATE
NAME:	FROM TO
ADDRESS:	POSITION HELD
CITY: STATE: ZIP	SALARY/WAGE
CONTACT PERSON:	REASON FOR LEAVING

EMPLOYER	DATE
NAME:	FROM TO
ADDRESS:	POSITION HELD
CITY: STATE: ZIP	SALARY/WAGE
CONTACT PERSON:	REASON FOR LEAVING

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EMPLOYER	DATE
NAME:	FROM TO
ADDRESS:	POSITION HELD
CITY: STATE: ZIP	SALARY/WAGE
CONTACT PERSON:	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,

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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 _____

