



# Fastlane Freight Systems Inc.

## Application for Drivers/Owner Operators

Position Applied for: \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I. (mm/dd/yyyy)

Address: \_\_\_\_\_  
Street City Prov. Postal Code

How long at current address? \_\_\_\_\_ If less than 5 years, provide previous address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Prov: \_\_\_\_\_ Expiry: \_\_\_\_\_ Class: \_\_\_\_\_

Passport #: \_\_\_\_\_ Expiry: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Fast Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ Social Insurance No: \_\_\_\_\_

Languages written fluently: \_\_\_\_\_

Languages Spoken fluently: \_\_\_\_\_

Status in Canada: \_\_\_\_\_ Where did you hear about us: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have disability coverage?  Yes  No

### Education

Type	Name of School	Location	Diploma/Degree

### Personal References

Name	City/Province	Location	Years Known

### Driving Experience

Equipment Class	Equipment Type	Dates	Approx. Miles

## Employment History

Begin with present employment. Please provide complete addresses and phone numbers. All months (schools, employed or unemployed) for the past 5 years must be accounted for.

Dates (mm/yy) From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held \_\_\_\_\_  
Company \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Street: \_\_\_\_\_ Driving Experience \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone \_\_\_\_\_ Can we Contact \_\_\_\_\_

Areas Driven \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations while working for this company?  Yes  No

Was the position designated as safety sensitive and subject to random drug and alcohol testing?  Yes  No

Dates (mm/yy) From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held \_\_\_\_\_  
Company \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Street: \_\_\_\_\_ Driving Experience \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone \_\_\_\_\_ Can we Contact \_\_\_\_\_

Areas Driven \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations while working for this company?  Yes  No

Was the position designated as safety sensitive and subject to random drug and alcohol testing?  Yes  No

Dates (mm/yy) From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held \_\_\_\_\_  
Company \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Street: \_\_\_\_\_ Driving Experience \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone \_\_\_\_\_ Can we Contact \_\_\_\_\_

Areas Driven \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations while working for this company?  Yes  No

Was the position designated as safety sensitive and subject to random drug and alcohol testing?  Yes  No

Dates (mm/yy) From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held \_\_\_\_\_  
Company \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Street: \_\_\_\_\_ Driving Experience \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone \_\_\_\_\_ Can we Contact \_\_\_\_\_

Areas Driven \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations while working for this company?  Yes  No

Was the position designated as safety sensitive and subject to random drug and alcohol testing?  Yes  No

Dates (mm/yy) From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held \_\_\_\_\_  
Company \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Street: \_\_\_\_\_ Driving Experience \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone \_\_\_\_\_ Can we Contact \_\_\_\_\_

Areas Driven \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations while working for this company?  Yes  No

Was the position designated as safety sensitive and subject to random drug and alcohol testing?  Yes  No

### Accident Record

List all accident involvements with any motor vehicle for the past 5 years, including no fault:

Date	Vehicle Type	Nature of Accident	Prov/State	At Fault	Ticketed	Fatalities	Injuries	Preventable

### Traffic Convictions

List all convictions (other than parking ticket) with any motor vehicle the past 5 years:

Date	Location	Violation	Penalty

Have you completed a driving course?      Yes    No   If yes, school/date \_\_\_\_\_

Have you received any safe driving awards?    Yes    No   If yes, school/date \_\_\_\_\_

Have you been denied entry to the US?      Yes    No   If yes, why/date \_\_\_\_\_

Have you have been convicted of a criminal offense?    Yes    No   If yes, what/when \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?    Yes    No  
If yes, why/when \_\_\_\_\_

Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle or are charges pending?    Yes    No   If yes, what/when \_\_\_\_\_

### Applicant's Statement

I give my consent to Fastlane Freight Systems Inc. to conduct background checks of any kind including, but not limited to, driver's abstract, criminal records search, medical reports, etc., for the purposes of this employment application. I give Fastlane Freight Systems Inc. permission to contact my references and past employers for the purpose of verifying my driving record and employment history. I understand that completion of this application does not mean a job offer has been or will be made. I am willing to submit to a physical exam and pre-employment drug test prior any employment offer.

Any false or misleading statements made throughout the application process will be grounds for immediate dismissal.

Fastlane Freight Systems Inc. is an equal employer and is committed to the goals of Employment Equity.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)