



COMMERICAL DRIVER APPLICATION FOR EMPLOYMENT

In compliance with the Federal and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability **(Answer all questions and please print)**

First Name: _____	Last Name: _____
SIN: _____	Date of Birth: _____
Business Number: _____	

Address (List your addresses for the past 3 years)

Current Address:

Street: _____ City: _____ Prov/Postal Code: _____

Home Phone Number: _____ Cell Number: _____

Previous Address:

Street: _____ City: _____ Prov/Postal Code: _____

Education

Highest Grade Completed: _____ Post Secondary: _____

Last School Attended: _____

List special courses, classes or programs that will help you as a driver:

Qualifications

	TYPE	License #	Expiration Date	Province
Drivers License				

- | | | |
|--|-----|----|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | YES | NO |
| B. Have you ever been disqualified for violations of the federate motor carrier safety reg.? | YES | NO |
| C. Has any license, permit or privilege been suspended or revoked? | YES | NO |

f the answer to A, B, or C is YES attach statement giving details



Driving Experience

(If none, write none)

Class of Equipment	Type of Equipment (van, tank, flat, step, rgn)	Dates		Approx # of Miles (Total)
		To	From	

List Provinces Operated in the Last Five Years _____

Safety Awards _____

All driver applicants to drive in interstate commerce must provide the following info:

(Note: List Employers in reverse order starting with the most recent, add another sheet if needed)

Employer #1

		Dates
Name		To - From
Address		Position Held
City	Province	Salary/Wage
Contact	Phone #	Reason for Leaving

Employer #2

		Dates
Name		To - From
Address		Position Held
City	Province	Salary/Wage
Contact	Phone #	Reason for Leaving

Employer #3

		Dates
Name		To - From
Address		Position Held
City	Province	Salary/Wage
Contact	Phone #	Reason for Leaving



ACCIDENT & CONVICTION RECORD

For the past 3 Years (Attach sheet if more room is needed), if none write NIL

Accident Type (See below for types)	Dates	Injuries	Fatalities	Nature of Accident	Reconciled to Commercial Abstract

Accident Types

- HTP – Hit Third Party
- HBT – Hit by Third Party
- WLF – Wildlife
- RLL – Rollover
- TBO – Tire Blowout
- OTH – Other (Please Explain)

Conviction/Inspection Type	Date	Fine	OOS	Defects	Reconciled to Commercial Abstract

Commercial Abstract Attached

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all the entries on it and information in it are true and completed to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history are made only if and after conditional offer of employment has been expended.) I hereby release schools, employers, health care providers and other persons from liability in responding to inquires 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 interviews may result in discharge. I understand that I am required to abide by all regulations of Hawk Logistics Ltd.

DATE: _____ APPLICANT'S SIGNATURE _____