

SB Trucking Ltd.

Surrey, B.C.

Employment Application Form

**First Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Middle Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Cell Phone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Phone number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Date : \_\_\_\_\_\_\_\_\_\_ owner operator / company driver (please circle)**

**Social Insurance Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver License Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License Expiry Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Province/Country License Issued :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country Of Citizenship :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years of Experience :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field of Experience :\_\_\_\_\_\_\_\_\_\_\_\_ (Reefer/ Dry Van/ Flatbed/ Container)**

DRIVER’S

APPLICATION FOR EMPLOYMENT

**EMPLOYMENT HISTORY**

* 1. Have you worked for this company before? Yes / No Position

Rate of Pay Dates: From TO

Reason for leaving

* 1. Are you now employed If not, how long since leaving last employment?
	2. Who referred you? Rate of Pay expected
	3. Are there any reasons 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:

**List employers in reverse order starting with the most recent**.

1. Name of Employer: Contact person Address:

FROM: TO Phone No ( ) Fax No

Month Year month Year

Salary/Wage \_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position Held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Employer: Contact person Address:

FROM: TO Phone No ( ) Fax No

Month Year month Year

Salary/Wage \_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position Held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Month Year month Year

Salary/Wage \_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position Held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualifications**

Driver License

Province

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?

IF THE ANSWER TO A OR B IS YES, ATTACHENSTATEMENT GIVING DETAILS.

Yes No

**Motor Vehicle Driver's Certification of Compliance with Driver License Requirements**

3) P**OSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator’s license. If you have more than one license, keep the license from your state of residence and return the additional license to the state that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If multiple licenses have been lost or stolen, close your record by notifying the state of issuance that you no longer want to be licensed.

**2) NOTIFICATION OF LICENSE SUSRENTION:** REVOCATION OR CANCELLATION: Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUINESS DAY of any revocation or suspension of your license. In addition, Section 383.31 require that any time you violate a state or local traffic law (other than parking) , you must report within 30 days to: 1) your employing motor carrier, and 2)the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

**The followin**g **license is the only one I will possess:**

Drivers License No. State Exg. Date

**DRIVER CERTIFINATION: I** certify that I have read and *understood* to above requirements.

**Date:** Driver’s Name (print)

Driver’s Signature

# DRIVER’S APPLICATION FOR EMPLOYMENT

Accident **record for** past 3 years or more (attach sheet if more space is needed).

*Last* accident

Date Month Year Nature of accident

Fatalities

Injuries

Next previous

Date Month Year Nature of accident

Fatalities

Injuries

Next previous

Date Month Year Nature of accident

Fatalities

Injuries

Traffic **conviction and** forfeitures for the past 3 year (other than parking violations) if none write

**none**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location | Date | Month | Year | Charge | Penalty |
| Location | Date | Month | Year | Ch*arge* | Penalty |
|  | Date | Month | Year | Charge | Penalty |

TO BE READ AND SIGND BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it 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 related matter as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only it and after a conditional offer of employment has been extended.) 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 may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the company.

Date Year Applicant’s Signature

**Thank you for your interest in our company**

**QUALIFICATIONS - DRIVER**

The following license is the only one I will possess:

Driver

License

Date

Province License No. Type

Expiration

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? No

IF THE ANSWER TO A OR B IS YES, ATTACHENSTATEMENT GIVING DETAILS.

Yes

**Motor Vehicle Driver’s Certification of Compliance with Driver License Requirements**

1. POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional license to the state that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If multiple licenses has been lost or stolen, close your record by notifying the state of issuance that you no longer want to be licensed. 2)
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**DRIVER CERTIFICATION: I** certify that I have read and understood to above requirements.

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

Driver’s Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accident record for past 3 years or more (attach sheet if more space is needed).

Last

accident

Injuries

Date Month Year Nature of accident

Fatalities

Next

previous

Injuries

Date Month Year Nature of accident

Fatalities

Next

previous

Date Month Year Nature of accident

Fatalities

Injuries

Traffic conviction and forfeitures for the past 3 year (other than parking violations) if none write none

Location Penalty

Location Penalty

Location

Penalty

Date Month Year Charge

Date Month Year Charge

Date Month Year Charge

**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 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 related matter 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.) 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 may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the company

Date Year Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Attention:

I hereby authorize you to release the following information to SB Trucking Ltd. for the purpose 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

Dear Sir / Madam:

The be1ow named individual has made application with our company for a position as Commercial Driver and states that he/she was employed by you as a from / / to / /

We appreciate your time in completing (in confidence) the below questionnaire. Please fax or call me with your response at your earliest convenience.

Respectfully Yours, SB Trucking Ltd.

PH:604-580-3512 **FAX: 604-580-1900**

Safety & Compliance Dept.

Applicant’s Name: DL#

* 1. Employment dates:
	2. Wage type: Cent\_\_\_\_\_\_/ per mile or Salary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Type of equipment operated
	4. Was he/she a safe & efficient driver? Yes or No

*S.* Did they conduct themselves in a satisfactory manner with clients? Yes or No

1. Did this driver have any preventable accidents while employed by you? Yes or No
2. Did this driver have any cargo claims with you? Yes or No
3. Did you feel that he/she conducted himself/herself courteously with your customers, staff and other drivers? Yes or No