

SB Trucking Ltd.

Surrey, BC

DRIVER NAME: _____ UNIT # _____

ADDRESS: _____

START DATE: _____ OWNER OPERATOR / COMPANY DRIVER (PLEASE CIRCLE)

	DATE REQUESTED	DATE DOCUMENT COMPLETED	SIGNATURE OF REVIEWING SUPERVISOR
1 Application for Employment	_____	_____	_____
2 Oral Interview conducted on: _____			
3 Request for Information from Previous Employers (list each company written to)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
4 S.I.N. _____	DOB: _____		
5 Authorization for Driver Record Search	_____	_____	_____
6 Drivers Abstract	_____	_____	_____
7 Certification of Compliance	_____	_____	_____
8 Drivers Offence Conviction Record	_____	_____	_____
9 Accident Information Report	_____	_____	_____
10 Record & Certificate of Road Test	_____	_____	_____
11 Drivers Data Sheet	_____	_____	_____
12 Driver Training Endorsements	_____	_____	_____
13 Photocopy of Drivers License	_____	_____	_____
14 Dangerous Goods Training Certificate	_____	_____	_____
15 Secondary ID Copy	_____	_____	_____

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 _____
2. Are you now employed _____ If not, how long since leaving last employment? _____
3. Who referred you? _____ Rate of Pay expected _____
4. 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 _____

2. Name of Employer: _____ Contact person _____

Address: _____

FROM: _____ TO _____ Phone No () _____ Fax No _____
Month Year month Year

Salary/Wage _____ Reason for leaving _____ Position Held _____

3. Name of Employer: _____ Contact person _____

Address: _____

FROM: _____ TO _____ Phone No. () _____ Fax No _____
Month Year month Year

Salary/Wage _____ Reason for leaving _____ Position Held _____

DRIVER'S APPLICATION FOR EMPLOYMENT

QUALIFICATIONS - DRIVER

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? Yes No

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

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) NOTIFICATION OF LICENSE SUSPENSION: REVOCATION OR CANCELLATION: Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS 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 following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: 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

 Date Month Year Charge Penalty

 Date Month Year Charge Penalty

 Date Month Year Charge Penalty

TO BE READ AND SIGND BY APPLICANT

This is 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 _____Month _____Year _____

Applicant's Signature _____

Thank you for your interest in our company

Date of application _____ Company:

Position(s) Applied for (circle) DRIVER OWNER OPERATOR

Country to Travel (circle): CANADA USA Class 1 since
year _____

(ANSWER ALL QUESTION-PLEASE PRINT CLEARLY)

In compliance with Federal and State equal employment opportunity applicants are considered for all positions without regard to race, color, religion, age, marital status, or non-job related disability.

Name _____

_____ Last First
Middle

Home Phone _____ Cell
Phone _____

Date of Birth _____ SIN:
_____ Month Day Year

Passport # (if applicable) _____ Port Pass # (if applicable)

Current
Address _____

_____ Street City Zip Code
How long

If less than 2 years, provide the previous addresses.

Previous
Address _____

_____	Street	City	Zip Code
How long			
Previous Address _____			
_____	Street	City	Zip Code
How long			

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?
 No Yes
- B Has any license, permit or privilege ever been suspended or revoked?
 No Yes

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

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) NOTIFICATION OF LICENSE SUSPENSION: REVOCATION OR CANCELLATION: Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS 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.

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

Date: _____ **Driver's Name (print)**

Driver's Signature _____

EMPLOYMENT HISTORY

- Have you worked for this company before? Yes No
Position _____
Rate of Pay _____ Dates: From _____
TO _____
Reason for leaving _____
- Are you now employed _____ If not, how long since leaving last employment?

- Who referred you? _____ Rate of Pay
expected _____
- 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 (List previous 5 years)

1. Name of Employer: _____ Contact person _____

Address: _____

FROM: _____ TO _____ Phone No () _____ Fax No _____
Month Year month Year

Salary/Wage _____ Reason for leaving _____ Position Held _____

2. Name of Employer: _____ Contact person _____

Address: _____

FROM: _____ TO _____ Phone No () _____ Fax No. _____
Month Year month Year

Salary/Wage _____ Reason for leaving _____ Position Held _____

3. Name of Employer: _____ Contact person _____

Address: _____

FROM: _____ TO _____ Phone No. () _____ Fax No _____
Month Year month Year

Salary/Wage _____ Reason for leaving _____ Position Held _____

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	Date	Month	Year	Charge
---------------------	------	-------	------	--------

Location Penalty	Date	Month	Year	Charge
---------------------	------	-------	------	--------

Location Penalty	Date	Month	Year	Charge
---------------------	------	-------	------	--------

TO BE READ AND SIGNED BY APPLICANT

This is 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 _____ Month _____ Year _____

Applicant's

Signature _____

Thank you for your interest in our company

**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 below 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: \$ ____ / per hour or ____ % or _____ salary or _____
3. Type of equipment operated _____
4. Was he/she a safe & efficient driver? Yes or No
5. Did they conduct themselves in a satisfactory manner with clients? Yes or No
6. Did this driver have any preventable accidents while employed by you? Yes or No
7. Did this driver have any cargo claims with you? Yes or No
8. Did you feel that he/she conducted himself/herself courteously with your customers, staff and other drivers? Yes or No

**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 below 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: \$ ____/per hour or ____% or _____ salary or _____
3. Type of equipment operated _____
4. Was he/she a safe & efficient driver? Yes or No
5. Did they conduct themselves in a satisfactory manner with clients? Yes or No
6. Did this driver have any preventable accidents while employed by you? Yes or No
7. Did this driver have any cargo claims with you? Yes or No
8. Did you feel that he/she conducted himself/herself courteously with your customers, staff and other drivers? Yes or No

**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 below 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: \$ ____ / per hour or ____ % or _____ salary or _____
3. Type of equipment operated _____
4. Was he/she a safe & efficient driver? Yes or No
5. Did they conduct themselves in a satisfactory manner with clients? Yes or No
6. Did this driver have any preventable accidents while employed by you? Yes or No
7. Did this driver have any cargo claims with you? Yes or No
8. Did you feel that he/she conducted himself/herself courteously with your customers, staff and other drivers? Yes or No