

# CARRION LOGISTICS INC

2575 Inkster Blvd  
 Winnipeg, Manitoba R3C2E6  
 Phone: 204-410-0031 Fax: 204-800-3190

Office Use Only	
Abstract: _____	Interview by: _____
D/L Copy: _____	Road Test: _____
Start: _____	Pay Rate: _____

## DRIVER APPLICATION FOR EMPLOYMENT

**Name:** \_\_\_\_\_  
(First) (Middle Initial) (Last) (Previous name, if applicable)

\_\_\_\_\_  
(Phone Number) (Date of Birth) (Social Insurance Number)

Address history for the last three years: (don't skip any months, continue on another page if needed)

Current Address: \_\_\_\_\_  
(Street) (City and Province) (Postal Code) (Dates: From - To)

Previous Address: \_\_\_\_\_  
(Street) (City and Province) (Postal Code) (Dates: From - To)

Next Previous Address: \_\_\_\_\_  
(Street) (City and Province) (Postal Code) (Dates: From - To)

**Qualifications:** List all current driver's licences you hold. If the name on your licence differs from the name given above, include the actual name on your licence. Attach another sheet if required.

Province or State	Licence Number	Class/Endorsements	Status	Expiry Date

- A. How long have you had a commercial driver's licence? \_\_\_\_\_
- B. Have you ever been denied a licence, permit, or privilege to operate a motor vehicle? \_\_\_\_\_
- C. Has any licence, permit, or privilege to operate a motor vehicle ever been suspended or revoked? \_\_\_\_\_  
(If the answer to either B or C is yes, attach statement giving details.)

**Experience:**

Equipment Class	Equipment Type (Van, Tank, Flat, Etc.)	Dates (Month/Year)		Approx. # Miles (Total)
		From	To	
Straight Truck				
Tractor-Trailer				
Tractor-Train				
Other				

**Additional Training or Experience you would like to tell us about:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Accident Record for the Past 3 Years:**

Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Property Damage

(Attach sheet if more space is needed)

**Traffic Convictions for the Past 3 Years: (Other than Parking Violations)**

Location (City/R.M., Province)	Date	Charge	Penalty

(Attach sheet if more space is needed)

**Employment Record:** Note: 3-year history is required. Use Month/Year for dates, don't skip any months. If you've been driving longer than 3 years, driving history is required up to 10 years.

**Last Employer:**

\_\_\_\_\_  
(Name) (Phone – if known)

\_\_\_\_\_  
(Address - if known) (City – required) (Province) (Contact – if known)

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_  
From To

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Previous Employer:**

\_\_\_\_\_  
(Name) (Phone – if known)

\_\_\_\_\_  
(Address - if known) (City – required) (Province) (Contact – if known)

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_  
From To

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Next Previous Employer:**

\_\_\_\_\_  
(Name) (Phone – if known)

\_\_\_\_\_  
(Address - if known) (City – required) (Province) (Contact – if known)

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_  
From To

Salary: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

(Attach sheet if more space is needed)

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**To Be Read and Signed by The Applicant:**

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be sufficient cause for dismissal. CARRION LOGISTICS INC is an equal opportunity company.

\_\_\_\_\_  
(Signature of Applicant) (Date)