



## JOB APPLICATION

### SECTION 1

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

Job applied for :

☐ Flatbed CDL highway driver

☐ Administrative position

☐ Flatbed CDL local driver

☐ Fork lift operator

☐ Dispatch

☐ Human resources

☐ Customer service

☐ Other \_\_\_\_\_

### Personal information

Last name : \_\_\_\_\_ Middle name: \_\_\_\_\_ First name : \_\_\_\_\_

Address (within the last 3 years):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security number: \_\_\_\_\_

### SECTION 2: Professional experience and qualifications (driver)

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Has your license ever been revoked or suspended?

☐ YES (Reason) \_\_\_\_\_ ☐ NO

Are you part of a drug and alcohol testing program?

☐ YES ☐ NO

Job application



### SECTION 3: EDUCATION COMPLETED

Degree	Number of years	End date	Institution	Field of activity
Elementary School				
Middle School				
High School				
College				
University				
CDL training				

### SECTION 4: WORK EXPERIENCES

Jobs from the last 5 years starting on the most recent. Add a sheet if space is insufficient.

1      Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Position held : \_\_\_\_\_  
Supervisor's name : \_\_\_\_\_  
Start date : \_\_\_\_\_      End date : \_\_\_\_\_  
Reason for leaving : \_\_\_\_\_

2      Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Position held : \_\_\_\_\_  
Supervisor's name : \_\_\_\_\_  
Start date : \_\_\_\_\_      End date : \_\_\_\_\_  
Reason for leaving : \_\_\_\_\_

3      Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Position held : \_\_\_\_\_  
Supervisor's name : \_\_\_\_\_  
Start date : \_\_\_\_\_      End date : \_\_\_\_\_  
Reason for leaving : \_\_\_\_\_

4      Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Position held : \_\_\_\_\_  
Supervisor's name : \_\_\_\_\_  
Start date : \_\_\_\_\_      End date : \_\_\_\_\_  
Reason for leaving : \_\_\_\_\_

### SECTION 5: DRIVING (EXPERIENCE)

Type of equipment operated in the past (Can check more than one):

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Dry van   | <input type="checkbox"/> Double drop            | <input type="checkbox"/> Manuel transmission    |
| <input type="checkbox"/> Flatbed   | <input type="checkbox"/> Flatbed straps         | <input type="checkbox"/> Automatic transmission |
| <input type="checkbox"/> Stepdeck  | <input type="checkbox"/> Chain & binder         |   |
| <input type="checkbox"/> Canestoga | <input type="checkbox"/> Others (Specify) _____ |   |

### SECTION 6: DRIVING (TRAINING)

Training dates : From \_\_\_\_\_ to \_\_\_\_\_

Name and address of truck driving school : \_\_\_\_\_

Training duration : \_\_\_\_\_



**SECTION 7: DRIVING (ACCIDENTS, INCIDENTS)**

Have you had any accidents or incidents involving a heavy vehicle in the last five years?

☐YES ☐NO

If yes, specify their nature and the date on which they occurred:

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Name(s) of employer(s) at that time:

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Briefly describe the circumstances:

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**SECTION 8: DRIVING (OUT OF SERVICE & FINES)**

Have you had any tickets, fines or been put out of service in the last 3 years, other than for parking violations, in connection with the use of heavy vehicles?

☐YES ☐NO

If yes, please explain the nature of the offense :

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## SECTION 9: EXPERIENCE AND QUALIFICATION: MAINTENANCE AND REPAIR

Experience and qualifications: Maintenance and repair of heavy vehicles.

☐ YES ☐ NO

Indicate your training and experience (if applicable): \_\_\_\_\_

## SECTION 10: EXPERIENCES AND QUALIFICATIONS: HANDLING

Experience and qualifications: Handling & forklift operation.

☐ YES ☐ NO

Indicate your training and experience (if applicable): \_\_\_\_\_

## SECTION 11: WORK ACCIDENT HISTORY

Have you ever suffered one or more work accidents related to the use of heavy vehicles or related to the job applied for in the last 3 years?

☐ YES ☐ NO

If yes, give the dates starting with the most recent:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

Name of employer at that time:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

Type of injury then sustained:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

This information will be verified as permitted by the Occupational Health and Safety Act. Any omission of information will be considered voluntary on your part and, therefore, interpreted as a false declaration.



## SECTION 12: ADDITIONAL INFORMATION

Additional information about you:

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## SECTION 13: AUTHORIZATION (To be read and signed by applicant)

It is agreed and understood that if I make a false statement during the process of my application for employment or if I have failed to provide information required in this form, I will be subject to referral to upon discovery of the misrepresentation or omission, in accordance with bonding requirements (Bond), internal regulations, labor agreements, and company policies and procedures.

It is agreed and understood that the Company and its agents may investigate my background to verify my service records and ensure that all my statements are accurate.

I agree to provide additional information and/or documents to complete this form. I hereby authorize the company to obtain from my previous employers the information contained in the files concerning me that they have constituted, as well as from any other person to whom the company deems it necessary. address.

It is agreed that if I am hired, I will be subject to a trial period during which I may be fired without any appeal.

This certifies that this job application has been completed by me and that all data and information are true and complete to the best of my knowledge.

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Signature

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Date

Job application

