

9415 - 44th Street S.W., Calgary, Alberta, T2C 2P7  
 7794 - 47 Ave. Close, Red Deer, Alberta, T4P 2J9  
 12235 - 149th Street, Edmonton, Alberta, T5L 2J3



**Driver's Application for Employment**

Location applied for: (circle)  Calgary  Edmonton  Red Deer

Street Address

|      |          |             |
|------|----------|-------------|
| City | Province | Postal Code |
|------|----------|-------------|

In compliance with 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.

|                         |                                |
|-------------------------|--------------------------------|
| Position(s) Applied for | Date of Application (mm/dd/yy) |
|-------------------------|--------------------------------|

|           |            |             |                      |
|-----------|------------|-------------|----------------------|
| Last Name | First Name | Middle Name | Social Insurance No. |
|-----------|------------|-------------|----------------------|

List your previous addresses for the past 3 years.

|                        |               |
|------------------------|---------------|
| Current Street Address | Telephone No. |
|------------------------|---------------|

|      |          |             |          |
|------|----------|-------------|----------|
| City | Province | Postal Code | How Long |
|------|----------|-------------|----------|

Previous Street Address

|      |          |             |          |
|------|----------|-------------|----------|
| City | Province | Postal Code | How Long |
|------|----------|-------------|----------|

Previous Street Address

|      |          |             |          |
|------|----------|-------------|----------|
| City | Province | Postal Code | How Long |
|------|----------|-------------|----------|

|  |   |
|--|---|
| Are you legally eligible to work in Canada<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of Birth (mm/dd/yy) <small>Required for commercial drivers</small> |
|--|---|

|  |                               |
|--|-------------------------------|
| Have you worked for this company before?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please specify where. |
|--|-------------------------------|

|                          |                        |
|--------------------------|------------------------|
| Employed From (mm/dd/yy) | Employed To (mm/dd/yy) |
|--------------------------|------------------------|

|             |          |
|-------------|----------|
| Rate of Pay | Position |
|-------------|----------|

Reason for Leaving

Are you Bondable? Yes  No

Are you currently employed?  
 Yes  No  If no, how long since your last employment?

|                                      |                       |
|--------------------------------------|-----------------------|
| How did you find out about position? | Rate of Pay Expected? |
|--------------------------------------|-----------------------|

Is there any reason you might not be able to perform the functions of the job for which you have applied? Yes  No  If yes, please explain.

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**EMPLOYMENT HISTORY**

All drivers must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle in intrastate or shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (note: List employers from most recent. Add another sheet if necessary.

| Employer        |          |                      | Date (month/year)    |
|-----------------|----------|----------------------|----------------------|
| Employer 1:     |          |                      | From:            To: |
| Street Address: |          |                      | Position Held:       |
| City:           | Province | Postal Code          | Salary / Wage:       |
| Contact Person: |          | Telephone No. (    ) | Reason for Leaving:  |
| Employer 2:     |          |                      | From:            To: |
| Street Address: |          |                      | Position Held:       |
| City:           | Province | Postal Code          | Salary / Wage:       |
| Contact Person: |          | Telephone No. (    ) | Reason for Leaving:  |
| Employer 3:     |          |                      | From:            To: |
| Street Address: |          |                      | Position Held:       |
| City:           | Province | Postal Code          | Salary / Wage:       |
| Contact Person: |          | Telephone No. (    ) | Reason for Leaving:  |
| Employer 4:     |          |                      | From:            To: |
| Street Address: |          |                      | Position Held:       |
| City:           | Province | Postal Code          | Salary / Wage:       |
| Contact Person: |          | Telephone No. (    ) | Reason for Leaving:  |
| Employer 5:     |          |                      | From:            To: |
| Street Address: |          |                      | Position Held:       |
| City:           | Province | Postal Code          | Salary / Wage:       |
| Contact Person: |          | Telephone No. (    ) | Reason for Leaving:  |
| Employer 6:     |          |                      | From:            To: |
| Street Address: |          |                      | Position Held:       |
| City:           | Province | Postal Code          | Salary / Wage:       |
| Contact Person: |          | Telephone No. (    ) | Reason for Leaving:  |
| Employer 7:     |          |                      | From:            To: |
| Street Address: |          |                      | Position Held:       |
| City:           | Province | Postal Code          | Salary / Wage:       |
| Contact Person: |          | Telephone No. (    ) | Reason for Leaving:  |

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

|                   | Date | Nature of Accident (head-on, rear-end) | Fatalities | Injuries |
|-------------------|------|--|------------|----------|
| Last Accident     |      |  |            |          |
| Accident Previous |      |  |            |          |
| Accident Previous |      |  |            |          |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

| Location | Date (mm/dd/yy) | Charge | Penalty |
|----------|-----------------|--------|---------|
|          |                 |        |         |
|          |                 |        |         |
|          |                 |        |         |

**EDUCATION**

| Type        | Institution | # of years | Type of Course | Did you Graduate? |
|-------------|-------------|------------|----------------|-------------------|
| High School |             |            |                |                   |
| College     |             |            |                |                   |
| University  |             |            |                |                   |
| Other       |             |            |                |                   |

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

| Province | License No. | Type | Expiration Date |
|----------|-------------|------|-----------------|
|          |             |      |                 |
|          |             |      |                 |

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes  No  If yes, please provide details \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?

Yes  No  If yes, please provide details \_\_\_\_\_

**DRIVING EXPERIENCE (IF NONE WRITE NONE)**

| Class of Equipment       | Type of Equipment<br>(VAN, Tank, Flat, etc.) | Date |    | Approx No. of Miles |
|--------------------------|--|------|----|---------------------|
|                          |  | From | To |                     |
| Straight Truck           |  |      |    |                     |
| Tractor and Semi-Trailer |  |      |    |                     |
| Tractor - two trailers   |  |      |    |                     |
| Motorcoach - School Bus  |  |      |    |                     |
| Other (specify):         |  |      |    |                     |

List provinces operated in for the last five years.

Show special courses or training that will help you as a driver.

**EXPERIENCE AND QUALIFICATIONS - OTHER**

Show any trucking, transportation or other experience that may help in your work at this company.

List courses and training other than show elsewhere in this application.

List special equipment or technical materials you can work with. (other than those already shown)

Will hiring and future promotion decisions depend on the answer provided? If the answer is yes to any part of the question does it mean the individual is automatically screened out? The employer should be cautious not to automatically reject applicant before having assessed whether the applicant meets the requirements of position, otherwise the employer would be left exposed to a discrimination complaint for which the bonafide occupational requirement may not be established.  
 Note: The Canadian Human Rights Commission reviewed this application and made the previous comment.

To the extent that it would affect your ability to perform the job applied for, are you restricted at all to the use of:

If yes, please explain

|       |     |                          |    |                          |
|-------|-----|--------------------------|----|--------------------------|
| Eyes  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Arms  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Hands | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Legs  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Feet  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Back  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

| Name | Occupation | Address | Phone Number |
|------|------------|---------|--------------|
|      |            |         |              |
|      |            |         |              |

Do you have any objection to the company checking with your former employer(s) about your work habits and employment record?      Yes      No      If yes please explain, \_\_\_\_\_

During the past five years have you had to report to Workers' Compensation Board for assistance with a problem or injury which would effect your ability to perform the job for which you are applying?

Yes  No

Which safe driving awards do you hold and from whom?

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal. I understand also that if this application is for a driving position that I may be required to take a company administered road test from time to time at the company's request. Failure to satisfactorily complete this road test may disqualify me from or cause my dismissal. If this application is for a driving position, I hereby give my consent to the company to obtain a copy of my driving record from the appropriate government authority and should I be hired by the company it may undertake to obtain copies of my driving records and when they may require without further consent. I also authorize the Company and pdb, hereinafter referred to as their agent, to make such investigations and inquiries of my personal employment, criminal search, driving abstracts, drug test results from previous employers or their consortium or medical history and other related matters as may be necessary in arriving at an employment decision. If hired or contacted, this authorization shall remain on file and shall service as on-going authorization to re-check or report as deemed necessary at any time throughout my employment or contract period. I also agree to adhere to the policies and procedures of Duckering's Transport Ltd.

All information will maintained by Duckering's International Freight Services Inc. and will be held in confidence and will not be used for any other purpose but to obtain adequate information to determine employment eligibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Please attach a copy of your drivers abstract.**