



EMPLOYMENT APPLICATION FOR AZ DRIVERS ONLY

4041 North Service Road
Burlington, Ontario L7L 4X6
Tele: 905-331-8271
Fax: 905-315-2083

| | | | |
|-------------|------------|---------|-----------|
| NAME | First Name | Initial | Last Name |
|-------------|------------|---------|-----------|

| |
|--|
| ADDRESS (Street, City, Province, Postal Code) |
|--|

ADDRESS(ES) FOR THE PAST THREE YEARS

| | | |
|----|---|-----------|
| 1. | ADDRESS (Street, City, Province, Postal Code) | How Long? |
| 2. | ADDRESS (Street, City, Province, Postal Code) | How Long? |
| 3. | ADDRESS (Street, City, Province, Postal Code) | How Long? |

| | |
|--------------------------|------------------------------------|
| HOME PHONE NUMBER | CELL NUMBER (if applicable) |
|--------------------------|------------------------------------|

EXPERIENCE & QUALIFICATIONS – DRIVER (attach sheet if more space is needed)

LICENCES

| Driver Licences | Province / State | Licence Number | Type | Expiration Date <small>(mm / dd / yyyy)</small> |
|-----------------|------------------|----------------|------|--|
| | | | | |
| | | | | |
| | | | | |

- A. Have you ever been denied a licence, permit, or privilege to operate a motor vehicle? { Yes { No
 B. Has any licence, permit, or privilege ever been suspended or revoked? { Yes { No
If the answer to either A or B is yes, please attach a sheet giving details.

DRIVING EXPERIENCE

| Class of Equipment | Type of Equipment <small>(Van, Tank, Flat, etc.)</small> | From | To | Approximate Number of Miles (Total) |
|--------------------------|---|------|----|--|
| Straight Truck | | | | |
| Tractor and Semi-Trailer | | | | |
| Tractor and Two Trailers | | | | |
| Other | | | | |

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

| Dates <small>(mm / dd / yyyy)</small> | Nature of Accident <small>(Rear-end, Upset, etc.)</small> | Fatalities | Injuries |
|--|--|------------|----------|
| | | | |
| | | | |
| | | | |

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (other than parking violations)

| Dates <small>(mm / dd / yyyy)</small> | Location | Charge | Penalty |
|--|----------|--------|---------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY

(attach an additional sheet if more space is needed)

NOTE: Show ALL employment for the past three years and all Commercial Driving Experience for the past 10 years.

| | | | |
|---|-------------|-----------|-------------------------|
| EMPLOYER NAME (Last Employer) | | | |
| ADDRESS | | | TELEPHONE NUMBER |
| POSITION HELD | FROM | TO | SALARY |
| REASON(S) FOR LEAVING | | | |
| EMPLOYER NAME (Second Last Employer) | | | |
| ADDRESS | | | TELEPHONE NUMBER |
| POSITION HELD | FROM | TO | SALARY |
| REASON(S) FOR LEAVING | | | |
| EMPLOYER NAME (Third Last Employer) | | | |
| ADDRESS | | | TELEPHONE NUMBER |
| POSITION HELD | FROM | TO | SALARY |
| REASON(S) FOR LEAVING | | | |
| EMPLOYER NAME (Fourth Last Employer) | | | |
| ADDRESS | | | TELEPHONE NUMBER |
| POSITION HELD | FROM | TO | SALARY |
| REASON(S) FOR LEAVING | | | |

To Be Read and Signed by the Applicant

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND THE INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Today's Date _____ **Applicant's Signature** _____

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

AREA BELOW FOR OFFICE USE ONLY