



# Driver's Application for Employment

J-Line Transport Limited  
 4751 Christie Drive  
 Beamsville, ON, L0R 1B4

In compliance with Federal, State, and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, gender, national origin, age, marital status, or the presence of a non-job related medical condition or disability.

## Answer All Questions—Please Print Clearly

Date of Application			Position(s) Applied for:		
Name	Last:	First:	Middle:	SIN:	
Street Address:		City:	Prov:	Postal Code:	Phone:
Addresses for Past 3 Years	Street:	City:	Prov:	Postal Code:	
	Street:	City:	Prov:	Postal Code:	
	Street:	City:	Prov:	Postal Code:	
Do you have the legal right to work in the United States?		Date of Birth (MM/dd/YYYY)	Can you provide proof of age?		
Have you worked for this company before?		When? (From Date – To Date)			
Reason for Leaving?					
Are you now employed?		If not, when did you leave your last place of employment?			
Who referred you to J-Line Transport Limited?		Rate of Pay Expected			
<b>Physical History</b>					
Do you have any physical condition which may limit your ability to perform the job you are applying for?					
If yes, what can be done to accommodate your limitation?					
Would you be willing to take a physical examination?					

*Prospective drivers have the following rights:*

- The right to review information provided by previous employers
- The right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer
- The right to have a rebuttal statement attached to the alleged erroneous information should the previous employer disagree with the driver's corrections

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer		Date	
Name	From Mo. Yr.	To Mo. Yr.	
Address	Position Held		
City	Salary/Wage		
Contact Person	Phone	Reason for Leaving	
Were you subject to Federal Motor Carrier Safety Regulations (FMCSR)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the job designated a "safety sensitive function" and subject to alcohol and drug testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		Date	
Name	From Mo. Yr.	To Mo. Yr.	
Address	Position Held		
City	Salary/Wage		
Contact Person	Phone	Reason for Leaving	
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Were you subject to Federal Motor Carrier Safety Regulations (FMCSR)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the job designated a "safety sensitive function" and subject to alcohol and drug testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding

**Accident Record for Past 3 years or more (Attach Sheet If More Space Is Needed)**

	Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

**Traffic Convictions And Forfeitures For The Past 3 Years (Other Than Parking Violations)**

Location	Date	Charge	Penalty

(Attach Sheet If More Space Is Needed)

**EDUCATION**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: \_\_\_\_\_ (Name) \_\_\_\_\_ (City)

**EXPERIENCE AND QUALIFICATIONS—DRIVER**

	State	License Number	Type	Expiration Date
Driver Licenses				

- 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 EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**Driving Experience**

Class of Equipment	Type Of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approximate Number of Miles (Total)
Straight Truck <input type="checkbox"/>				
Tractor & Semi-Trailer <input type="checkbox"/>				
Tractor - Two Trailers <input type="checkbox"/>				
Other <input type="checkbox"/>				

List States Operated In For Last Five Years \_\_\_\_\_

Show Special Courses Or Training That Will Help You As A Driver: \_\_\_\_\_

Which Safe Driving Awards Do You Hold and From Whom? \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS—OTHER

Show Any Trucking, Transportation, or Other Experience That May Help In Your Work For This Company

List Courses and Training Other Than Shown Elsewhere in This Application

List Special Equipment or Technical Materials You Can Work With (Other Than Those Already Shown)

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by law.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name)

### PROCESS RECORD

Applicant Hired

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

Department: \_\_\_\_\_

Applicant Rejected

Point Employed: \_\_\_\_\_

Classification: \_\_\_\_\_

This Section To Be Filled In By Responsible Officer Or Company Representative

	Superior	Good	Fair	Below Average	Poor	Written Record On File
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Road Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Criminal and Traffic Convictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature of Interviewing Officer: \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

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

Department Released From: \_\_\_\_\_

Dismissed:

Voluntarily Quit:

Other:

Termination Report Placed In File:

Supervisor: \_\_\_\_\_