



1965 ROAD 3 EAST, KINGSVILLE, ON, N9Y 2E5
PO BOX 131, LEAMINGTON, ON, N8H 3W1

COMMERCIAL DRIVER'S APPLICATION FOR EMPLOYMENT

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

Date of Application: _____ Position(s) applied for: _____

Name: _____ Social Security # _____
Last First Middle

Phone: _____ Cell #: _____ Pager #: _____

Date of Birth: _____ Can you provide proof of age? _____
Month / Day / Year

RESIDENCY FOR THE PAST 5 YEARS

Current Address:

Street City State Postal Code / Zip How Long?

Prior Addresses:

Street City State Postal Code / Zip How Long?

Street City State Postal Code / Zip How Long?

Street City State Postal Code / Zip How Long?

Street City State Postal Code / Zip How Long?

Do you have the legal right to work in Canada? Yes No or USA? Yes No

Are you able to cross International Borders without restriction Yes No

Have you worked for this Company before? _____ Dates: From _____ to _____

Position: _____ Reason for leaving: _____

Are you now employed? _____

If not, how long since leaving last employment? _____ Who referred you? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes explain if you wish _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate/intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip.

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

*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.

+ The FMCSRs apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,000 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

NAME:	FROM:	TO:
ADDRESS:	POSITION:	
CITY/STATE/ZIP:	REASON FOR LEAVING:	
CONTACT/PHONE:		

Where you subject to the FMCSRs+ while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME:	FROM:	TO:
ADDRESS:	POSITION:	
CITY/STATE:	REASON FOR LEAVING:	
CONTACT/PHONE:		

Where you subject to the FMCSRs+ while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME:	FROM:	TO:
ADDRESS:	POSITION:	
CITY/STATE:	REASON FOR LEAVING:	
CONTACT/PHONE:		

Where you subject to the FMCSRs+ while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME:	FROM:	TO:
ADDRESS:	POSITION:	
CITY/STATE:	REASON FOR LIVING:	
CONTACT/PHONE:		

Where you subject to the FMCSRs+ while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME:	FROM:	TO:
ADDRESS:	POSITION:	
CITY/STATE:	REASON FOR LIVING:	
CONTACT/PHONE:		

Where you subject to the FMCSRs+ while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME:	FROM:	TO:
ADDRESS:	POSITION:	
CITY/STATE:	REASON FOR LIVING:	
CONTACT/PHONE:		

Where you subject to the FMCSRs+ while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

ACCIDENT RECORD – for past 5 years (attach sheet if more space is needed) If none, write none.

DATES	DESCRIPTION (HEAD ON, REAR END, ETC)	INJURIES/FATALITIES/HAZMAT SPILL

TRAFFIC CONVICTIONS AND FORFEITURES - for past 3 years (other than parking violations) If none, write none.

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all drivers licenses or permits held in the past 3 years.

STATE	LICENCE #	TYPE	EXPIRATION DATE

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 revoked or suspended? Yes No

If the answer to either A or B is yes, please give details: _____

Driving Experience Yes No

CLASS	TYPE (VAN, TANK, ETC.)	DATE FROM	DATE TO	# OF MILES TOTAL
STRAIGHT TRUCK				
TRACTOR TRAILER				
SCHOOL BUS/COACH				
OTHER				

List all states operated in for last 5 years: _____

List additional courses, training, experience that will help you as a driver: _____

Which Safe Driving Awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

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

List courses and training other than listed elsewhere in this application:

List special equipment or technical materials you can work with other than those already shown:

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: _____

TO BE READ AND SIGNED BY APPLICANT

I acknowledge that I completed this application myself, and that all entries/information are true and complete to the best of my knowledge.

I authorize M Pearce Trucking Ltd.. to make such investigations/inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if after a conditional offer of employment has been extended). I 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 to abide by all rules and regulations of M Pearce Trucking Ltd.. as permitted by law.

I also acknowledge that I shall not be a holder of more than 1 driver license.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e). I understand that I have a right to:

- review information provided by previous employers
- have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

_____ Date _____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED - YES NO IF NO, EXPLAIN _____

DATE EMPLOYED _____ (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYEMENT

Date Terminated - _____

Dismissed - _____

Voluntarily Quit - _____

Other - _____

Termination Report Place in File - _____

Supervisor - _____