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Driver Application

IN COMPLIANCE WITH FEDERAL AND STATE 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.

DATE OF APPLICATION: POSITION APPLIED FOR:

NAME: FIRST MIDDLE LAST

ADDRESS:

PHONE NUMBER(s) ( H ) ( C )

DATE OF BIRTH : DRIVERS LICENCE # PROVINCE :

SOCIAL INSURANCE NUMBER :

HAVE YOU WORKED FOR THIS COMPANY BEFORE ? WHERE ? WHEN ?

REASON FOR LEAVING ?

HAVE YOU EVER BEEN CONVICTED OF A FELONY ? IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER . Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

ARE YOU EMPLOYED NOW ? WHEN ARE YOU AVAILABLE TO START ?

WHO REFERED YOU ? RATE OF PAY EXPECTED ?

PLEASE ENCLOSE CURRENT DRIVERS ABSTRACT WITH APPLICATION. ( no more than 7 days old )

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED FOR ? \_\_\_\_\_

IF YES, PLEASE BRIEFLY EXPLAIN : \_\_\_\_\_

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CAN YOU CROSS THE BORDER ? \_\_\_\_\_

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU LEGALLY ABLE TO DRIVE COMMERCIALY IN THE UNITED STATES ? \_\_\_\_\_

DO YOU HAVE A VALID PASSPORT ? \_\_\_\_\_

DO YOU HAVE A BC PORT PASS ? \_\_\_\_\_

IF YES, PORT PASS # \_\_\_\_\_ EXPIRE: \_\_\_\_\_

DO YOU HAVE A FAST CARD ? \_\_\_\_\_

IF YES, FAST CARD # \_\_\_\_\_ EXPIRE : \_\_\_\_\_

DO YOU HAVE A US TWIC PORT PASS ? \_\_\_\_\_

IF YES, PORT PASS # \_\_\_\_\_ EXPIRE: \_\_\_\_\_

DO YOU HAVE ANY OBJECTION TO PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING ? \_\_\_\_\_

IF YES, PLEASE EXPLAIN : \_\_\_\_\_

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**NOTE: A DRUG & ALCHOL TEST IS MANDATORY FOR EMPLOYMENT**

LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION THAT MAY HELP IN YOUR WORK FOR THIS COMPANY :

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SHOW ANY TRUCKING , TRANSPORTATION OR OTHER EXPERIENCE OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION THAT THAT MAY HELP IN YOUR WORK FOR THIS COMPANY :

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS THAT YOU CAN WORK WITH OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION THAT THAT MAY HELP IN YOUR WORK FOR THIS COMPANY :

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### Employment History

	EMPLOYER	DATE	
		FROM : month / year	TO: month / year
NAME			
ADDRESS			
CITY			
		SALARY / WAGE :	
CONTACT		POSITION:	
PHONE #		REASON FOR LEAVING:	
	EMPLOYER	DATE	
		FROM : month / year	TO: month / year
NAME			
ADDRESS			
CITY			
		SALARY / WAGE :	
CONTACT		POSITION:	
PHONE #		REASON FOR LEAVING:	
	EMPLOYER	DATE	
		FROM : month / year	TO: month / year
NAME			
ADDRESS			
CITY			
		SALARY / WAGE :	
CONTACT		POSITION:	
PHONE #		REASON FOR LEAVING:	
	EMPLOYER	DATE	
		FROM : month / year	TO: month / year
NAME			
ADDRESS			
CITY			
		SALARY / WAGE :	
CONTACT		POSITION:	
PHONE #		REASON FOR LEAVING:	
	<b>PERSONAL REFERENCES</b>		
COMPANY :		CONTACT :	
PHONE # :		FAX # :	
COMPANY :		CONTACT :	
PHONE # :		FAX # :	
COMPANY :		CONTACT :	
PHONE # :		FAX # :	

**ACCIDENTS:**

	DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS ( OTHER THAN PARKING VIOLATIONS )**

LOCATION	DATE	CHARGE	PENALTY

**EDUCATION :**

HIGHEST GRADE COMPLETED: \_\_\_\_\_

COLLEGE : \_\_\_\_\_

LAST SCHOOL ATTENDED : \_\_\_\_\_

**EXPERIENCE & QUALIFICATIONS - DRIVER :**

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER				
LICENCES				

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE ? \_\_\_\_\_

HAS ANY LICENSE , PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED ? \_\_\_\_\_

**IF THE ANSWER TO EITHER OF THESE QUESTIONS IS YES , PLEASE EXPLAIN:**


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**DRIVING EXPERIENCE :**TYPES OF  
EQUIPMENT: \_\_\_\_\_

LIST PROVINCES / STATES OPERATED IN FOR THE LAST FIVE YEARS:

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SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER :

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WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM ?

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**TO BE READ & SIGNED BY APPLICANT :**

THIS CERIFIES 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 INQUIRES OF MY PERSONAL, EMPLOYMENT , FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NESSASARY IN ARRIVING AT AN EMPLOYMENT DECISION. ( Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS AND OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION 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 ADBIDE BY ALL RULES AND REGULATIONSOF THE COMPANY.

\_\_\_\_\_ DATE \_\_\_\_\_ APPLICANT SIGNATURE

**TO BE COMPLETED BY COMPANY REPRESENTATIVE:**

**PROCESS RECORD:**

APPLICANT HIRED : \_\_\_\_\_ APPLICANT REJECTED : \_\_\_\_\_

DATE EMPLOYED : \_\_\_\_\_ POSITION : \_\_\_\_\_

	Superior	Good	Fair	Poor	Misc Notes:
Application					
Interview - 1					
Interview - 2					
Past Employment					
Road Test					
Traffic Convictions					
Criminal Convictions					

**TERMINATION OF EMPLOYMENT :**

DATE TERMINATED: \_\_\_\_\_

VOLUNTARY QUIT : \_\_\_\_\_ OTHER: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

To be completed by the below applicant if hired:

NAME: \_\_\_\_\_  
                    FIRST                    MIDDLE                    LAST

ADDRESS : \_\_\_\_\_  
                    \_\_\_\_\_

PHONE NUMBER(s) ( H ) \_\_\_\_\_ ( C ) \_\_\_\_\_

**Emergency Contact info :**

1) \_\_\_\_\_  
                    Name                    Relationship

Address : \_\_\_\_\_

Phone # : \_\_\_\_\_ Alternate # : \_\_\_\_\_

2) \_\_\_\_\_  
                    Name                    Relationship

Address : \_\_\_\_\_

Phone # : \_\_\_\_\_ Alternate # : \_\_\_\_\_

3) \_\_\_\_\_  
                    Name                    Relationship

Address : \_\_\_\_\_

Phone # : \_\_\_\_\_ Alternate # : \_\_\_\_\_