



# DRIVER'S APPLICATION

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Name of Carrier: SERVICE PRO TRUCK LINES**

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, or any other protected group status.

**Note:** Please attach original or copies of the following documents: Copy of your Driver's License – Current Drivers Abstract and CVOR Drivers Abstract (no older than 30days). US Drivers also include Current Police Clearance (no older than 30 days) or an I-94 Card with your waiver - WSIB Account Number (if applicable) –FAST Card.

### TO BE READ AND SIGNED BY APPLICANT

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. (Generally, inquiries 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 abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 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 rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED:  REJECTED:   
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACE IN FILE)

DATE EMPLOYED: \_\_\_\_\_ TERMINAL EMPLOYED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

SIGNATURE OF INTERVIEWING OFFICER: \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_

DISMISSED:  VOLUNTARILY QUIT:  OTHER:

TERMINATION REPORT PLACED IN FILE:  SUPERVISOR: \_\_\_\_\_

Position Applied For: Van  Flatbed  Company Driver  Owner Operator

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SIN#: \_\_\_\_\_ (required for Truck Drivers) Year Month Day

Current Address: Street: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ Fax: _____ Cell phone: _____ Email address: _____
List your addresses of residency for the past 5 years. Street: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ How Long? ____ Street: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ How Long? ____ Street: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ How Long? ____

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

What is your current Citizenship? \_\_\_\_\_ Do you have a Work Visa: \_\_\_\_\_

Can you legally cross the US/Canadian Border? Yes / No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you worked for this company before: Yes / No

If (yes) dates from: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you currently employed: Yes / No

If (no) how long since leaving your last employment \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Who referred you?: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes / No

If (Yes) please explain.  
\_\_\_\_\_  
\_\_\_\_\_

List your employment history for the past 10 years starting with the most current.  
 All time for the past 10 years must be accounted for even if you were unemployed.

EMPLOYER		DATE	
NAME:		FROM: MO: YR:	TO: MO: YR
ADDRESS:		POSITION HELD:	
CITY:	PROV. POSTAL CODE:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY –SENSITIVE FUNCTION IN ANY DOT-REGULATED MADE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM: MO: YR:	TO: MO: YR
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CITY:	PROV. POSTAL CODE:	SALARY/WAGE:	
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### Education

Highest grade completed: \_\_\_\_\_ College: \_\_\_\_\_

Last school attended:

\_\_\_\_\_

Name

City

### Experience & Qualifications

Driver's Licence#: \_\_\_\_\_

Province: \_\_\_\_\_

Type/Class: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Please report **ALL** collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years. (Attach sheet if more space is needed).

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Please report **ALL** traffic convictions, citations and forfeitures for the past 3 years (other than parking violations). (Attach sheet if more space is needed).

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Have you ever been denied a license or permit to operate a motor vehicle? **Yes / No**  
 Has any license or permit ever been suspended or revoked? **Yes / No**

**IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES PLEASE ATTACH A STATEMENT GIVING DETAILS!**

**Driving Experience:**

Straight Truck:	
Type of Equipment (van, reefer, flat etc): _____	
Dates from: _____	To: _____
Estimated # of Miles: _____	

Tractor & Semi-Trailer:	
Type of Equipment (van, reefer, flat etc): _____	
Dates from: _____	To: _____
Estimated # of Miles: _____	

Tractor & Two Trailers:	
Type of Equipment (van, reefer, flat etc): _____	
Dates from: _____	To: _____
Estimated # of Miles: _____	

Other (Please specify):

List states & provinces operated in for the 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:

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

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 understand, also, that I am required to abide by all rules and regulations of the Company. For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records.

Except as provided for herein, or with your prior consent, the Company shall not use the information gathered on me for any other purpose.

TO DRIVER:

Please note that the information provided in this Application may be used and your previous employer will be contacted for the purpose of investigating your safety performance history information as per paragraphs (a) and (e) of FMSCR Reg. 391.23. You have a right to see the information provided by your previous employer and can do so by submitting a written request.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



**Request for Information from Previous Employer**

\_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Former Employer)

You are hereby authorized to give **Service Pro Truck Lines Ltd.**

all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature of Driver)

\*\*\*\*\*

FROM: SERVICE PRO TRUCK LINES LTD.

TO (PREVIOUS EMPLOYER): \_\_\_\_\_

PREVIOUS EMPLOYER ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ CONTACT POSITION: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX # \_\_\_\_\_

DATE: \_\_\_\_\_ SIN#: \_\_\_\_\_

RE: \_\_\_\_\_ has made application to this company for a position as a commercial AZ Driver and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience, you may reply via facsimile to (905) 564-5804 or scan and e-mail to smckenzie@sprucklines.com.

Please circle the following information:

Was this driver mainly in: US CDN Long haul Single Team O/O O/Dr

TYPE OF EQUIPMENT: Van Reefer Flat-bed Tandem Other: \_\_\_\_\_

MOUNTAIN EXPERIENCE: **Yes**  **No**

1. Is the employment record with your company correct as stated above? **Yes**   
**No**
2. Was the applicant a safe and efficient driver? **Yes**  **No**
3. Was the applicant's general conduct satisfactory? **Yes**  **No**
4. Is the applicant competent for the position sought? **Yes**  **No**
5. Did the applicant drink any alcoholic beverages while on duty? **Yes**  **No**
6. Reason for leaving your employ? **Discharged**  **Laid off**  **Resigned**   
**Quit**

ANY CURRENT LICENCE RESTRICTIONS OR SUSPENSIONS, you are aware of: **Yes**   
**No**



Did the driver have any CVOR/MVR TICKETS: **Yes**  **No**  If yes, details: \_\_\_\_\_

**COLLISIONS:** Complete the following for any collisions included on your register that involved the applicant in the last 3 years. If there were no collisions check here [ ]

<b>Date:</b>	<b>Injuries</b>	<b>Preventable</b>	<b>Under 5,000</b>
_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
_____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

**CARGO CLAIMS:** **Yes**  **No**  **Under 5,000** **Yes**  **No**

**DETAILS:** \_\_\_\_\_

**WORKPLACE INJURIES:** **Yes**  **No**  **Time lost from work** **Yes**  **No**

**DETAILS:** \_\_\_\_\_

**DRUG TESTING PROGRAM:** **Yes**  **No**  **CONTACT NAME:** \_\_\_\_\_

Please rate this applicant on these areas. (1) Excellent (2) Satisfactory (3) Poor

<b>Performance</b>		<b>Comments</b>
Timeliness	1 2 3	_____
Attitude	1 2 3	_____
Personal Appearance	1 2 3	_____
Cooperation with Fellow Workers	1 2 3	_____
Follows Instructions	1 2 3	_____
Dependability	1 2 3	_____
Safety habits	1 2 3	_____
Customer Courtesy	1 2 3	_____

<b>Equipment</b>		<b>Comments</b>
Handling of equipment	1 2 3	_____
Care/ Proper Inspection	1 2 3	_____
Cleanliness of vehicle	1 2 3	_____
Driving Skill	1 2 3	_____
Compliance with regulations	1 2 3	_____
Paperwork	1 2 3	_____
Logbook Management	1 2 3	_____

**WOULD YOU REHIRE:** **Yes**  **No**

If terminated, reason for termination: \_\_\_\_\_

**FURTHER COMMENTS:**

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***OWNER OPERATOR EQUIPMENT INFORMATION***

***TRUCK***

Make & Model: \_\_\_\_\_

Year: \_\_\_\_\_

Weight; \_\_\_\_\_

Fuel Capacity: \_\_\_\_\_ ABS: Yes / No

Wheelbase: \_\_\_\_\_ Jake Brake: Yes / No

Engine: \_\_\_\_\_ 5<sup>th</sup> Wheel Height: \_\_\_\_\_  
(inch)

Payments: \_\_\_\_\_ Are They Current? Yes / No

Financing Held by: \_\_\_\_\_ Until: \_\_\_\_\_