

# DRIVER APPLICATION FOR EMPLOYMENT



If not applying in person please mail or fax this Application form, your resume, and copy of current Drivers abstract to: Box 27 Skookumchuck BC, V0B 2E0 Fax: (250) 422-3545

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

## Contact Information

Name: \_\_\_\_\_

surname, given name, middle name or initials

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

Street or box City

Province/State Postal/Zip code

Phone: \_\_\_\_\_

Home Mobile

Email: \_\_\_\_\_

What led you to apply at Glen Transport?  
(friend, radio or newspaper ad, web site, etc) \_\_\_\_\_

## Drivers License / Qualifications

License Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Province Issued: \_\_\_\_\_ Highest Class: \_\_\_\_\_

Please check the driving qualifications as they apply to your license

Air Brake Endorsement

Transportation of Dangerous Goods

First Aid Certificate

Extended Combinations Endorsement

\_\_\_\_\_

Are you bondable? ..... Yes No

Are you able to cross US border? ..... Yes No

Will you consent to mandatory drug tests? ..... Yes No

Rate of pay Expected: \_\_\_\_\_



## Employment History

Please provide the following information for all driving related work history starting with the most recent.

**Or**

Attach your resume that contains all driving related work history.

Company:		
Address:	From: mo: yr:	To: mo: yr:
City: Province: Postal Code:	Position:	
Contact Person:	Salary/wage:	
Phone Number:	Reason for leaving:	

Company:		
Address:	From: mo: yr:	To: mo: yr:
City: Province: Postal Code:	Position:	
Contact Person:	Salary/wage:	
Phone Number:	Reason for leaving:	

Company:		
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Company:		
Address:	From: mo: yr:	To: mo: yr:
City: Province: Postal Code:	Position:	
Contact Person:	Salary/wage:	
Phone Number:	Reason for leaving:	

## Driving Experience

Please fill in the equipment experience you have starting with the most recent

Class of Equipment (straight truck, 1 trailer, train)	Type of Equipment (van, tank, deck, etc)	Dates		Approximate Mileage
		From	To	

List Provinces, States, or Territories you have operated in within the last 5 years:

List any courses and training:

List Special Equipment or materials you can work with:

List any Safe driving awards and whom you received them from:

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 Glen Transport to make such investigations and inquires 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 inquires 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 Glen Transport, as permitted by Law.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

To complete your application you must:

- Simply sign and date the bottom of the employer information form (next page).
- Fill out and sign the top portion of the Driver Record Search release form (last page).





\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax: (250) 422-3545

Phone: (250) 422-3535

**Attention:** \_\_\_\_\_

Dear Sir or Madam:

The below named individual has made application to Glen Transport for a position as truck driver and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ .

We appreciate your time in completing, in confidence, the information requested below.

Sincerely,

HR Manager

Name of Applicant: \_\_\_\_\_ Social Ins No: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Employed as \_\_\_\_\_ at wage or salary \_\_\_\_\_

Did he/she drive a motor vehicle for you? \_\_\_\_\_

If yes please indicate the type of vehicle driven: \_\_\_\_\_

Was he/she a safe and efficient driver? \_\_\_\_\_

What was the reason for leaving your employ? \_\_\_\_\_

\_\_\_\_\_

Was his/her general conduct satisfactory? \_\_\_\_\_

Please advise history of past driving record if available for past three years:

Would you rehire the above named applicant? \_\_\_\_\_

I hereby authorize you to release the above information to Glen Transport for the purposes of investigation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



# Driver Record Search Release Form

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

I hereby authorize Glen Transport to request a search of my driving record based on the information available at the Ministry of Transportation.

Check Appropriate box(es)

Driver (complete driving record covering three year period)

Driver (while driving Commercial Motor Vehicles only – C.V.O.R.)

Certified copy of each search for legal purposes

The information is requested:

As part of a Driver application for Employment as a Commercial Motor/Vehicle Driver

Other \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Drivers Name: \_\_\_\_\_

Surname, given name and initials

Street no and Name or Lot Concession & township

Apt No

City, Town, Village, R.R.

Postal Code

Previous Address - Street no and Name or Lot Concession & township

Previous Address - City, Town, Village, R.R.

Postal Code

Driver Applicant's Signature

Date

The above named driver-applicant has applied for a position with this company.

The information received from the Ministry of Transportation will be used for the purposes of qualifying the person for the job applied for.

\_\_\_\_\_  
HR Manager

