



# DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

In compliance with Federal and Provincial equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status or non-job related disability.

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE SIN#

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**List addresses for past 5 years beginning with most recent:**

Address: \_\_\_\_\_  
# and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Address: \_\_\_\_\_  
# and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Address: \_\_\_\_\_  
# and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Do you have the legal right to work in Canada and the United States? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers) Year Month Day

Have you worked for Connors before? \_\_\_\_\_ Where / In what capacity? \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay Expected: \_\_\_\_\_

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Is there any reason you might be unable to perform the functions of the job you have applied for? YES [ ] NO [ ]

If yes, please explain: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 5 years.

NOTE: Add another sheet if necessary.

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
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Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? Y [ ] N [ ]  
IF NO, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE REASON BELOW.



## EXPERIENCE AND QUALIFICATIONS

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	CHARGES	INJURIES/FATALITIES
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS, CITATIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

### EDUCATION

CIRCLE THE 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

DRIVER LICENCES	PROV / STATE	LICENCE NO.	TYPE	EXPIRATION DATE	

**A:**    Have you ever been denied a licence, permit or privilege to operate a motor vehicle?    YES [ ]    NO [ ]

**B:**    Has any licence, permit or privilege ever been suspended or revoked?    YES [ ]    NO [ ]

*If the answer to either A or B is YES, attach a statement giving details.*

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX # OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

LIST PROVINCES/STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING TAKEN 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:

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

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### 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 enquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, enquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers, and other persons from all liability in responding to enquiries 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 further understand that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature**

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_

REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

(If rejected, summary report of reasons should be placed in file)

### THIS SECTION TO BE COMPLETED BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal / Traffic Convictions						

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

### TRANSFERS

FROM: _____	TO: _____	FROM: _____	TO: _____
DATE: _____		DATE: _____	
REASON FOR TRANSFER: _____		REASON FOR TRANSFER: _____	

### TERMINATION OF EMPLOYMENT

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

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

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



REFERENCE CHECKING FORM

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

Reference Company: \_\_\_\_\_ Contact name: \_\_\_\_\_

Employment dates: \_\_\_\_\_ to \_\_\_\_\_

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

What gear transmission did he/she operate? \_\_\_\_\_

What type of truck did he/she drive? \_\_\_\_\_

What were the primary driving locations? \_\_\_\_\_

Was he/she enrolled into the company drug & alcohol pool?  YES /  NO

If YES what is the fax number for your D&A administrator to complete D&A forms? \_\_\_\_\_

How was his/her working relationship with colleagues/management? Is he Re-hireable?  
\_\_\_\_\_  
\_\_\_\_\_

Did he/she have any accidents, convictions, violations or load claims?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was his/her general attitude towards work?  
Others? \_\_\_\_\_  
\_\_\_\_\_

Was he/she generally prompt for reporting to work? Deliveries? Driving?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did the employee do with logbooks and company paperwork?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to release employment related information to Connors Transfer Limited as required by FMCSR 391.23 and release you from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Company Rep completing reference check signature (PRINT & SIGN)



ISO 9001  
QMI-SAI Global

# The Occupational Health & Safety Specialists

101 Ilsley Avenue, Suite 5A      Ph: 800-294-2971      Website - www.ecmm.ca  
Darmouth, NS B3B 1S8      Fax: 800-620-4784      Email - ecmm@ecmm.ca

## Release of Information Form

**Section I.** To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed Name: \_\_\_\_\_

Employee SSN or ID Number: \_\_\_\_\_

I hereby authorize the release of information from my DOT regulated drug and alcohol testing records by my previous employer listed in Section I-A to the employer listed in Section I-B. This release is in accordance with DOT regulation 49 CFR Part 40, Sec. 40.25 and FMCSR Part 382, Sec. 382.301(b). I understand that information to be released in Section II-A by my previous employer is limited to the following items for the past three years:

1. Alcohol test results with a result of 0.04 or higher;
2. Verified positive controlled substance testing;
3. Refusal to be tested for controlled substance or alcohol;
4. Date last tested for controlled substance and result (if applicable);
5. Inclusive dates for participation in the employer's random drug and alcohol testing program;
6. Other violations of DOT agency drug and alcohol testing regulations;
7. Documentation, if any, of completion of the return-to duty process following a rules violation;
8. Information obtained from previous employers of a drug and/or alcohol violation.

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

### **Section I-A.**

Previous Employers Name: \_\_\_\_\_

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

\_\_\_\_\_

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

### **Section I-B.**

New Employers Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*