



APPLICATION FORM (please answer all questions)

In compliance with the Federal and State equal employment opportunity laws, qualified applications are considered for all positions with out regard to race, color, religion, sex, national origin, age, marital status, or the presence of non job related medical condition or handicap.

Position(s) Applied for Company Driver Owner/Operator

PERSONAL HISTORY

Name (first) _____ (middle) _____ (last) _____

Address _____ City _____

State/Province _____ Postal/Zip Code _____ Social Security Number _____

Home Phone _____ Cell Phone _____ Email _____

How long have you lived at the address above? _____ (If less than 3 years, please list previous address below)

Address _____ City _____

State/Province _____ Postal/Zip Code _____ Date of Birth _____ Can you supply proof of age? Yes No

In case of emergency notify _____ Telephone _____ Are you FAST approved? Yes No

Have you worked for this company before? Yes No If yes, when (from-to) _____ Where? _____

Rate of Pay _____ Position _____ Reason for leaving _____ Are you employed now? Yes No

If not, how long since leaving last employer? _____ Who referred you? _____ Rate of pay expected _____

PHYSICAL HISTORY

List any handicap that prevents you from doing certain types of work _____

_____ Are you physically capable of heavy work? Yes No

Have you ever been injured on the job? Yes No Give the nature and degree of your injuries _____

_____ How much time have you lost from work

in the past 3 years from illness? _____ Would you be willing to take a physical examination? Yes No

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employees during the preceding three years.

Applicants to drive commercial motor vehicles in intrastate or interstate commerce shall also provide an additional seven years of information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent.)

Employer Name _____ Date (from-to) _____ Position _____

Address _____ City _____ State/Province _____

Postal/Zip Code _____ Phone _____

Employer Name _____ Date (from-to) _____ Position _____

Address _____ City _____ State/Province _____

Postal/Zip Code _____ Phone _____

Employer Name _____ Date (from-to) _____ Position _____

Address _____ City _____ State/Province _____

Postal/Zip Code _____ Phone _____

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size of vehicle used to transport hazardous materials in a quantity required placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Last Accident (Description) _____
Date _____ Nature of Accident: Head on Rear end Roll over Fatalities: Yes No Injuries: Yes No
Next Previous Accident (Description) _____
Date _____ Nature of Accident: Head on Rear end Roll over Fatalities: Yes No Injuries: Yes No
Next Previous Accident (Description) _____
Date _____ Nature of Accident: Head on Rear end Roll over Fatalities: Yes No Injuries: Yes No
Traffic convictions and forfeitures for the past 3 years (other than parking violations)
Location _____ Date _____ Charge/Penalty _____
Location _____ Date _____ Charge/Penalty _____
Location _____ Date _____ Charge/Penalty _____

EDUCATION

Highest Grade Completed _____ School Attended _____ City _____

EXPERIENCE AND QUALIFICATIONS (DRIVER)

State/Province _____ Licence # _____ Type _____ Expiration _____
State/Province _____ Licence # _____ Type _____ Expiration _____
Have you ever been denied a licence, permit or privilege to operate a motor vehicle? Yes No
Has any licence permit or privilege ever been suspended or revoked? Yes No
If the answer to either is yes, please give details _____

DRIVING EXPERIENCE

Class of Equipment: STRAIGHT TRUCK
Type of Equipment _____ Dates (from-to) _____ Approx. Total Distance (miles) _____
Class of Equipment: TRACTOR AND SEMI TRAILER
Type of Equipment _____ Dates (from-to) _____ Approx. Total Distance (miles) _____
Class of Equipment: TRACTOR-TWO TRAILERS
Type of Equipment _____ Dates (from-to) _____ Approx. Total Distance (miles) _____
Class of Equipment: Other _____
Type of Equipment _____ Dates (from-to) _____ Approx. Total Distance (miles) _____
List States operated in for the last 5 years _____
List special courses or training that will help you as a driver _____
Which safe driving awards do you hold and from whom? _____
Describe any trucking, transportation or other experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____
List special equipment or technical material you can work with (other than already shown) _____
Additional information _____

TO BE READ AND AUTHENTICATED BELOW

This certifies that I completed this application and that all entries on it and information in it are true and completed to the best of my knowledge. 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 a decision and I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. 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, as permitted by law.

Date _____ Applicant _____

Please mail/fax this form in confidence to: Verspeeten Cartage Ltd. P.O. Box 247, Ingersoll, ON N5C 3K5
Phone: 1-800-265-6701 ext 240 Fax: (519) 425-4962