

DRIVER'S APPLICATION FOR EMPLOYMENT

Boot Trucking LTD.

Box 1779

Fort MacLeod, AB T0L0Z0

FAX Completed Application and Documents to 1(403)553-4681

In compliance with federal employment equity laws, qualified applicants are considered for all positions without regard to race, colour, religion, gender, national origin, age, marital status, or non-job related disabilities.

Date of Application _____
Position Applied for _____
Last Name _____ First Name _____
SIN# _____
Street Address _____

City _____ Province _____ Postal Code _____

Phone Number _____

Alternate Phone _____

Are you legally entitled to work in Canada? _____

Date of Birth ____/____/____ Proof of Age _____
MM DD YYYY

Have you ever worked for Boot Trucking in the past? _____

If yes, dates _____

Reason for leaving _____

Are you legally entitled to enter the USA? _____

Where did you hear of the position you are applying for? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If Yes, please explain _____

Have you been in receipt of WCB benefits within the last 5 years? _____ If yes, explain _____

EMPLOYMENT HISTORY

All driver applicants to drive must provide the following information on all employers during the preceding three years.

Note: List employers in reverse order starting with the most recent.

Company Name: Fax #:
Contact Name: Phone #:
City: Province: Postal Code:
Employment Position:
Salary: Date Started: Date Finished:
Reason for leaving:
Company Name: Fax #:
Contact Name: Phone #:
City: Province: Postal Code:
Employment Position:
Salary: Date Started: Date Finished:
Reason for leaving:
Company Name: Fax #:
Contact Name: Phone #:
City: Province: Postal Code:
Employment Position:
Salary: Date Started: Date Finished:
Reason for leaving:
Company Name: Fax #:
Contact Name: Phone #:
City: Province: Postal Code:
Employment Position:
Salary: Date Started: Date Finished:
Reason for leaving:
Company Name: Fax #:
Contact Name: Phone #:
City: Province: Postal Code:
Employment Position:
Salary: Date Started: Date Finished:
Reason for leaving:

Company Name: Fax #:
Contact Name: Phone #:
City: Province: Postal Code:
Employment Position:
Salary: Date Started: Date Finished:
Reason for leaving:

Accident Record for past 3 years or more (attach sheet if more space is needed)

DATES Nature of Accident
(Head-on, Rear-end, Upset, Fatality etc)

Last Accident
Next Previous
Next Previous
Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)
Location Date Charge Penalty

(Attach sheet if more space is needed)

EDUCATION

Circle 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
License No. Type
Expiration Date
Driver

Licenses

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes _____ No _____
B. Have any license, permit or privilege ever been suspended or revoked?
Yes _____ No _____
If the answer to either A or B is yes, attach statement giving details.
Driving Experience
Class of Equipment Type of Equipment
(Van, Tank, Flat, Etc)
Straight Truck
Tractor and Semi-Trailer
Tractor and Two Trailers
Other
List provinces operated in for last five (5) years

EXPERIENCE AND QUALIFICATIONS – OTHER

List courses and training other than shown elsewhere in this application

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

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 knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters 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 the company, as permitted by Law.

Date Applicant's Signature

REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize you to release the following information to Boot Trucking for purposes of investigation as required by Section 391.23 and part 282 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Date)

(Applicant's Signature)

Dear Sir/Madam:

The below named individual has made application to this company for a position as a _____ and states that he/she was employed by you as a _____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely,

Name of Applicant: _____
1. Employed from _____ to _____ as _____ at wage or salary of _____.
2. Did he/she drive motor vehicle for you? _____, Straight Truck? _____, Tractor Semi-trailer? _____, Bus? _____. Other (Specify) _____
3. Was he/she a safe and efficient driver _____
4. Reason for leaving your employ: Discharged; yes/no Resignation; yes/no Lay Off: yes/no
5. Was his/her general conduct satisfactory? _____
6. Please advise history of past driving record if available for past three years _____
7. Has this person ever tested positive for a controlled substance in the last three years?*
8. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.004 or greater in the last 3 years?*
9. Has this person ever refused a required test for drugs or alcohol in the last three years?*
*Please include information received from other previous employers.

**To ensure prompt processing of your application
please include the following:**

Completed Application

Current Driver's Abstract (Not More than 30 days old)

Current Criminal Record Check (Not More than 60 days old)

Photocopy of Commercial Driver's License (Front and Back)

Photocopy of one of the following:

- FAST Card (Front and Back)
- Birth Certificate (Front and Back)
- Valid Passport (Photo Page Only)

Thank you for your interest in Boot Trucking LTD.