

DRIVER APPLICATION FORM Please print neatly



Personal information

Name _____

Last

First

Initials

Address _____

Street

City

Province

Postal Code

How long at this address? _____

Telephone _____ Cell _____

Email _____

Are you interested in Full Time or Part Time work? Fulltime Part time

Do you have a valid Class 1 Drivers License? Yes No

Are you eligible to cross into the U.S.? Yes No

Would you be willing to work weekends? Yes No

Are you currently employed? Yes No

When are you available to start work? _____

Day/Month/Year

Experience

<i>Class of equipment</i>	<i>Type of equipment</i>	<i>Years Experience: From (date) To(date)</i>	<i>Approx # of Kms/miles</i>
Truck & Trailer (Straight & Triple Axles)			
Truck & Trailer (Super B)			
Other			
Other			

Have you ever been denied a license to operate a motor vehicle ? yes No

Has your license ever been suspended or revoked? Yes No

Employment Record

Last Employer:

Name: _____

Address: _____

Position Held: _____

Length of employment: From: _____ To: _____

Reason for Leaving: _____

Second Last Employer:

Name: _____

Address: _____

Position Held: _____

Length of employment: From: _____ To: _____

Reason for Leaving: _____

Third Last Employer:

Name: _____

Address: _____

Position Held: _____

Length of employment: From: _____ To: _____

Reason for Leaving: _____

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.

Date(d/m/y)

Applicants signature

Any additional employers please attach an additional piece of paper.

Please fax completed forms along with your drivers abstract and resume to 204-883-2391, or mail it to Box 369, St. Adolphe, MB R5A 1A2. attn: Scott.

Or you can submit via email: scott@bystransport.com, or drop off at the office.

CONFIDENTIAL ONCE COMPLETED