Driver's Application for Employment Page 1

Applicant Name: _____ Date of Application: _____

Name of Carrier: Southern Oaks Ltd.
In compliance with Federal and Provincial equal opportunity 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, or any other protected group status.

Note: Please attach copies of the following documents: Driver's Licence, Driver's abstract (current within 30 days), CVOR abstract (current within 30 days), FAST card and passport.

To Be Read And Signed By Applicant

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 an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries 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 understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have a right to:

- Review information provided by precious employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

For Company Use Only

Process Record

Applicant: Hired ☐ Rejected ☐
(If rejected, summary report of reasons should be placed in file)

Date Employed: _____ Terminal Employed: _____

Department: _____ Classification: _____

Signature of Interviewer: _____

Termination of Employment

Date Terminated: _____ Department Released From: _____

Dismissed ☐ Voluntarily Quit ☐ Other ☐

Termination Report Placed in File: _____ Supervisor: _____

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Name: _____ Date of Birth: ____/____/____

SIN: _____

Current Address: _____ _____
Street City

_____ _____ _____
Province Postal Code E-mail Address

_____ _____
Phone Cell

Previous Addresses (Last 5 years):

1 _____ _____
Street City

_____ _____ _____ _____
Province Postal Code Phone How Long?

2 _____ _____
Street City

_____ _____ _____ _____
Province Postal Code Phone How Long?

Do you have the legal right to work in Canada? Yes No

What is your current Citizenship? _____ Do you have a work Visa? _____

Can you legally cross the US/Canadian border? Yes No

If No, please explain: _____

Have you ever worked for this company before? Yes No

If Yes, dates from: _____ to: _____

Reason for leaving: _____

Are you currently employed? Yes No

If No, how long since leaving your last employment? _____

How did you hear about us?/Who referred you? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

If Yes, please explain: _____

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List your employment history for the past 10 years starting with the most current. All time must be accounted for even if you were unemployed.

Employer				
Name			From (MM/YY)	To (MM/YY)
Adress			Position Held	
City	Province	Postal Code	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs while employed?			YES	NO

Employer				
Name			From (MM/YY)	To (MM/YY)
Adress			Position Held	
City	Province	Postal Code	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs while employed?			YES	NO

Employer				
Name			From (MM/YY)	To (MM/YY)
Adress			Position Held	
City	Province	Postal Code	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs while employed?			YES	NO

Employer				
Name			From (MM/YY)	To (MM/YY)
Adress			Position Held	
City	Province	Postal Code	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs while employed?			YES	NO

Employer				
Name			From (MM/YY)	To (MM/YY)
Adress			Position Held	
City	Province	Postal Code	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs while employed?			YES	NO

Employer				
Name			From (MM/YY)	To (MM/YY)
Adress			Position Held	
City	Province	Postal Code	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs while employed?			YES	NO

Employer				
Name			From (MM/YY)	To (MM/YY)
Adress			Position Held	
City	Province	Postal Code	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs while employed?			YES	NO

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

Name of last school attended: ____

City of last school attended: _______________________________

Experience & Qualifications

Driver's Licence Number: _____ Province: _____

Class: _____ Expiry Date: _____

Please report all collisions (commercial or personal), (preventable and non-preventable), (on road and private property) for the past 5 years and attach a separate sheet if necessary.

Date: _____ Nature of collision: _____

Fatalities	YES	NO	Preventable	YES	NO
Injuries	YES	NO	Charges	YES	NO

Date: _____ Nature of collision: _____

Fatalities	YES	NO	Preventable	YES	NO
Injuries	YES	NO	Charges	YES	NO

Date: _____ Nature of collision: _____

Fatalities	YES	NO	Preventable	YES	NO
Injuries	YES	NO	Charges	YES	NO

Please report all traffic convictions, citations and forfeitures for the past 3 years (other than parking violations) and attach a separate sheet if necessary.

Date: _____ Location: _____

Charge: _____ Penalty: _____

Date: _____ Location: _____

Charge: _____ Penalty: _____

Date: _____ Location: _____

Charge: _____ Penalty: _____

Have you ever been denied a licence or permit to operate a motor vehicle? YES NO

Has any licence or permit ever been suspended or revoked? YES NO

NOTE: If the answer to either of the above questions is "YES", please attach a statement giving details.

Driving Experience

Straight Truck:

Type of Equipment (van, reefer, flat, etc): _____

Dates From: _____ To: _____

Estimated Number of Miles: _____

Tractor & Trailer:

Type of Equipment (van, reefer, flat, etc): _____

Dates From: _____ To: _____

Estimated Number of Miles: _____

Tractor & Two Trailers:

Type of Equipment (van, reefer, flat, etc): _____

Dates From: _____ To: _____

Estimated Number of Miles: _____

Other (please specify): _____

List states and provinces 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:

_____

List special equipment or technical materials you can work with (not already listed):

_____

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 understand, also, that I am required to abide by all rules and regulations of Southern Oaks. For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records.

Except as provided for herein, or with your prior consent, Southern Oaks shall not use the information gathered on me for any other purpose.

Applicant Signature: _____ Date: _____