

**CAREY LEASING LTD
10 GRAHAM ST BLENHEIM ON
APPLICATION FOR EMPLOYMENT**

Note: Please attach original or copies of the following documents: Copy of your Driver's License – Current Drivers Abstract and CVOR Drivers Abstract (no older than 30days). US Drivers also include Current Police Clearance (no older than 30 days) or an I-94 Card with your waiver - WSIB Account Number (if applicable) – FAST Card.

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

Date of Application: _____

Position Applied For: Van Flatbed Company Driver Owner Operator

Name: _____ Date of Birth: ____/____/____
SIN#: _____ (required for Truck Drivers) Year Month Day

| | |
|--|---|
| Current Address: | |
| Street: _____ | City: _____ |
| Province: _____ | Postal Code: _____ Phone: _____ Fax: _____ |
| Cell phone: _____ | Email address: _____ |
| List your addresses of residency for the past 5 years. | |
| Street: _____ | City: _____ |
| Province: _____ | Postal Code: _____ Phone: _____ How Long? _____ |
| Street: _____ | City: _____ |
| Province: _____ | Postal Code: _____ Phone: _____ How Long? _____ |
| 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

Have you 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.

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

| |
|---|
| Employer Name: _____ |
| City: _____ Prov: _____ |
| Contact Person: _____ Phone _____ |
| Dates from: _____ to: _____ |
| Position: _____ Wages: _____ |
| Reason for Leaving: _____ |
| Was this position subject to Federal Motor Carriers Regulations?: Yes or No |
| Was this position subject to alcohol and controlled substance testing?: Yes or No |

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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 & Qualifications:

Driver's Licence#: _____

Province: _____

Type/Class: _____

Expiry Date: _____

Please report ALL collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years. (Attach sheet if more space is needed).

Date: _____
 Nature of Accident: _____
 Fatalities: Yes / No Preventable: Yes / No Charges: Yes / No
 Injuries: Yes / No Non-preventable Yes / No

Date: _____
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 Fatalities: Yes / No Preventable: Yes / No Charges: Yes / No
 Injuries: Yes / No Non-preventable Yes / No

Date: _____
 Nature of Accident: _____
 Fatalities: Yes / No Preventable: Yes / No Charges: Yes / No
 Injuries: Yes / No Non-preventable Yes / No

Please report **ALL** traffic convictions, citations and forfeitures for the past 3 years (other than parking violations). (Attach sheet if more space is needed).

| |
|--------------------|
| Location: _____ |
| Date: _____ |
| Charge: _____ |
| Penalty: _____ |

| |
|--------------------|
| Location: _____ |
| Date: _____ |
| Charge: _____ |
| Penalty: _____ |

| |
|--------------------|
| Location: _____ |
| Date: _____ |
| Charge: _____ |
| Penalty: _____ |

Have you ever been denied a license or permit to operate a motor vehicle? **Yes / No**
Has any license or permit ever been suspended or revoked? **Yes / No**

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 # of Miles: _____ |
|---|

| |
|---|
| Tractor & Semi-Trailer: Type of Equipment (van, reefer, flat etc): _____ Dates from: _____ To: _____ Estimated # of Miles: _____ |
|---|

| |
|-------------------------|
| Tractor & Two Trailers: |
|-------------------------|

Type of Equipment (van, reefer, flat etc): _____
Dates from: _____ To: _____
Estimated # of Miles: _____

Other (Please specify):

List states & provinces operated in for the last five years:

Show 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 (other than those already shown)

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 the Company. 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, the Company shall not use the information gathered on me for any other purpose.

TO DRIVER:

Please note that the information provided in this Application may be used and your previous employer will be contacted for the purpose of investigating your safety performance history information as per paragraphs (a) and (e) of FMSCR Reg. 391.23. You have a right to see the information provided by your previous employer and can do so by submitting a written request.

Date: _____ Signature: _____

EQUIPMENT INFORMATION

TRUCK

Make & Model:

Year: _____

Weight: _____

Fuel Capacity: _____ ABS: Yes / No

Wheelbase: _____ Jake Brake: Yes / No

Engine: _____ 5th Wheel Height: _____
(inch)

Payments: _____ Are They Current? Yes / No

Financing Held by: _____ Until:

TRAILER (Flat-Bed Division only)

Make & Model:

Year: _____ Suspension:

Length: _____ Weight: _____ Annual Safety:

MM/DD/YY

Vented: Yes / No Inside Height:

Payments: _____ Are they Current: Yes / No

Financing Held by: _____ Until:
