



DRIVER'S APPLICATION
Peak Logistics Ltd. / 1406709 AB Ltd.

(Please check one) Driver _____ Owner Operator _____

Date of Application _____

(Answer all questions - please print clearly)

Position(s) Applied for _____

Name _____ SIN. _____
 Last First Middle

Home Phone _____ Cell _____

List your addresses of Residency for the past 3 years.

Current Address

 Street City How Long? _____
 Prov. Postal Code

Previous
 Addresses

 Street City Prov. / Postal Code How Long? _____

 Street City Prov. / Postal Code How Long? _____

Do you have the legal right to work in Canada? _____

Date of Birth _____/_____/_____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ When? _____

Dates: From _____ To _____ Rate of pay? _____ Position _____

Reason for leaving? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

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

If yes, explain if you wish _____

EMPLOYMENT HISTORY

All driver applications to drive in Canada must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, province and zip codes.

(NOTE: List employers in reverse order starting with the most recent.)

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EMPLOYER	DATE
Name _____	From Mo. ____ Yr. ____ To Mo. ____ Yr. ____
Address _____	Position Held _____
City _____	Prov. ____ Postal Code ____ Reason for Leaving _____
Contact Person _____	Phone Number (____) _____

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EMPLOYER	DATE
Name _____	From Mo. ____ Yr. ____ To Mo. ____ Yr. ____
Address _____	Position Held _____
City _____	State/Prov. ____ Zip ____ Reason for Leaving _____
Contact Person _____	Phone Number (____) _____

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EMPLOYER	DATE
Name _____	From Mo. ____ Yr. ____ To Mo. ____ Yr. ____
Address _____	Position Held _____
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EMPLOYER	DATE
Name _____	From Mo. ____ Yr. ____ To Mo. ____ Yr. ____
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City _____	State/Prov. ____ Zip ____ Reason for Leaving _____
Contact Person _____	Phone Number (____) _____

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Accident Record for Past 3 years or more. If None, Write None.

	Dates	Nature of Accident	Fatalities	Injuries
LAST ACCIDENT	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____

Traffic Convictions And Forfeitures For the last 3 Years. If None, Write None.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

	Province	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. Has 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.)	Dates		Approx. No of Miles (Total)
		From	To	

STRAIGHT TRUCK _____

TRACTOR/SemiTrailer _____

TRACTOR/2 trailers _____

OTHER _____

Show Special Courses or Training that will Help You as a Driver _____

Which Safe Driving Awards do you Hold and from Whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING 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 MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE 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 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 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 responsible for all costs associated with traffic violation tickets, DOT violation tickets, repairs, and towing costs believed deemed to be do to my own fault. I understand also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature