

DATE of Application	
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DRIVER APPLICATION FOR EMPLOYMENT



Please complete in full, accurately and legibly.

Please complete each page in as much detail as possible.

HOW DID YOU HEAR ABOUT BDR International Ltd?

Web Site or Newspaper (Name):		Referred By:		Other (Specify):	
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APPLYING FOR POSITION AS

Company Driver <input type="checkbox"/>	Owner Operator <input type="checkbox"/>	Other (Specify) _____ <input type="checkbox"/>			
AZ <input type="checkbox"/>	DZ <input type="checkbox"/>	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>		
Local <input type="checkbox"/>	Long Haul <input type="checkbox"/>	Single <input type="checkbox"/>	Team <input type="checkbox"/>	Canada/U.S. <input type="checkbox"/>	Canada Only <input type="checkbox"/>

NAME AND ADDRESS

Last:		First:			
Address:					
City:		Province:		Postal Code:	
Phone:		Cell:		Email address:	
S.I.N. (Optional):			D.O.B. (Optional):		
Emergency Contact:		Relationship:		Phone:	

PREVIOUS ADDRESSES

Most recent address at top – 3 years history required. 5 years required if you do not have a FAST Card.

Address:	City:	Province:	Postal Code:	From: (mm/yy)	To: (mm/yy)

EDUCATION

High School 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/>	
GED <input type="checkbox"/> College or University 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
4 <input type="checkbox"/>	
Type of Certificate or Diploma Obtained	License, Certificate or Diploma Awarded

DRIVING HISTORY			
Driver's License Number:	License Class:	Expiry Date:	Date Received Class A License If 2 Years Or Less:
IF YOU GRADUATED FROM DRIVING SCHOOL WITHIN THE LAST 2 YEARS, PLEASE COMPLETE THE FOLLOWING SECTION:			
Name of School:		School Location:	
School Phone Number:		Contact Name:	
Do you have a FAST Card? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, are you willing to apply for a FAST Card? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:	
FAST Card Number:		Expiry Date:	

DRIVING EXPERIENCE

Please list Provinces, States or Territories operated in for the last 3 years

TRAFFIC INFRACTION HISTORY

Provide details of all violations within the last 3 years.

If none, check here

Location	What were you charged with?	Penalty	Points

Has your Driver's License ever been suspended or revoked? Yes No

Have you ever been denied a license or privilege to operate a motor vehicle? Yes No

Have you ever been convicted for an alcohol and/or stimulant related offense while in care of a motor vehicle in Canada or the United States? Yes No

If the answer to either question is yes, please provide details:

ACCIDENT HISTORY

*Provide details of all accidents/incidents you were involved in within the last 3 years.
If none, check here*

Date	Description (Head-on, Rear-end, Roll-over)	Fatalities	Injuries	Chargeable? Yes <input type="checkbox"/> No <input type="checkbox"/>
Details (be specific):				
Details (be specific):				

EMPLOYMENT HISTORY

Enter current or most recent employer at top – 10 years history required. Periods of unemployment must be entered as well. No date gaps allowed.

Employer Name			From: (mm/yy)	To: (mm/yy)
Address			Position:	
City	Province	Postal Code	Salary:	
Phone number		Contact	Reason for leaving:	
Type of equipment Driven:		Type of freight hauled:		
Areas you drove in:				
Were you in a D&A testing program? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you have any commercial motor vehicle violations with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>				
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, please explain why:				
Employer Name			From: (mm/yy)	To: (mm/yy)
Address			Position:	
City	Province	Postal Code	Salary:	
Phone number		Contact	Reason for leaving:	
Type of equipment Driven:		Type of freight hauled:		
Areas you drove in:				
Were you in a D&A testing program? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you have any commercial motor vehicle violations with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>				
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, please explain why:				
Employer Name			From: (mm/yy)	To: (mm/yy)

Address			Position:	
City	Province	Postal Code	Salary:	
Phone number		Contact	Reason for leaving:	
Type of equipment Driven:		Type of freight hauled:		
Areas you drove in:				
Were you in a D&A testing program? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you have any commercial motor vehicle violations with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>				
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, please explain why:				
EMPLOYMENT HISTORY CONTINUED				
Employer Name			From: (mm/yy)	To: (mm/yy)
Address			Position:	
City	Province	Postal Code	Salary:	
Phone number		Contact	Reason for leaving:	
Type of equipment Driven:		Type of freight hauled:		
Areas you drove in:				
Were you in a D&A testing program? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you have any commercial motor vehicle violations with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>				
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, please explain why:				
Employer Name			From: (mm/yy)	To: (mm/yy)
Address			Position:	
City	Province	Postal Code	Salary:	
Phone number		Contact	Reason for leaving:	
Type of equipment Driven:		Type of freight hauled:		
Areas you drove in:				
Were you in a D&A testing program? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you have any commercial motor vehicle violations with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>				

May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain why:			
Employer Name		From: (mm/yy)	To: (mm/yy)
Address		Position	
City	Province	Postal Code	Salary:
Phone number		Contact	Reason for leaving:
Type of equipment Driven:		Type of freight hauled:	
Areas you drove in:			
Were you in a D&A testing program? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did you have any commercial motor vehicle violations with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain why:			

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by my undersigned and that all entries on this application are true and factual. I authorize BDR International Ltd. to make any investigations and inquiries of my personal, employment, medical history and any other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection to this application. In the event of employment, I understand that false or misleading information given in this application can result in termination. I agree that BDR International Ltd. can contact the above or previous employers for a work-related reference. I understand, also, that I am required to abide by all rules and regulations of this company.

Date: _____

Applicant's Signature: _____

Interview Scheduled:	Interviewer:	Interview Date:	Time:
Road Test Scheduled:	Tester:	Date:	Time:
Drug & Alcohol Test	At:	Date:	Time:
Orientation Scheduled:	By:	Date:	Time:
Start Employment:		Date:	Time:

INTERVIEW NOTES:

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