DRIVER APPLICATION FOR EMPLOYMENT

*Please complete in full, accurately and legibly.*

*Please complete each page in as much detail as possible.*

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| DATE of Application |  |

**HOW DID YOU HEAR ABOUT BDR International Ltd?**

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| Web Site or  Newspaper  (Name): |  | Referred  By: |  | Other  (Specify): |  |

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| **APPLYING FOR POSITION AS** | | | | | | | | |
| Company Driver 🞐 | | Owner Operator 🞐 | | | Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞐 | | | |
| AZ 🞐 | | DZ 🞐 | | | Full-Time 🞐 | | | Part-Time 🞐 |
| Local 🞐 | Long Haul 🞐 | | Single 🞐 | Team 🞐 | | Canada/U.S. 🞐 | Canada Only 🞐 | |

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| **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: |

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| **PREVIOUS ADDRESSES** |

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

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

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| High School 9 🞐 10 🞐 11 🞐 12 🞐 13 🞐 GED 🞐 College or University 1 🞐 2 🞐 3 🞐 4 🞐 | |
| Type of Certificate or Diploma Obtained | License, Certificate or Diploma Awarded |

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| **DRIVING HISTORY** | | | | |
| **Driver’s License Number:** | **License Class:** | | **Expiry Date:** | **Date Received Class A License If 2 Years Or Less:** |
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| **IF YOU GRADUATED FROM DRIVING SCHOOL WITHIN THE LAST 2 YEARS, PLEASE COMPLETE THEFOLLOWING SECTION:** | | | |  |
| **Name of School:** | | **School Location:** | | |
| **School Phone Number:** | | **Contact Name:** | | |
| Do you have a FAST Card? Yes 🞐 No🞐 | | If no, are you willing to apply for a FAST Card? Yes 🞐 No 🞐  If no, please explain: | | |
| **FAST Card Number:** | | **Expiry Date:** | | |

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| **DRIVING EXPERIENCE** |

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

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| **TRAFFIC INFRACTION HISTORY** |

*Provide details of all violations within the last 3 years.*

*If none, check here 🞐*

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| **Location** | **What were you charged with?** | **Penalty** | **Points** |
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| 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: | | | |

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| **ACCIDENT HISTORY** |

*Provide details of all accidents/incidents you were involved in within the last 3 years.*

*If none, check here 🞐*

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| **Date** | **Description (Head-on, Rear-end, Roll-over)** | **Fatalities** | **Injuries** | **Chargeable?** Yes 🞐 No🞐 |
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| 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.*

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

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

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| **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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: |

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| **INTERVIEW NOTES:** |
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| **▪** |
| **▪** |