



APPLICATION FOR EMPLOYMENT

(answer all questions – please print)

DRIVER INFORMATION			
Last Name:		First Name:	Middle Name:
Address:		City:	
Province:		Postal Code:	
Phone Number:		Fax Number:	
License #:		Date of Birth (MM/DD/YY)	
Driver License Class:		Obtained Date: (MM/DD/YY)	
Social Security #:		Medical Due: (MM/DD/YY)	
What is your status in Canada? CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> (provide a copy of your PR Card and Landing Documents)			
Do you have the legal rights to work in the United States?			
Show courses / trainings / safety awards that you have received as a driver:			
Please answer the following questions with YES or NO (Circle the answer that applies)			
A. Have you ever been denied a license, permit or privilege to operate motor vehicle? YES <input type="checkbox"/> or NO <input type="checkbox"/>			
B. Has any license, permit or privilege ever been suspended or revoked YES <input type="checkbox"/> or NO <input type="checkbox"/>			
IF YOU ANSWER YES TO EITHER A OR B, ATTACH STATEMENT GIVING DETAILS			
EDUCATION			
Circle highest grade completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> College: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
Last school attended _____ Name Address			
DRIVER EXPERIENCE			
How many years experience under your current class of license? (Minimum 2 years required)			
How many years of US commercial driving experience do you currently have? (Minimum 2 years required)			
Are you currently (please select whichever applies)	Owner Operator:	Company Driver:	Driver Trainee:
TRUCKING COMPANY EMPLOYMENT INFORMATION (MINIMUM 3 YEARS HISTORY MUST BE PROVIDED)			
CURRENT EMPLOYER			
Company Name:			
Address:			
Supervisor's Name:		Phone #:	
Employment Start Date:		Employment End Date:	
Commodities most often hauled for this employer:			



PAST EMPLOYER 1	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	
Reason for leaving:	
PAST EMPLOYER 2	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	
Reason for leaving:	

CLAIMS HISTORY			
(PLEASE DESCRIBE ALL ACCIDENTS YOU WERE INVOLVED IN FOR THE LAST 3 (THREE) YEARS REGARDLESS OF FAULT)			
Date of accident (MM/DD/YY)	Describe event & location	% of fault	Total amount paid

COMMENTS:

I certify that I personally completed this application and that all of the information is true and correct. I authorize Transit Logistics Solutions, Inc. and AXA Insurance Company to do a complete background investigation in accordance with provincial and federal laws. I authorize my previous employers to release any information requested by Transit Logistics Solutions, Inc. and AXA Insurance Company and hold them harmless of all liability from the release of said information.

Driver Signature

Date

Please print your name



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I _____ hereby authorize you to release the following information to Transit Logistics Solutions, Inc. for the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which might result from furnishing such information.

Date: _____ Applicant's Signature _____

Dir Sir/Madam:

The below named individual has made application to this company for position as _____ and states that he/she was employed by you as _____ from _____ to _____ .
(MM/DD/YYYY) (MM/DD/YYYY)

We appreciate your time in completing, in confidence, the information requested below.

Sincerely,
Mike Novakovic
Safety Manager
Fax # 866-370-2744

Name of Applicant: _____ Social Security No.: _____

1. Employed from: _____ to _____
2. Position: Company Driver Owner Operator Driver for O/O Other: _____
3. Equipment: Tractor/Trailer Reefer Flatbed Straight Truck Other: _____
4. Commodities Hauled: General Freight Produce Auto Parts Other: _____
5. Areas of Travel: Local Only Canada Only 48 States / Canada Other: _____
6. Was his/her general conduct satisfactory? YES NO
7. Any reportable accidents/incidents/cargo claims/violations? YES NO
8. Reason for leaving: Discharged Resignation Lay Off Other: _____
9. Eligible for rehire: YES UPON REVIEW NO - If so explain _____
10. Please advise history of past driving record if available for past three years:

Signature

Title

Date



PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition
- (c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substances testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and Positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

APPLICANT'S NAME

APPLICANT'S SIGNATURE

MONTH DAY YEAR

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH DAY YEAR



Driver Name: Employee Number:

ACCIDENT REGISTER							
Index Number	Date	Location City/State	Driver Name	Number Injuries	Number Fatals	Vehicles Towed	HM Incident

Date: _____

Driver Signature: _____



MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I Certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted of forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification

Driver's Signature

Motor Carrier's Name

Motor Carrier's Address

Reviewed By: Signature

Title

Instructions:

- To properly run the online application form, download Acrobat Reader version XI or higher.
- Save this document and attach it to an email addressed to: holly@transit-logistics.com
- You may also print and submit the application in person at our main office:
Transit Logistics Solutions, 905 Tecumseh Road West, Windsor, ON N8X 2A9