



DRIVER'S APPLICATION FOR OWNER OPERATOR

NAME

PERSONAL INFORMATION

Last: _____

Date of Birth: _____

First: _____

Email: _____

ADDRESS

Driver's License#: _____

Street: _____

Class: _____ Issuing Prov: _____

City: _____ Prov: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES__ NO__

Postal Code: _____

Have any license, permit or privilege ever been suspended or revoked? YES__ NO__

Telephone: _____

Cell: _____

I certify that my driver's license is in good standing & has not been suspended by any jurisdiction.

Emergency Contact: _____

Signature: _____

Emergency Phone#: _____

Address for the past three years: _____ How long? _____

Have you worked for this company before? If YES – From _____ to _____ Where _____

Reason for leaving: Quit _____ Laid Off _____ Terminated _____

Are you currently employed? _____ If NO.....How long since leaving last employment _____

Who referred you? _____ **Rate of Pay expected** _____

Are there any reasons why you cannot perform ANY job functions for the driving position you are applying for? _____

If **YES** please check all that apply

WCB Claim _____ Disability Claim _____ Criminal Record _____ License Suspension _____ Positive Drug Test _____

Equipment required: Smart Phone – VHF Radio – Flags – Beacons – Oversize Signs – Belts – Chains – Binders – Tie down bar – Belt winder – Oversize rear lights – Pipe stakes – Corners - Tarps



3120 Cemetery Rd RR1 Agassiz BC V0M 1A1 Ph: 604-796-8972 Fax: 1-866-877-3599

Employment History

All driver applicants to drive a commercial vehicle must provide the following information on all employers during the preceding 3 years. Applicants to drive a Commercial Motor Vehicle. Shall also provide an additional 10 years information on those employers for who the applicant operated such vehicle.

Last Employer's Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____

Last Employer's Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____

Last Employer's Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____

Last Employer's Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____

Last Employer's Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____

*Includes vehicles having a GVRW of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



3120 Cemetery Rd RR1 Agassiz BC V0M 1A1 Ph: 604-796-8972 Fax: 1-866-877-3599

COMMERCIAL DRIVING EXPERIENCE

- 1) How many years have you been driving a commercial motor vehicle? _____
- 2) List states/provinces that you have operated a commercial vehicle in for the last 5 years:

- 3) List special courses or training that will help you as a driver:

- 4) Which safe driving awards do you hold and from whom:

EQUIPMENT EXPERIENCE

Type of Equipment	Dates From - To	Approx # of KMS
Tractor-Container		
Tractor-Doubles		
Tractor-Flatbeds		

If you are applying for a flatbed driving position, please fill out the boxes below:

Do you have experience with	YES	NO	Have you ever hauled	YES	NO
Chains & binders			Coiled Steel		
Straps			Sheet Steel		
Lumber Tarps (8 ft drops)			Bars / Rods		
Steel Tarps (flat)			Reels of Cable		
Multiple Tarps			Wallboard / Sheetrock		
Use of Coil Racks			Lumber		
Over-dimensional Cargo			Steel Pipe		
Vehicle Ramps			Plastic Pipe		
Route Planning			Vehicles		
Permit Ordering			Machinery		
Heavy-Haul Loads with special equipment			Molding		
Other: Please describe			Automobiles		
			Earth Moving Equipment		
			Trusses		
			Rolled roofing		
			Farm Equipment		
			Steel or Concrete Beams		
			Glass		
			Steel I-beams		
			Cement Blocks (barriers)		
			Other: Please describe		



3120 Cemetery Rd RR1 Agassiz BC V0M 1A1 Ph: 604-796-8972 Fax: 1-866-877-3599

References

All driver applicants to drive a commercial vehicle must provide the following information on all references.

Reference Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____

Reference Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____

Reference Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____