



EMPLOYMENT APPLICATION FOR A TRUCK DRIVER

Date of Application: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Current Address: _____ City: _____

Province: _____ Postal Code: _____ How long: _____

Home Number: _____ Cell Phone Number: _____

Previous Address for the past 3 years

Address: _____ City & Province: _____ How long: _____

Address: _____ City & Province: _____ How long: _____

Address: _____ City & Province: _____ How long: _____

Personal Information

Are you legally entitled to work in Canada & USA: _____

Date of Birth (D/M/Y): _____ City & Province: _____

Level of Education: _____ City & Province: _____

Industry Specific Courses: _____

Do you have any physical difficulties or medical limitation that might stop you from performing the position of a truck driver? YES () NO ()

If yes, please explain: _____

Driver's License Information

License Number: _____ Province: _____

Class: _____ Expiry: _____

Endorsements: _____ Conditions: _____

Have you ever been denied a license or permit to operate a vehicle? _____

Have you ever had your driving privileges revoked or suspended? _____

Do you have a dangerous goods certificate? _____

Driving Experience

List the types of equipment used during the last 5 years:

Make	Tractor Type	Transmissions	Trailer Type	Areas	Operated
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Make	Tractor Type	Transmissions	Trailer Type	Areas	Operated
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Make	Tractor Type	Transmissions	Trailer Type	Areas	Operated
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Make	Tractor Type	Transmissions	Trailer Type	Areas	Operated
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Ever had accidents: _____ Number of incidents: _____

If yes, please explain: _____

Last 3 years history of traffic violations and convictions

Date	Location	Violation/Charge	Penalty
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Date	Location	Violation/Charge	Penalty
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Date	Location	Violation/Charge	Penalty
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Employment History for the last 3 years

Current/Most Recent Employer

Company Name: _____ Supervisor Name: _____

Address: _____ Phone Number: _____

Position Held: _____ Start Date: _____ End Date: _____

Reasons for Leaving: _____

Previous Employer

Company Name: _____ Supervisor Name: _____

Address: _____ Phone Number: _____

Position Held: _____ Start Date to End Date: _____

Reasons for Leaving: _____

Previous Employer

Company Name: _____ Supervisor Name: _____

Address: _____ Phone Number: _____

Position Held: _____ Start Date to End Date: _____

Reasons for Leaving: _____

Previous Employer

Company Name: _____ Supervisor Name: _____

Address: _____ Phone Number: _____

Position Held: _____ Start Date to End Date: _____

Reasons for Leaving: _____

To be read and signed by the applicant

By completing and submitting this signed application I:

Authorize R&B Staffing Plus Inc. or its agents to investigate my background, character, general reputation and prior employment by contacting my current and previous employer, references or any other individuals the employer deems necessary.

Hereby release my current or previous employers and any other persons contacted by the employer of any and all liabilities in responding to inquiries and releasing information in connection with this application.

Understanding that I am required to abide by all the rules and regulations set out by this company and the regulatory bodies in which I may be working within.

Certify that all entries and information on this application is true and complete to the best of my knowledge. Falsely providing or omitting any information on this application or in a pursuant interview is grounds for immediate termination of my employment, regardless of when such information is discovered.

Print Name

Date

Signature of Applicant