

CANAM Drivers

Professional Vehicle Operator Application				
<input type="checkbox"/> LongHaul Canada Only	<input type="checkbox"/> Longhaul Canada/USA	<input type="checkbox"/> City		
Personal Information				
Last Name	First Name	Middle Name	Phone:	
Street Address	City	Province	Postal Code	How Long
If less than three years at above address please indicate previous address below				
Street Address	City	Province	Postal Code	How Long
SIN	Date of Birth (DD/MM/YY)	Drivers License	Province	Expiry Date
Do you have the legal right to enter into United States? _____ (Y/N)				
Do You have the legal right to work in Canada? _____ (Y/N)				
In case of emergency notify:		Contact Name	Phone #1	Phone #2
* _____				
Employment Information and History				
Are you employed now? Yes? _____ No _____.				
If yes with whom? _____.				
If No, How long since leaving last employment? _____.				
Have you worked for the Quik X Group of Companies in the past? Yes _____ No _____.				
Reason for leaving: _____.				
Provide All Employers For The Past 10 Years				
Starting with most recent. In cases of employment with Owner-Operators, please list O/O name and company leased to at the time.				
Name	From	To	Phone	
.				
Address	City	Province/State	Position	
.				
Reason for leaving		Type of Freight	Supervisors Name	
Name	From	To	Phone	
.				
Address	City	Province/State	Position	
.				
Reason for leaving		Type of Freight	Supervisors Name	
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Professional Vehicle Operator Application

I understand that false or misleading information given in my application or interview may result in the discontinuation of the qualification process including failure of any drug and alcohol testing. I also understand that I may also be required to provide an explanation with respect to any gaps in my employment history.

I have read and agree to the above.

_____ .
Date Signature

Professional Vehicle Operator Training

List all training courses and/or schooling taken in relation to Professional Driving

	Date Completed (dd/mm/yy)
	Date Completed (dd/mm/yy)
	Date Completed (dd/mm/yy)
	Date Completed (dd/mm/yy)

List any Recognition awards received related to Professional Driving

	Date Completed (dd/mm/yy)
	Date Completed (dd/mm/yy)
	Date Completed (dd/mm/yy)

EXPERIENCE AND QUALIFICATIONS

SECTION 391.23 OF THE FEDERAL CARRIER SAFETY REGULATIONS STATES THAT NO PERSON WHO OPERATES A COMMERCIAL MOTOR VEHICLE SHALL AT ANY TIME HAVE MORE THAN ONE DRIVER'S LICENSE.

Current Valid License Information

Province of Issue	License Number	Class	Endorsements	Expiration Date
_____	_____	_____	_____	_____

Please List All License Held Within The Past Three Years

Province of Issue	License Number	Class	Endorsements	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mountain Experience YES NO If yes. Number of years? _____ Canada USA Both

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit or privilege ever been suspended or revoked? YES NO

Professional Vehicle Operators Application

If you answered "YES" to either of the at the bottom of the previous page, please provide details in writing.

Types of Equipment Operated

Approximate number of miles.

Straight Truck	<input type="checkbox"/>	_____.
Tractor and Semi-Trailer	<input type="checkbox"/>	_____.
Tractor and Two Trailers	<input type="checkbox"/>	_____.
Other _____.	<input type="checkbox"/>	_____.

Accident / Traffic Conviction History

List any accidents or convictions you have been involved in during THE PAST FIVE (5) YEARS (indicate Date and Nature of Accident)

ACCIDENTS			TRAFFIC CONVICTIONS		
DATE (dd/mm/yy)	Offense	At Fault (Y/N)	DATE (dd/mm/yy)	Offense	Hazmat Spill (Y/N)

Physical history

Do you have any physical condition or disability which may limit or impair your ability to perform the job applied for?

YES? NO?

If YES Please Explain _____.

Have you lost time or been unable to work within the past three (3) years? Yes _____ No _____.

Have you ever been injured on the Job? Yes _____ No _____.

Have you ever received Worker's Compensation? Yes _____ No _____.

Are you willing to have a physical examination? Yes _____ No _____.

Professional Vehicle Operator Application

EDUCATION HISTORY

Circle Highest Grade / Year Completed

Elementary 1 2 3 4 5 6 7 8

High School 9 10 11 12 13

College 1 2 3 4

University 1 2 3 4 5

Other 1 2 3 4 5

Last School Attended: _____
Name City/Province/State

This certifies that this application was completed by me and that all entries on it and information in it are true and completed to the best of my knowledge. I authorize the Quik X Group of Companies or Agents to make such investigations and inquiries of my personal, employment, financial (credit bureau), criminal search, driving abstracts, drug results from previous employers or their consortium or their insurance Carrier or Agent for my driving record, insurance history, and other related matters as may be necessary in arriving at an employment decision. If hired or contracted, this authorization shall remain on going authorization to re-check or report as deemed necessary at any time throughout my employment or contract period or after such period. (Generally, inquiries regarding medical history will be made only if and after an offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In event of employment, I understand that false or misleading information given in my application or interview (s) may result in disqualification. Furthermore, I understand that the Quik X Group of Companies and / or Agent may keep any information on file including work performance as related to my employment period and make it available to any second party only with my verbal or written consent. I understand, also, that I am required to abide by all rules and regulations of the Company.

For purpose of gathering information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

I understand that information I provide regarding current and / or previous employers may be used, and those employer (s) will be contacted, for the purpose of investigating my performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer (s) and I cannot agree on the accuracy of the information.

Driver Signature: _____ Date: _____

Office Use

Application Reviewed by: _____ Date: _____