

Driver's Application for Employment

Application Date: Mon Aug 14 2023 23:25:47 GMT-0600 (Mountain Daylight Time)

Company Applied For: John Dhillon Law
Operator

Position applied for: Owner

PERSONAL INFORMATION

First Name: John Last Name: Dhillon
Date of Birth: 2023-08-16 Legal Status in Canada: PR
Email: Suneet@dhilloncolaw.ca
Cell No.: Home No.: 403-472-3333

Address in past 3 years

From date: 2023-08-11 To date: 2023-08-04
Street Address: #2224, 4310-104 Avenue NE
City: Calgary Prov. AB Postal Code: T3N 1W2 Country: CA

Driver's License Information

Driver's License No.: 53464356 Class: Class 5 Expiry Date: 2023-08-09
Issuing Province: ON Any Driver License Condition: undefined

1. Do you hold a driver's license in any other jurisdiction other than the mentioned above or do you hold any driver's license in any other name? Yes
1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes
1. Has any license, permit, or privilege ever been suspended or revoked? Yes
1. Have you ever tested positive or refused to submit an alcohol or controlled substance test? Yes
1. Have you had any injury or medical condition which might affect your job (convulsive disorder, epilepsy, fainting, or heart disease)? Yes

DRIVING EXPERIENCE

Tractor Semi-Trailer	4 - yrs	Dry Van Reefer	8 - yrs	Turn Pike/Super B	7 - yrs
Manual Transmission	8 - yrs	Chassis Trailer	8 - yrs	Long Haul	8 - yrs
Dump Truck	___ yrs	Flatbed Trailer	___ yrs	US Driving	___ yrs
Straight Truck/5 Ton	___ yrs	Tanker/Bulk Trailer	___ yrs	Winter Driving	___ yrs

Employment History

Employment Start Date: 2023-08-16		Employment End Date: 2023-08-01	
Name of the Employer: John		Position Held: Singh	
Address: #2224, 4310-104 Avenue NE			
City: Calgary	Prov. AB	Postal Code: T3N 1W2	Country: Canada
Contact Person: John B. Dhillon		Contact Number: 4034723333	
Reason for Leaving: e5674567			
Driving Experience:	Semi-Trailer	Reefer	Flatbed
	Tanker/Bulk	Dump	Super
B/Turnpike			
<input checked="" type="checkbox"/> Were you subject to the FMCSRs* while employed here?			
<input checked="" type="checkbox"/> Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes			
Accident History			
Date of Accident:		Location:	
Nature of Accident:			
No. of Fatalities:		No. of Injuries:	
Hazardous Material Spill:			

Traffic convictions (Other than parking violations)	
Date:	Charge:
Location:	Penalty:

Accepted by the Applicant: YES

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 safety performance history.

I authorize my prospect employer to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if an after a conditional 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.

I agree that, if hired, I will immediately inform my employer in writing of any violations or accidents that occur while I am operating any motor vehicle. I will also immediately inform my employer of any suspensions, restrictions, prohibitions, or any other change in the status of my driver's license.

By signing this application, I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Applicant Signature:

Date:

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Image Description