

Driver's Application for Employment

Application Date:

Company Applied For: John Dhillon Law

Position applied for: Driver

PERSONAL INFORMATION

First Name: Ishneet ; Last Name: Singh
Date of Birth: 2023-07-12 Legal Status in Canada: CC
Email: ishneet100@gmail.com
Cell No.: Home No.:

Address in past 3 years

From date: To date:
Street Address:
City: Prov. Postal Code: Country:
From date: To date:
Street Address:
City: Prov. Postal Code: Country:

Driver's License Information

Driver's License No.: Class: Expiry Date:
Issuing Province: Any Driver License Condition:

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? No
1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? No
1. Has any license, permit, or privilege ever been suspended or revoked? No
1. Have you ever tested positive or refused to submit an alcohol or controlled substance test? No
1. Have you had any injury or medical condition which might affect your job (convulsive disorder, epilepsy, fainting, or heart disease)? No

Explanation for any answer given as YES:

DRIVING EXPERIENCE

Tractor Semi-Trailer	__ yrs	Dry Van Reefer	__ yrs	Turn Pike/Super B	__ yrs
Manual Transmission	__ yrs	Chassis Trailer	__ yrs	Long Haul	__ 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:			Employment End Date:			
Name of the Employer:			Position Held:			
Address:						
City:	Prov.	Postal Code:	Country:			
Contact Person:			Contact Number:			
Reason for Leaving:						
Driving Experience:	Semi-Trailer	Reefer	Flatbed	Tanker/Bulk	Dump	Super B/Turnpike
<input checked="" type="checkbox"/> 25cf Were you subject to the FMCSRs* while employed here?						NO
<input checked="" type="checkbox"/> 25cf 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?						NO

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: