



Box 1, GRP 587, RR#5  
1008 Redonda St  
Winnipeg, MB R2C 2Z2

## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

Date Available to Begin Work: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
Surname                      Given Name                      Middle Name                      Social Insurance Number

Address: \_\_\_\_\_  
Street and Number

\_\_\_\_\_

City, Town                                      Province                                      Postal Code

Contact Information: \_\_\_\_\_  
Home Phone Number                      Cell Number                      Fax

**\*If at the above residence less than three years, please provide previous residence for past three years. Attach a separate sheet if necessary.**

\_\_\_\_\_

Street                                      City                                      Province                                      Postal Code

How Long: \_\_\_\_\_

\_\_\_\_\_

Street                                      City                                      Province                                      Postal Code

How Long: \_\_\_\_\_

Do you have the legal right to work in Canada? \_\_\_\_\_

Are you 21 years of age or older? \_\_\_\_\_

Have you worked for our Company before? \_\_\_\_\_

Date: From \_\_\_\_\_ TO \_\_\_\_\_ Rate of Pay \_\_\_\_\_/mile

Reason for leaving: \_\_\_\_\_

Are you now employed ? \_\_\_\_\_ If not, how long since leaving last employment?

How did you hear of our Company? \_\_\_\_\_

Referral (If yes, by whom) \_\_\_\_\_

Advertising (If yes, what form) \_\_\_\_\_

Other \_\_\_\_\_

Rate of pay expected: \_\_\_\_\_/mile

**EDUCATION**

**HIGHEST EDUCATION COMPLETED**

Grade/Secondary School: 1 2 3 4 5 6 7 8 9 10 11 12 13

Business, trade or technical school: \_\_\_\_\_Years. Course of Study: \_\_\_\_\_

Type of certificate or diploma obtained: \_\_\_\_\_

**OTHER COURSES, WORKSHOPS, OR SEMINARS**

DATES	NAME	LOCATION	LICENCE,CERTIFICATE

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, and postal code.

(NOTE: list Employers in reverse order starting with the most recent.)

EMPLOYER	DATE	
NAME	From Mo: YR:	To Mo: Yr:
ADDRESS	Position Held	
CITY	Salary/Wage	
CONTACT PERSON	Reason for Leaving:	
Were you subject to the FMCRs while employed?    Yes <input type="checkbox"/> No <input 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 cft part 40?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYER	DATE	
NAME	From Mo: YR:	To Mo: Yr:
ADDRESS	Position Held	
CITY	Salary/Wage	
CONTACT PERSON	Reason for Leaving:	
Were you subject to the FMCRs while employed?    Yes <input type="checkbox"/> No <input 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 cft part 40?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYER	DATE	
NAME	From Mo: YR:	To Mo: Yr:
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CONTACT PERSON	Reason for Leaving:	
Were you subject to the FMCRs while employed?    Yes <input type="checkbox"/> No <input 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 cft part 40?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

If necessary please include any additional employers for the previous 10 year time frame on a separate sheet.

## DRIVER'S CERTIFICATION OF VIOLATIONS AND ACCIDENTS

I certify that the following is a true and complete list of convictions (other than parking violations) and accidents to be reported under the Highway Traffic Act during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations or accidents are listed above, I certify that I have not been convicted or forfeited bond or collateral because of any violation required to be listed during the past 12 months.

\_\_\_\_\_  
Date of Certification

\_\_\_\_\_  
Drivers Signature

Sure Shot Express  
Motor Carrier

1008 Redonda Street. Winnipeg, MB  
Motor Carrier Address

\_\_\_\_\_  
Reviewd by: Signature

\_\_\_\_\_  
Title

## DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVERS LICENCE	PROVINCE/STATE	LICENSE NO	TYPE	EXPIRY DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, TANKER)	DATES TO	APPROX. NO FOR MILES (TOTAL)
Straight Truck			
Tractor and Semi Trailer			
Tractor - Two Trailers			
Other			

List of Provinces, States, and/or Territories Operated in For the Last 5 Years

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Indicate special courses or training that will help you as a driver and any safe driving awards you may hold and from whom:

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This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, and financial or medical history and other related matters as may be necessary in arriving at any employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. 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 as permitted by law.

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Applicant's Signature

## NEW EMPLOYEE DATA

(Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Drivers License # : \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

**Please provide a copy of:**

- a current commercial drivers abstract
- a current drivers license
- a current criminal record check
- a copy of your valid passport and/or FAST CARD