



Driver Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email: _____

Cell: _____ Date of Birth: _____ S.I.N.: _____

Owner / Operator Company Driver

Are you a Canadian Citizen? YES NO If no, are you authorized to work in Canada? YES NO

Are you qualified and can you legally drive a commercial vehicle in the USA? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

If yes, what was the reason for leaving? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Previous Residency

The following information is required by the U.S. Department of Transportation, Section 391.21. Your application will not be considered if all information is not furnished.

Please furnish the addresses at which you resided during the 3 years preceding the date on which the application is submitted. Begin with the most recent.

Address	City	Province	Postal Code	Length of Residency

Commercial Motor Vehicle Operator's Licence

Driver Licences held in the past 3 years must be shown	Province / State	Licence No.	Class	Endorsement (s)	Expiration Date

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

If so, please explain:

Has one ever been suspended or revoked? YES NO

If so, please explain:

Have you ever been disqualified for violation of Safety Regulations? YES NO

If so, please explain:

Driving Experience

Class of Equipment	Type of Equipment (Van, Reefer, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor / Semi-trailer				
Twin trailers – LCV's				
Other				

List Provinces and States operated in during the last 5 years:

List commodities hauled during the last 5 years:

List special courses or training that will help you as a driver:

List driving awards held and who awards were presented by:

Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July 1987, applicants must show all commercial driver employment for the seven (7) years immediately preceding this three year period. 391.21 (b) (10) (11) – TOTAL: MINIMUM OF 10 YEAR RECORD REQUIRED.

Authorization

I authorize HanM Transportation M.S. Ltd. to obtain information about me from my previous employers, schools and credit sources. I authorize my previous employers, schools that I have attended and all credit sources to disclose to HanM Transportation M.S. Ltd. such information about me as HanM Transportation M.S. Ltd. may request. Initials: _____

List below present and past employment, BEGINNING WITH THE MOST RECENT

Company:		Supervisor:	
Address:		Telephone:	
Start Date:		End Date:	
Class of Equipment:	Straight Truck <input type="checkbox"/>	Tractor / Semi-Trailer <input type="checkbox"/>	Others:
Type of Equipment:	Van <input type="checkbox"/>	Reefer <input type="checkbox"/>	Tank <input type="checkbox"/>
Approximate Total Miles:		Commodities most often hauled:	
Reason for leaving:			

Company:		Supervisor:	
Address:		Telephone:	
Start Date:		End Date:	
Class of Equipment:	Straight Truck <input type="checkbox"/>	Tractor / Semi-Trailer <input type="checkbox"/>	Others:
Type of Equipment:	Van <input type="checkbox"/>	Reefer <input type="checkbox"/>	Tank <input type="checkbox"/>
Approximate Total Miles:		Commodities most often hauled:	
Reason for leaving:			

Company:		Supervisor:	
Address:		Telephone:	
Start Date:		End Date:	
Class of Equipment:	Straight Truck <input type="checkbox"/>	Tractor / Semi-Trailer <input type="checkbox"/>	Others:
Type of Equipment:	Van <input type="checkbox"/>	Reefer <input type="checkbox"/>	Tank <input type="checkbox"/>
Approximate Total Miles:		Commodities most often hauled:	
Reason for leaving:			

Company:	_____	Supervisor:	_____	
Address:	_____	Telephone:	_____	
Start Date:	_____	End Date:	_____	
Class of Equipment:	Straight Truck <input type="checkbox"/>	Tractor / Semi-Trailer <input type="checkbox"/>	Others: _____	
Type of Equipment:	Van <input type="checkbox"/>	Reefer <input type="checkbox"/>	Tank <input type="checkbox"/>	Others: _____
Approximate Total Miles:	_____	Commodities most often hauled:	_____	
Reason for leaving:	_____			

Company:	_____	Supervisor:	_____	
Address:	_____	Telephone:	_____	
Start Date:	_____	End Date:	_____	
Class of Equipment:	Straight Truck <input type="checkbox"/>	Tractor / Semi-Trailer <input type="checkbox"/>	Others: _____	
Type of Equipment:	Van <input type="checkbox"/>	Reefer <input type="checkbox"/>	Tank <input type="checkbox"/>	Others: _____
Approximate Total Miles:	_____	Commodities most often hauled:	_____	
Reason for leaving:	_____			

Company:	_____	Supervisor:	_____	
Address:	_____	Telephone:	_____	
Start Date:	_____	End Date:	_____	
Class of Equipment:	Straight Truck <input type="checkbox"/>	Tractor / Semi-Trailer <input type="checkbox"/>	Others: _____	
Type of Equipment:	Van <input type="checkbox"/>	Reefer <input type="checkbox"/>	Tank <input type="checkbox"/>	Others: _____
Approximate Total Miles:	_____	Commodities most often hauled:	_____	
Reason for leaving:	_____			

Accident / Violation History for the past 3 Years

Accidents

Please list all of the motor vehicle accidents in which you have been involved during the 3 years preceding the date of the application.

Date	Nature	Fatalities / Personal Injuries

Violations

Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of the application.

Date	Nature

Notes and Comments

NOTICE TO APPLICANT

1. All information submitted will be considered in reviewing my application and is subject to investigation. I hereby authorize HanM Transportation Management Services Ltd. to investigate all statements applicable, except as indicated.
2. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for dismissal upon discovery of such information.
3. If accepted for employment, I hereby agree to comply with the rules, regulations and policies of HanM Transportation Management Services Ltd.
4. I am aware that an investigative consumer report may be made in connection with my application for employment. This report may include information as to my character, general reputation, personal habits, and mode of living, obtained from or through personal interview with persons with whom I am acquainted, or those persons who may have knowledge concerning any such items of information.
5. In the event that such an investigative consumer report is procured, upon my written request of HanM Transportation Management Services Ltd., I will be provided with a complete and accurate disclosure of the nature and scope of the investigation conducted.

PRE-EMPLOYMENT SUBSTANCE DETECTION CONSENT

I understand that according to the Pre-employment Substance Detection Program at HanM Transportation Management Services Ltd., I am required to submit a sample of my urine for chemical analysis prior to employment. I understand that this pre-employment substance detection will be conducted by a reputable outside physician and testing agency by a certified laboratory.

I consent freely and voluntarily to this request for a pre-employment urine specimen. I hereby and herewith release HanM Transportation Management Services Ltd., their employees, agents, and contractors from any liability whatsoever arising from this request to furnish a pre-employment urine sample, the testing of the urine sample and decisions made concerning my application for employment or continued employment based upon the results of these tests.

I understand a positive test for controlled substances, based on the urinalysis test, will disqualify me from employment and/or the operation of a commercial motor vehicle for HanM Transportation Management Services Ltd.

I understand that if the substance detection results are positive, I can request a second independent confirmatory test using the same specimen. The cost of this test will be borne by me.

I understand a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

I understand that if my employment is terminated for any reason with HanM Transportation Management Services Ltd. within 90 days, I am liable for the cost of the urinalysis.

This certifies 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. I have also read and understand the above Notice to Applicant and the conditions for the Pre-Employment Urinalysis Consent Agreement.

Applicant's Signature: _____

Date: _____

NOTE: Failure to sign the above consent discontinues the employment process.