

# Driver's Application for Employment

Frontier Transportation Services Inc.  
4690 Maplegrove Rd.  
Beamsville, Ontario, Canada  
L0R 1B1

Date of application \_\_\_\_\_

Date available to begin work \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
(Surname, given name, and Initial)

Address: \_\_\_\_\_  
(Street No. & Name or Lot, concession & township) (city, town, village, R.R.)

\_\_\_\_\_ Phone: \_\_\_\_\_  
(Province/Territory) (Postal Code)

Address \_\_\_\_\_ How Long: \_\_\_\_\_  
For Past (Street No & Name or Lot) (city, town, village, R.R.) (Postal code)

Three \_\_\_\_\_ How Long: \_\_\_\_\_  
Years (Street No & Name or Lot) (city, town, village, R.R.) (Postal code)

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

Are you 18 years of age or older? \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ When? \_\_\_\_\_

Dates From: \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Are you presently employed? \_\_\_\_\_

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

Who referred you to Frontier? \_\_\_\_\_

Rate of pay expected? \_\_\_\_\_

## EDUCATION

**Highest Grade completed** (circle highest grade completed)

|   |   |
|---|---|
| Grade/Secondary School<br>1 2 3 4 5 6 7 8 9 10 11 12 13 | Business, Trade or Technical, College,<br>University: 1 2 3 4 years |
| Course of study:  | Course of Study:  |
| Type of certificate or diploma obtained:                | License, certificate or diploma awarded:                            |
| Special courses or training:                            | Special courses or training:  |

### Other courses, workshops or seminars

| Dates | Name of Course | Location | License, Certificate or Diploma |
|-------|----------------|----------|---------------------------------|
|       |                |          |                                 |
|       |                |          |                                 |

### Experience and Qualifications – Driver

|          | Province/State | License # | Type | Expiration Date |
|----------|----------------|-----------|------|-----------------|
| Driver   |                |           |      |                 |
| Licenses |                |           |      |                 |

### Driving Experience

| Class of Equipment   | Type of Equipment<br>(van, tank, flat, etc) | Dates:<br>From | To | Approximate # of<br>Miles (total) |
|----------------------|---|----------------|----|-----------------------------------|
| Straight Truck       |   |                |    |                                   |
| Tractor and Trailer  |   |                |    |                                   |
| Tractor-Two Trailers |   |                |    |                                   |
| Other                |   |                |    |                                   |

List Provinces, States, or Territories operated in for last five years

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

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List any safe driving awards you hold and their origin \_\_\_\_\_

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## DRIVER PROFILE

### Driver Information

|                       |   |
|-----------------------|---|
| Name:                 | SIN #   |
| License #             | Date of Birth (MM/DD/YY)                                  |
| Driver License Class: | Original date of obtaining Driver License for this class: |

### Employment History

Give a complete record of all employment for the past three years, including any unemployment or self-employment and all commercial driving experience for the past ten years.  
Trucking Company employment information (minimum 3 years history must be provided)

| Employer  |           |              | Date                 |
|---|-----------|--------------|----------------------|
| NAME:   |           |              | FROM:            TO: |
| ADDRESS:  |           |              | Position Held:       |
| CITY:   | PROVINCE: | Postal Code: | Salary/Wage:         |
| Contact Person:                                 | Phone#    |              | Reason for Leaving:  |
| Commodities most often hauled for this company: |           |              |                      |

| Employer  |           |              | Date                 |
|---|-----------|--------------|----------------------|
| NAME:   |           |              | FROM:            TO: |
| ADDRESS:  |           |              | Position Held:       |
| CITY:   | PROVINCE: | Postal Code: | Salary/Wage:         |
| Contact Person:                                 | Phone#    |              | Reason for Leaving:  |
| Commodities most often hauled for this company: |           |              |                      |

| Employer  |           |              | Date                |
|---|-----------|--------------|---------------------|
| NAME:   |           |              | FROM: TO:           |
| ADDRESS:  |           |              | Position Held:      |
| CITY:   | PROVINCE: | Postal Code: | Salary/Wage:        |
| Contact Person:                                 | Phone#    |              | Reason for Leaving: |
| Commodities most often hauled for this company: |           |              |                     |

| Employer  |           |              | Date                |
|---|-----------|--------------|---------------------|
| NAME:   |           |              | FROM: TO:           |
| ADDRESS:  |           |              | Position Held:      |
| CITY:   | PROVINCE: | Postal Code: | Salary/Wage:        |
| Contact Person:                                 | Phone#    |              | Reason for Leaving: |
| Commodities most often hauled for this company: |           |              |                     |

**Claims History** (please describe all accidents you were involved in over the last 3 years; regardless of fault)

| Date of Accident: | Description and Location of Accident | % of Fault | Total Amount Paid |
|-------------------|--------------------------------------|------------|-------------------|
|                   |                                      |            |                   |
|                   |                                      |            |                   |
|                   |                                      |            |                   |
|                   |                                      |            |                   |
|                   |                                      |            |                   |

Comments:

I certify that I personally completed this application and that all of the information is true and correct. I authorize Frontier Transportation Services to do a complete background investigation in accordance with provincial and federal laws. I authorize my previous employers to release any information requested by Frontier Transportation Services and hold them harmless of all liability from the release of said information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name