

**INSTRUCTIONS: PLEASE USE PEN & PRINT LEGIBLY. FILL APPLICATION OUT COMPLETELY OR REVIEW WILL NOT BE CONSIDERED**

\*\* THE INFORMATION CONTAINED IN THIS APPLICATION WILL BE CONSIDERED CONFIDENTIAL \*\*

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE of APPLICATION:** \_\_\_\_\_  
VAN/FLAT DECK/ REEFER

**COMPANY DRIVER:** \_\_\_\_\_ **OWNER/OPERATOR:** \_\_\_\_\_ **DATE AVAILABLE:** \_\_\_\_\_

**HAVE YOU WORKED FOR, OR APPLIED FOR WORK WITH US ANYTIME IN THE PAST? YES ( ) NO ( )**

**IF YES, STATE DATE & POSITION HELD:** \_\_\_\_\_

**PERSONAL DATA**

**NAME:** \_\_\_\_\_  
Last First Middle

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

**ADDRESS:** \_\_\_\_\_ **HOW LONG AT:** \_\_\_\_\_  
Street City AT THIS ADDRESS?  


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Province/State Postal/Zip Code

**PREVIOUS ADDRESS:** \_\_\_\_\_ **HOW LONG AT:** \_\_\_\_\_  
Street City AT THIS ADDRESS?  


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Province/State Postal/Zip Code

**HEALTH SERVICES NO.** \_\_\_\_\_ **PROV:** \_\_\_\_\_ **SOCIAL INSURANCE NO.** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_  
Day Month Year

**MARITAL STATUS:** \_\_\_\_\_ **NUMBER OF DEPENDENTS (SPOUSE INCLUDED):** \_\_\_\_\_ **(OPTIONAL)**

**Are you legally entitled to work in Canada?** \_\_\_\_\_ **If not, Explain:** \_\_\_\_\_

**Can you legally enter the United State?** \_\_\_\_\_ **If not, Explain:** \_\_\_\_\_  
 (Criminal Record may Bar Entry)

**If working under a pardon/waiver, state pardon number & attach a copy:** \_\_\_\_\_

**Are you bondable?** \_\_\_\_\_ **If not, why?** \_\_\_\_\_

**Do you have any outstanding or unpaid citations in Canada or Us?** \_\_\_\_\_ **If so, Explain:** \_\_\_\_\_

**Do you have any warrants out for your arrest?** \_\_\_\_\_ **If so, Explain:** \_\_\_\_\_

## PHYSICAL HISTORY

**\*\* NOTE: PRE-EMPLOYMENT DRUG SCREEN BY COMPANY APPROVED CLINIC REQUIRED \*\***

List any physical limitations, relative to the job: \_\_\_\_\_

Are you currently under the care of a doctor? \_\_\_\_\_

Have you had any major illnesses in the last 5 years? \_\_\_\_\_

Are you physically capable of heavy manual work? \_\_\_\_\_ If not, Why? \_\_\_\_\_

Have you ever been injured on the job? \_\_\_\_\_ Explain: \_\_\_\_\_

Was the above a WCB claim? \_\_\_\_\_

How much time lost from work in the past 3 years due to illness &/or injury? \_\_\_\_\_

## EMERGENCY CONTACT

In case of emergency notify: \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Phone Number Work Phone City Province

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12      TRADE SCHOOL/COLLEGE: 1 2 3 4

Date last attended: \_\_\_\_\_ Last school attended: \_\_\_\_\_  
Name City

Diplomas or certificates held: \_\_\_\_\_

## DRIVING INFORMATION

Accident record for the past 5 years:

Date	Nature of Accident	Location	Injuries	Charges laid

Traffic convictions within the last 5 years:

Date	Charges	Location	Type of vehicle	Points assessed

DRIVERS LICENSE # \_\_\_\_\_ PROVINCE: \_\_\_\_\_ Expiry: \_\_\_\_\_

Have you held a license from another jurisdiction in the last 5 years? \_\_\_\_\_ Where? \_\_\_\_\_

Has your license ever been suspended? \_\_\_\_\_ Explain? \_\_\_\_\_

Have you ever been convicted for driving under the influence? \_\_\_\_\_ Explain: \_\_\_\_\_

## EMPLOYMENT RECORD

LIST ALL EMPLOYERS INCLUDING THOSE FOR WHICH YOU HAVE OPERATED A COMMERCIAL MOTOR VEHICLE(S) FOR A MINIMUM OF THE LAST 10 YEARS, IF APPLICABLE. LEAVE NO EMPLOYMENT GAPS UNANSWERED IF THERE ARE GAPS IN EMPLOYMENT (UNEMPLOYMENT, MEDICAL, ETC.), PLEASE LIST REASONS ON PAGE 4. FAX NUMBERS REQUIRED ONLY ON EMPLOYERS FOR THE LAST 3 YEARS.

LAST EMPLOYER	DATES	POSITION HELD
NAME:	START	REASON FOR LEAVING
CITY:	DATE	
SUPERVISOR:	END	
PHONE #                      FAX #	DATE	
WERE YOU SUBJECT TO THE FMCSR REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SECOND LAST EMPLOYER	DATES	POSITION HELD
NAME:	START	REASON FOR LEAVING
CITY:	DATE	
SUPERVISOR:	END	
PHONE #                      FAX #	DATE	
WERE YOU SUBJECT TO THE FMCSR REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PREVIOUS EMPLOYER	DATES	POSITION HELD
NAME:	START	REASON FOR LEAVING
CITY:	DATE	
SUPERVISOR:	END	
PHONE #                      FAX #	DATE	
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MAY WE CONTACT THESE EMPLOYERS ? YES \_\_\_\_\_ NO \_\_\_\_\_

**UNEMPLOYMENT GAPS**

LIST ANY GAPS IN EMPLOYMENT AND STATE THE REASON BELOW.

FROM		TO		CITY & PROVINCE	REASON - UIC, HEALTH, TRANSFER (SPOUSE), ETC.
MO.	YR	MO	YR		
/		/			
/		/			
/		/			
/		/			

**DRIVING EXPERIENCE****DRIVING /EQUIPMENT EXPERIENCE:**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT: VAN, TANK, FLAT, ETC.	DATES FROM/TO	APPROX. MILES
STRAIGHT TRUCK			
TRACTOR & SEMI TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

LIST PROVINCES &amp; STATES OPERATED IN FOR THE LAST 5 YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT YOU HAVE TAKEN THAT WILL HELP YOU DURING YOUR EMPLOYMENT (i.e. FIRST AID, T.D.G., etc.): \_\_\_\_\_

**TO BE READ & SIGNED BY APPLICANT**

I HEREBY DECLARE THAT ALL INFORMATION SUPPLIED BY ME ON THIS APPLICATION FOR EMPLOYMENT AND ALL ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT/INFORMATION MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL. I HEREBY GIVE MY CONSENT TO PAYNE TRANSPORTATION L.P. TO CONTACT ANY & ALL PRESENT /FORMER EMPLOYERS TO VERIFY THE INFORMATION GIVEN, ON THIS APPLICATION. I HEREBY ACKNOWLEDGE THAT ANY JOB OFFER MAY BE CONDITIONAL UPON THE PASSING OF A PRE EMPLOYMENT DRUG TEST FOR ALCOHOL OR DRUG DEPENDENCIES AS REQUESTED BY THE COMPANY AND ADMINISTERED BY A COMPANY APPOINTED TESTING FACILITY. IF HIRED, I ALSO AGREE TO COMPLY WITH ALL COMPANY AND GOVERNMENT POLICIES, AND REGULATIONS, AND TO RANDOM DRUG & ALCOHOL TESTING AS MANDATED IN THE COMPANY POLICY.

APPLICANT'S SIGNATURE: \_\_\_\_\_  
(IN FULL)

DATE: \_\_\_\_\_

**NOTE: ONLY APPLICANTS CONSIDERED FOR EMPLOYMENT WILL BE NOTIFIED,  
ALL OTHER APPLICANTS ARE THANKED FOR THEIR INTEREST  
IN APPLYING WITH PAYNE TRANSPORTATION L.P..**