



1966 Road 3 East, Kingsville, Ontario N9Y 2E5
PO Box 374, Ruthven, Ontario N0P 2G0

**COMMERCIAL MOTOR VEHICLE
DRIVER EMPLOYMENT
APPLICATION**

In compliance with Federal, State and Provincial equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap or any other protected group status.

Applicant Name: _____ **Date of Application:** _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matter as may be necessary in arriving at an employment decision. Generally, inquires regarding medical history will be made only if and 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 acknowledge that I am completing this application myself, and that all entries/ information are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in this application may result in discharge. I understand that I am required to abide by all rules and regulations of Jakait Express Inc. and any other government authority.

I understand that information I provide regarding current and/or previous employer(s) may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by previous employer(s);
- Have errors in the information corrected by previous employer(s) and for those previous employer(s) to resend the corrected information to Jakait Express Inc.
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ **Date:** _____

FOR COMPANY USE

APPLICANT HIRED: _____ REJECTED: _____

DATE EMPLOYED: _____

JEI SIGNATURE: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATION: _____ DISMISSED: _____

VOLUNTARILY QUIT: _____

TERMINATION REPORT ON FILE: _____

JEI SIGNATURE: _____

APPLICANT TO COMPLETE

Name: _____ Social Insurance #: _____
Last First Middle

Phone: _____ Cell: _____ Pager: _____

Date of Birth: _____
Month / Day / Year

Emergency Contact: _____ Relationship: _____

Phone: _____ Cell: _____ Pager: _____

ADDRESSES OF RESIDENCY FOR THE PAST 5 YEARS

Current Address: _____

Street City State Postal Code How Long?

Prior Addresses:

Street City State Postal Code How Long?

Street City State Postal Code How Long?

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Street City State Postal Code How Long?

Do you have the legal right to work in Canada? Yes No

Have you worked for this Company before? Yes No

Dates: From: _____ To: _____ Position: _____ Reason For Leaving: _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, explain if you wish: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate/intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address.

Applicants to drive a commercial motor vehicle* in interstate/intrastate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such a vehicle.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+ The FMCSRs apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

| | | |
|-----------------|---------------------|-----|
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION: | |
| CITY/STATE/ZIP: | REASON FOR LEAVING: | |
| CONTACT/PHONE: | | |

Were you subject to the FMCSRs+ while employed? Yes 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? Yes No

| | | |
|-----------------|---------------------|-----|
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION: | |
| CITY/STATE/ZIP: | REASON FOR LEAVING: | |
| CONTACT/PHONE: | | |

Were you subject to the FMCSRs+ while employed? Yes 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? Yes No

| | | |
|-----------------|---------------------|-----|
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION: | |
| CITY/STATE/ZIP: | REASON FOR LEAVING: | |
| CONTACT/PHONE: | | |

Were you subject to the FMCSRs+ while employed? Yes 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? Yes No

| | | |
|-----------------|--------------------------|-----|
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION: | |
| CITY/STATE/ZIP: | REASON FOR LEAVING: | |
| CONTACT/PHONE: | <input type="checkbox"/> | |

Were you subject to the FMCSRs+ while employed? Yes 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? Yes No

| | | |
|-----------------|---------------------|-----|
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION: | |
| CITY/STATE/ZIP: | REASON FOR LEAVING: | |
| CONTACT/PHONE: | | |

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Were you subject to the FMCSRs+ while employed? Yes 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? Yes No

ACCIDENT RECORD - for past 5 years (attach sheet if more space is needed) If none, write "None".

| DATES | DESCRIPTION (HEAD ON, REAR END, ETC) | |
|-------|--------------------------------------|--|
| | | Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No Fatalities <input type="checkbox"/> Yes <input type="checkbox"/> No Ticket Issued <input type="checkbox"/> Yes <input type="checkbox"/> No Preventable <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No Fatalities <input type="checkbox"/> Yes <input type="checkbox"/> No Ticket Issued <input type="checkbox"/> Yes <input type="checkbox"/> No Preventable <input type="checkbox"/> Yes <input type="checkbox"/> No |

TRAFFIC CONVICTIONS/FORFEITURES - for past 3 years (other than parking violations) If none, write "None".

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

EXPERIENCE / QUALIFICATIONS - DRIVER - List all drivers licenses or permits held in the last 3 years.

| STATE | LICENSE # | TYPE | EXPIRATION DATE |
|-------|-----------|------|-----------------|
| | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been revoked or suspended? Yes No

If the answer to either **A** or **B** is yes, please give details: _____

DRIVING EXPERIENCE Yes No

| CLASS | TYPE (VAN, TANK, ETC.) | DATE FROM | DATE TO | # OF MILES (TOTAL) |
|------------------|------------------------|-----------|---------|--------------------|
| STRAIGHT TRUCK | | | | |
| TRACTOR TRAILER | | | | |
| SCHOOL BUS/COACH | | | | |
| OTHER | | | | |

List all states operated in for last 5 years: _____

List additional courses, training, experience that will help you as a driver: _____

Which Safe Driving Awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

Show any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than listed elsewhere in this application:

List special equipment or technical materials you can work with other than those already shown:

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College/University: 1 2 3 4

Last School Attended: _____

OTHER

Have you ever been charged of a criminal offence in Canada or the U.S.? Yes No

If yes, what was your judgment: _____

Have you ever been denied access into the U.S.? Yes No

Have you ever been found in violation of Canada or US Customs laws or programs such as CTPAT, CSA, PIP, FAST?

Have you ever been denied a FAST/CDRP Card? Yes No

If Yes to above, please explain: _____

of years of U.S. Border Crossing Experience: _____

List any states you have had problems with law enforcement which may cause a problem if you are stopped:

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____

Date: _____