

DRIVER'S APPLICATION SHERGILL TRANSPORT LTD.

Address: 22654 – Fraser Hwy City: Langley Prov. /State: BC PC/Zip: V2Z 2T8

In compliance with Federal and State equal employment 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.

Date of application _____ 200__

Position(s) Applied for _____

Name _____ Social Security # _____
Last First Middle

Address _____
Street / Apt. # City

Province / State

Postal Code / Zip

Phone Number

ADDRESS _____ How Long? _____

FOR Street / Apt. #

City

PC/Zip

PAST 3

YEARS

How Long? _____

Street/ Apt. #

City

PC/Zip

Date of Birth ____/____/____ Can you provide proof of age ____ YES ____ NO Are you a U.S. Citizen ____ YES ____ NO
Mth Day Yr

In case of emergency notify _____
Name Address Phone

Drivers license Number: _____ Expiry: _____

Have you worked for this company before? ____ YES ____ NO Where? _____

Dates: From ____/____/____ To ____/____/____ Rate of Pay \$ _____ Position _____
Mth Yr Mth Yr

Reason for Leaving _____

Are you now employed? ____ YES ____ NO If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

PHYSICAL HISTORY

NOTICE: A DRUG TEST IS A PART OF OUR PRE-EMPLOYMENT PHYSICAL

List any handicap that prevents you from doing certain kinds of work _____

Are you physically capable of heavy manual work? ____ YES ____ NO Ever injured on the job? ____ YES ____ NO

Give nature & degree of such injuries _____

How much time lost from work in past three years for illness? _____

Would you be willing to take a physical examination? ____ YES ____ NO

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle * in intrastate or interstate commerce shall also provide an additional 10 years information on those employers for whom the applicant operated such vehicle.

LAST EMPLOYER: NAME: _____
ADDRESS: _____ PHONE _____
POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

SECOND EMPLOYER: NAME: _____
ADDRESS: _____ PHONE _____
POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

THIRD EMPLOYER: NAME: _____
ADDRESS: _____ PHONE _____
POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

EMPLOYER: NAME: _____
ADDRESS: _____ PHONE _____
POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

EMPLOYER: NAME: _____
ADDRESS: _____ PHONE _____
POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

EMPLOYER: NAME: _____
ADDRESS: _____ PHONE _____
POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

EMPLOYER: NAME: _____
ADDRESS: _____ PHONE _____
POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

EMPLOYER: NAME: _____
ADDRESS: _____ PHONE _____
POSITION HELD _____ FROM _____ / _____ TO _____ / _____
Area Code Tel. Number
Mth Yr Mth Yr

REASONS FOR LEAVING _____

* 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.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH SHEET IF MORE SPACE IF NEEDED)**

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME CITY

EXPERIENCE & QUALIFICATIONS – DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

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 suspended or revoked? ___ YES ___ NO

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF ML/KM (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

List states operated in for the last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE & QUALIFICATIONS – OTHER

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

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

TO BE READ AND SIGNED BY APPLICANT

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.

I am also obligated to repay any and all cash advances that I may have taken during my employment with you, as cash advances between pay periods will be repaid on the pay period following my advance. Should my employment with this company be terminated at anytime either by my own decision or the companies decision, any outstanding debt that I have incurred with the company (pay advance or any other cost) the amount of money left owing will be deducted from my last and final pay period with the company, should my final pay not be enough to cover all of my advances I will agree to make other such payment arrangements as this debt will not be dissolved until it has been paid in full.

I will accept responsibility for any fuel purchases made with the company fuel card that I am given during the term of my employment with this company. My fuel card number will remain the same and will follow me if I am moved to another truck, (my fuel card will only be replaced if the previous one is not working or damaged in anyway). I understand that the company fuel card is for use on company vehicles only; abuse of this card will violate company policy. 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.

_____ 200__

Date

_____ Applicant Signature

Fuel Card No: _____ Print Applicant Name _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Police/Traffic Rcd						

SIGNATURE OF INTERVIEWING OFFICER _____

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____

TRANSFERS TERMINATION OF EMPLOYMENT

DATE TERMINATED ____/____/____ DEPT. RELEASED FROM _____

DISMISSED ___YES ___NO VOLUNTARILY QUIT ___YES ___NO OTHER _____

TERMINATION REPORT PLACED IN FILE ___YES ___NO SUPERVISOR _____