

Rideway Transport Inc.

Application for Company Driver

Name: _____ Date: _____

Address: _____ Phone: _(____)_____

_____ Truck: _(____)_____

_____ Email: _____

Date of Birth: _____ SIN# _____

Do you have the legal right to work in Canada? _____

Have you worked for this Company before? _____

Who referred you? _____ Are you now employed? _____

If no, how long since your last employment? _____

Equipment

Year: _____ Make: _____ Model: _____

Physical History

Do you have any physical condition which may limit your ability to perform your work?

Will you be willing to take a physical examination? _____

Accident Record (for the past 3 years)

	Date	Nature of Accident	Fatalities	Injuries
Last Accident:	_____	_____	_____	_____
Next Prev.	_____	_____	_____	_____
Next Prev.	_____	_____	_____	_____

Traffic Convictions (for the past 3 years, other than violations)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

Circle the highest: 1 2 3 4 5 6 7 8 9 10 11 12 13 College: 1 2 3

Last school attended: _____ City: _____

Driving Qualifications – Drivers Licenses

Province	License Number	Type	Expiry
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? _____

Driving Experience

Class of Equipment	Type of Equipment	Dates	Approx Miles
Straight Truck	_____	_____	_____
Tractor & Semi Trailer	_____	_____	_____
Tractor-Two Trailer	_____	_____	_____
Other: _____	_____	_____	_____

Employment History

Employer: _____ Date from: _____ To: _____

Address: _____

Contact Person: _____ Phone: _(_____) _____

Position Held: _____ Reason for Leaving: _____

Employer: _____ Date from: _____ To: _____

Address: _____

Contact Person: _____ Phone: _(_____) _____

Position Held: _____ Reason for Leaving: _____

Employer: _____ Date from: _____ To: _____

Address: _____

Contact Person: _____ Phone: _(_____) _____

Position Held: _____ Reason for Leaving: _____

Employer: _____ Date from: _____ To: _____

Address: _____

Contact Person: _____ Phone: _(_____) _____

Position Held: _____ Reason for Leaving: _____

Other Experience and Qualifications

List Provinces Operated in for last 5 years: _____

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

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

Show any trucking, transpiration or other experiences that may help you 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, or other than already shown: _____

TO BE READ AND SIGNED BY THE 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. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN TERMINATION OF THE OWNER/OPERATOR'S AGREEMENT. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE COMPANY, AS PERMITTED BY LAW.

Applicant's Signature

Date