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APPLICATION FOR EMPLOYMENT

APPLICATION DATE: _____ HIRE DATE: _____

PERSONAL INFORMATION

APPLICANT NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____ UNIT # _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH: _____ SIN: _____
(MONTH) (DAY) (YEAR)

PHONE #: _____ CELL: _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (PROVINCE) (POSTAL CODE) (# YEARS)

(STREET) (CITY) (PROVINCE) (POSTAL CODE) (# YEARS)

LICENCE INFORMATION

ISSUING PROVINCE: _____ DRIVERS LICENCE #: _____

CLASS: _____ RESTRICTIONS: _____ EXPIRATION DATE: _____
(MONTH/DAY/YEAR)

HAS YOUR LICENSE EVER BEEN SUSPENDED? YES _____ NO _____

IF YES, FOR WHAT REASON? _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, REEFER, FLAT, ETC.)	TYPE OF FREIGHT	DATES	
			FROM	TO
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR AND B-TRAIN				
OTHER				

WHAT TYPE OF TRANSMISSION HAVE YOU USED (# of gears)? _____

EXPERIENCE DRIVING IN WHAT PROVINCES: _____

EXPERIENCE DRIVING IN WHAT STATES: _____

ARE YOU WORKING AS A DRIVER RIGHT NOW? YES _____ NO _____

IF NO, HOW LONG SINCE? _____

EMPLOYMENT RECORD

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers for the past 10 years. Must list the complete name, mailing address, street number, city, state and postal code.

LAST EMPLOYER: NAME _____
ADDRESS _____
PHONE _____ REASON FOR LEAVING _____
POSITION HELD _____ FROM _____ TO _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
Was the previous job position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40?
 Yes No
 Yes No

LAST EMPLOYER: NAME _____
ADDRESS _____
PHONE _____ REASON FOR LEAVING _____
POSITION HELD _____ FROM _____ TO _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
Was the previous job position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40?
 Yes No
 Yes No

LAST EMPLOYER: NAME _____
ADDRESS _____
PHONE _____ REASON FOR LEAVING _____
POSITION HELD _____ FROM _____ TO _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
Was the previous job position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40?
 Yes No
 Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision (Generally, inquiries 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.

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.

I understand that information I provide regarding current and/or previous employers 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 current/previous employers;
• Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
• 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.

DATE
This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE