



COMMERCIAL VEHICLE OPERATOR APPLICATION FOR EMPLOYMENT OR CONTRACT

Email completed forms to recruiting@oneforfreight.com

BILL TO INFORMATION

*Full Name	
*Address (If resided at this address less than 3 years, please provide further addresses.)	
*Secondary Address	
*Phone	*Email
*Driver License #	*Driver License Class
*Issuing Province	*Driver License Expiry Date
*Driver License Medical Expiry Date	

OWNER OPERATORS ONLY

*Truck info - Year	*Truck info - Make	*Truck info - Last Annual Inspection
*Do you have a WSIB exempt #? YES <input type="checkbox"/> NO <input type="checkbox"/>	* If yes, WSIB#:	
*Do you have alternative insurance coverage including out of country? YES <input type="checkbox"/> NO <input type="checkbox"/>	* If yes, provide the name of your insurance coverage:	
*Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*Has any license, permit or privilege to drive ever been suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*Is there any reason that may prevent you from legally crossing the U.S. Border? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*Do you have a Fast Card? YES <input type="checkbox"/> NO <input type="checkbox"/>	* If yes, Fast Card#:	*Fast Card Expiry:
*Are you presently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	*When are you available to start?	
*Would you be willing to submit to a pre-employment urinalysis (substance abuse) test? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*Are you physically capable of performing heavy manual labor up to 90lbs? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*If no to above, please explain:		

EMPLOYMENT HISTORY

Employer #1	Name:	
*Start Date:	*End Date:	*Phone
*Address		* City:
*Province:	*Salary Wage:	*Contact Person:
*Position Held	*Reason for Leaving	
*Types of equipment driven:		
		*Was this a safety-sensitive position: YES <input type="checkbox"/> NO <input type="checkbox"/>
*Were you subject to Federal Motor Carriers Safety Regulations during employment here? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*Were you subject to drug and alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Employer #2	Name:		
*Start Date:	*End Date:	*Phone	
*Address		* City:	
*Province:	*Salary Wage:	*Contact Person:	
*Position Held		*Reason for Leaving	
*Types of equipment driven:		*Was this a safety-sensitive position: YES <input type="checkbox"/> NO <input type="checkbox"/>	
*Were you subject to Federal Motor Carriers Safety Regulations during employment here? YES <input type="checkbox"/> NO <input type="checkbox"/>			
*Were you subject to drug and alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Employer #3	Name:		
*Start Date:	*End Date:	*Phone	
*Address		* City:	
*Province:	*Salary Wage:	*Contact Person:	
*Position Held		*Reason for Leaving	
*Types of equipment driven:		*Was this a safety-sensitive position: YES <input type="checkbox"/> NO <input type="checkbox"/>	
*Were you subject to Federal Motor Carriers Safety Regulations during employment here? YES <input type="checkbox"/> NO <input type="checkbox"/>			
*Were you subject to drug and alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EXPERIENCE, EDUCATION AND QUALIFICATIONS

*Did you attend an accredited driving school in order to obtain your license? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*Name of school attended:		
*Have you been trained in Hours of Service? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, when?	
*Have you been trained in Load Securement? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, when?	
*Have you been trained in Pre-trip Inspections? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, when?	
*Are you able to complete an inward manifest & clear a load at U.S. or Canada Customs? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*How many accident-free driving years do you currently have in a Commercial Motor Vehicle?		
List any motor vehicle accidents you have been involved in during the past 5 years:		
List any motor vehicle violations you have been involved in during the past 3 years:		
*Which special courses, training or background do you possess?		
*Are there any provinces or states that you will not or cannot operate in? List:		



Disclaimer:

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 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 my 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, as permitted by Law. I understand that information I provide regarding current and previous employers may be used and those employers will be contacted, for the purpose of investigating my safety performance history as required by FMCSA 391.23 and I understand that I have the right to: Review information provided by previous employers; have errors in the information corrected by previous employers and for those previous employers to resend the corrected information; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I can't agree on the accuracy of the statement.