

# PARAMOUNT TRUCK LINES LTD.

1350 Fife ST. Ph: 204-694-2812  
Winnipeg, MB Fax: 204-633-6567  
R2X 2N7

## DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

Fax completed Application to 204-633-6567 attention Driver Recruiting

In compliance with Federal 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 non-job related disability.

Date of application \_\_\_\_\_ Positions Applied for \_\_\_\_\_

Current phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Name  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address  
for the past 3 years  
Street \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_ How long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Prov & Postal Code \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Prov & Postal Code \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Prov & Postal Code \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVERS' LICENCE	PROV.	LICENCE NO.	TYPE/ CLASS	EXPIRATION DATE

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? \_\_\_\_\_

IF YES, PLEASE PROVIDE A COPY OF YOUR FINGERPRINTED CRIMINAL RECORD SEARCH

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_

DO YOU REQUIRE A WAIVER TO ENTER THE U.S.? \_\_\_\_\_ EXPIRY \_\_\_\_\_

A.) HAVE YOU EVER BEEN DENIED A LICENCE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? \_\_\_\_\_

B) HAS ANY LICENCE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_

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



## ACCIDENTS AND VIOLATIONS

RECORD ALL ACCIDENTS (PREVENTABLE / NON-PREVENTABLE) INCLUDING NON-COMMERCIAL VEHICLES. FOR PAST 3 YEARS OR MORE, IF **NONE** WRITE **NONE** (**ATTACH EXTRA SHEET IF MORE SPACE IS NEEDED**)

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

**"ALL"** TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS IF **NONE** WRITE **NONE** (**ATTACH EXTRA SHEET IF MORE SPACE IS NEEDED**)

LOCATION	DATE	CHARGE	PENALTY

DO YOU HAVE ANY MOVING VIOLATIONS THAT ARE NOT LISTED ON YOUR ABSTRACT?

YES  NO

IF YES, PLEASE SPECIFY DETAILS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 HIGH SCHOOL: 10 11 12 13

COLLEGE/ UNIVERSITY: 1 2 3 4

SCHOOLS ATTENDED: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OTHER SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER.

\_\_\_\_\_  
 \_\_\_\_\_

# EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following on all employers during the preceeding 10 years. List complete mailing address, street number, city, prov/state and zip or postal code.

(NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYER		DATE	
NAME:		FROM	TO
ADDRESS:			
CITY:	PROV:	PC:	POSITION
CONTACT PERSON:		WAGE	
FAX#	PHONE#	REASON FOR LEAVING	

EMPLOYER		DATE	
NAME:		FROM	TO
ADDRESS:			
CITY:	PROV:	PC:	POSITION
CONTACT PERSON:		WAGE	
FAX#	PHONE#	REASON FOR LEAVING	

EMPLOYER		DATE	
NAME:		FROM	TO
ADDRESS:			
CITY:	PROV:	PC:	POSITION
CONTACT PERSON:		WAGE	
FAX#	PHONE#	REASON FOR LEAVING	

EMPLOYER		DATE	
NAME:		FROM	TO
ADDRESS:			
CITY:	PROV:	PC:	POSITION
CONTACT PERSON:		WAGE	
FAX#	PHONE#	REASON FOR LEAVING	

FROM: PARAMOUNT TRUCK LINES LTD.
1350 FIFE ST.
WINNIPEG, MB R2X 2N7
FAX# (204) 633-6567 PHONE# (204)694-2812

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL INSURANCE NO.# \_\_\_\_\_

\_\_\_\_\_ has made application to this company for a position as
\_\_\_\_\_ and states that he/she was employed by you as
\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_.

Will you please reply to the inquiry below respecting this applicant. Your reply will be held
in strict confidence and will in no way involve you in an responsibility.

Very truly yours,

Safety Department

- 1 Is the employment record with your company correct as stated above?
2 What kind(s) of work did the applicant do?
3 Did the applicant drive motor vehicles for you? Passenger car Straight truck
Bus Tractor semitrailer Other
4 Was the applicant a safe and efficient driver?
5 Give the dates of vehicle accidents in which he/she was involved.
6 Reasons for leaving your employ: Discharged Laid off Resigned
Remarks:
7 Was the applicant's general conduct satisfactory?
8 Is the applicant competent for the position sought?
9 Did the applicant drink any alcoholic beverages while on duty?

Table with 6 columns: Quality of work, Cooperation with others, Safety habits, Personal habits, Driving skill, Attitude. Columns: Excellent, Good, Fair, Poor, Very Poor.

REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

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Detach here for your records
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(name of Former Employer)

Date: \_\_\_\_\_

You are hereby authorized to give to PARAMOUNT TRUCK LINES LTD.
(Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released
from any and all liability which may result from furnishing such information to the above named company.

DRIVER'S SIGNATURE \_\_\_\_\_

