

TransDirect Freightlines Inc.
71 Otter Place
Winnipeg, MB R3Y 0S2
Driver Application for Employment

Date of Application _____
(MM/DD/YY)

Name: _____
Last First Middle

Social Insurance No. _____ Position(s) Applied For _____

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS:

Current Address _____
Box # or Street City Province
Postal Code _____ How long have you lived at this address? _____
Phone No. _____ Cell _____ Fax _____

Previous Addresses _____ How long? _____
Street City Prov and P.C.
_____ How long? _____
Street City Prov and P.C.

E-mail Address _____ Date of Birth _____
(MM/DD/YY)

Current country of citizenship? _____ Do you have the legal right to work in Canada? Yes No

Have you worked for this company before? Yes No Position _____

Dates: From _____ To _____ Rate of pay _____
(MM/DD/YY) (MM/DD/YY)

Reason for leaving _____

When are you available for work? _____ Are you currently employed? Yes No

If not currently employed, how long since leaving last employment _____

Who referred you? _____ Rate of pay expected _____

Do you have any other jobs or work (full or part time) that may prevent or prohibit you from being available for work when required?

Are there any days or times (other than vacation) when you will not be available for work? (please specify)

In the event of an emergency, please contact (in order)

1.	_____	_____	() _____	() _____
	Name	Relationship	Work Phone #	Home Phone #
2.	_____	_____	() _____	() _____
	Name	Relationship	Work Phone #	Home phone #

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A. EMPLOYMENT HISTORY

All persons applying to drive in interstate commerce must provide the following information on all employers during the preceding **3 years**. List complete mailing address, street number, city, province and postal code. 391.21(b)10.

Persons applying to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional **7 years'** information on those employers for whom the applicant operated such vehicle. 391.21(b)11.

(Total of ten-year employment record) Any gaps in employment must be explained.

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

LAST OR PRESENT EMPLOYER	DATE	
Name	From:	To:
Address	(Month/Year)	(Month/Year)
City	Province	Position Held: _____
Contact Person	Phone No. ()	
Were you employed in a safe sensitive position abiding by (FMCSA) Federal Motor Carrier Safety Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to safety sensitive functions as dictated by USA Department of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason For Leaving		

EMPLOYER	DATE	
Name	From:	To:
Address	(Month/Year)	(Month/Year)
City	Province	Position Held: _____
Contact Person	Phone No. ()	
Were you employed in a safe sensitive position abiding by (FMCSA) Federal Motor Carrier Safety Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to safety sensitive functions as dictated by USA Department of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason For Leaving		

SECOND LAST EMPLOYER	DATE	
Name	From:	To:
Address	(Month/Year)	(Month/Year)
City	Province	Position Held: _____
Contact Person	Phone No. ()	
Were you employed in a safe sensitive position abiding by (FMCSA) Federal Motor Carrier Safety Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to safety sensitive functions as dictated by USA Department of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason For Leaving		

THIRD LAST EMPLOYER	DATE	
Name	From:	To:
Address	(Month/Year)	(Month/Year)
City	Province	Position Held: _____
Contact Person	Phone No. ()	
Were you employed in a safe sensitive position abiding by (FMCSA) Federal Motor Carrier Safety Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to safety sensitive functions as dictated by USA Department of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason For Leaving		

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EMPLOYER		DATE	
Name		From:	To:
Address		(Month/Year)	(Month/Year)
City	Province	Position Held: _____	
Contact Person	Phone No. ()		
Were you employed in a safe sensitive position abiding by (FMCSA) Federal Motor Carrier Safety Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to safety sensitive functions as dictated by USA Department of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving			

EMPLOYER		DATE	
Name		From:	To:
Address		(Month/Year)	(Month/Year)
City	Province	Position Held: _____	
Contact Person	Phone No. ()		
Were you employed in a safe sensitive position abiding by (FMCSA) Federal Motor Carrier Safety Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to safety sensitive functions as dictated by USA Department of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving			

EMPLOYER		DATE	
Name		From:	To:
Address		(Month/Year)	(Month/Year)
City	Province	Position Held: _____	
Contact Person	Phone No. ()		
Were you employed in a safe sensitive position abiding by (FMCSA) Federal Motor Carrier Safety Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to safety sensitive functions as dictated by USA Department of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving			

EMPLOYER		DATE	
Name		From:	To:
Address		(Month/Year)	(Month/Year)
City	Province	Position Held: _____	
Contact Person	Phone No. ()		
Were you employed in a safe sensitive position abiding by (FMCSA) Federal Motor Carrier Safety Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to safety sensitive functions as dictated by USA Department of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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EMPLOYER		DATE	
Name		From:	To:
Address		(Month/Year)	(Month/Year)
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B. DRIVING AND ACCIDENT HISTORY

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

IF NONE, CHECK THE FOLLOWING BOX NONE

	DATES (MM/DD/YY)	NATURE OF ACCIDENT. (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	WERE YOU AT FAULT?
Last Accident					
Next Previous					
Next Previous					

Any injuries and/or Worker's Compensation Board claims for past 5 years? Yes No

If yes, please give dates and details _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS).

IF NONE, CHECK THE FOLLOWING BOX NONE

LOCATION	DATE (MM/DD/YY)	CHARGE	PENALTY

(Attach Sheet If More Space Is Needed)

C. EDUCATION

1. Circle highest grade completed: 1 2 3 4 5 6 7 8 High school: 1 2 3 4 College: 1 2 3 4

2. Last school attended _____
Name City

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

D. QUALIFICATIONS

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.			
Province	License Number	Type	Expiry Date (MM/DD/YY)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If yes give details _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes No
If yes give details _____

C. Do you meet Canadian and U.S. medical standards? Yes No

D. Are you bondable? Yes No

E. How would you rate your mechanical abilities? Good Fair Poor

F. You must provide a criminal record check.

G. You must provide a current "Commercial Driver Abstract".

H. You must provide a Canada customs 'CDRP' and 'FAST' card.

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

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E. EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATE (MM/DD/YY)	APPROX. NUMBER OF MILES (TOTAL)
Straight Truck			
Tractor And Semi-Trailer			
Tractor - Two Trailers			
Motorcoach - School Bus			
Other			

How many years/miles experience:

1. In deliveries direct to customer _____
2. In dealing with customs & customs brokers _____
3. In loading/unloading trailers to meet weight/axle reg's _____
4. Reefer equipment _____
5. Hauling dangerous goods _____
6. Filling out Canadian and U.S. logs _____
7. Filling out pre & post trip inspections _____

List States & Provinces operated in for last five years (use 2 letter abbreviations) _____

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

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

F. REFERENCES

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER
			()
			()
			()

TO BE READ, SIGNED AND AGREED TO BY 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. (Generally, inquiries regarding medical history are 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 Canadian and U.S. Transport regulations and company policies.

DATE (MM/DD/YY)

X

Applicant's Signature