

Driver Application for Employment

Please complete in full, accurately and legibly. If any section is too small for the amount of information to be entered, please attach a separate page.

DATE	
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HOW DID YOU LEARN ABOUT WAYFREIGHT?

Newspaper (Name)		Referred by:		Other (specify)	
Applying for position as: Company Driver		Owner Operator			

NAME AND ADDRESS					
NAME: (full names please) First Middle Last			HOME TELEPHONE (include area code):		
MAILING ADDRESS:			WORK TELEPHONE (Optional):		
CITY	PROVINCE	POSTAL CODE:	CELL PHONE (Optional)		
EMAIL ADDRESS:		SOCIAL INSURANCE NUMBER		<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS ADDRESSES – Most recent address at top – 3 years history required. 5 years required if you do not have a FAST card					
Address	City	Province	Postal Code	From (Month/Year)	To (Month/Year)
Address	City	Province	Postal Code	From (Month/Year)	To (Month/Year)
Address	City	Province	Postal Code	From (Month/Year)	To (Month/Year)
Address	City	Province	Postal Code	From (Month/Year)	To (Month/Year)

DRIVING HISTORY

DRIVER'S LICENSE NUMBER		LICENSE CLASS	EXPIRY DATE	DATE RECEIVED CLASS A LICENSE IF 2 YEARS AGO OR LESS	
IF YOU GRADUATED FROM DRIVING SCHOOL WITHIN THE LAST 2 YEARS, PLEASE COMPLETE THE FOLLOWING SECTION					
NAME OF SCHOOL			SCHOOL LOCATION		
SCHOOL PHONE NUMBER			CONTACT NAME		
Do you have a FAST Card? Yes No		If not, have you applied for a card? Yes No		If not, are you willing to apply Yes No	
FAST Card Number			Expiry Date		

EQUIPMENT EXPERIENCE

Years of experience	Van	Flat Bed	Multi axle	Other (specify type)
Equipment Preferred	Van	Flat Bed		

ACCIDENT HISTORY

Provide details of all accidents / incidents you were involved in within the last 3 years. If none, check here

Date	Description (Head-on, Rear-end, Roll-over, etc)	Fatalities	Injuries	Total Damage – All Vehicles & Property
Details (be specific):				
Details:				

TRAFFIC INFRACTION HISTORY

Provide details of all violations within the last 3 years. If none, check this box >

Date	Location	What were you charged with?	Penalty	Points
Has your Driver's License ever been suspended or revoked?			Yes	No
Have you ever been denied a license a license or privilege to operate a motor vehicle?			Yes	No
If the answer to either question above is yes, please provide details.				

EMPLOYMENT HISTORY

Enter current or most recent employer at top – 3 years history required. 5 years required if you do not have a FAST card.
 Periods of unemployment must be entered as well. No date gaps allowed.

EMPLOYER NAME			FROM (MONTH - YEAR)	TO (MONTH - YEAR)
ADDRESS			POSITION	
CITY	PROVINCE	POSTAL CODE	REASON FOR LEAVING	
PHONE	CONTACT NAME			
EMPLOYER NAME			FROM (MONTH - YEAR)	TO (MONTH - YEAR)
ADDRESS			POSITION	
CITY	PROVINCE	POSTAL CODE	REASON FOR LEAVING	
PHONE	CONTACT NAME			
EMPLOYER NAME			FROM (MONTH - YEAR)	TO (MONTH - YEAR)
ADDRESS			POSITION	
CITY	PROVINCE	POSTAL CODE	REASON FOR LEAVING	
PHONE	CONTACT NAME			
EMPLOYER NAME			FROM (MONTH - YEAR)	TO (MONTH - YEAR)
ADDRESS			POSITION	
CITY	PROVINCE	POSTAL CODE	REASON FOR LEAVING	
PHONE	CONTACT NAME			
EMPLOYER NAME			FROM (MONTH - YEAR)	TO (MONTH - YEAR)
ADDRESS			POSITION	
CITY	PROVINCE	POSTAL CODE	REASON FOR LEAVING	
PHONE	CONTACT NAME			

Are you currently employed? Yes No	If not, when did you leave your last employment?
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Wayfreight hires drivers primarily for flat deck, and only occasional van work. Is there any reason you might be unable to perform the functions of a flat bed driver?	Yes	No
If Yes, please explain.		

EDUCATION

Please mark the highest grade completed

High School	9	10	11	12	13	GED	College or University	1	2	3	4
Last school attended: Name:								City:			

PERSONAL REFERENCES

Please list three references who are not related to you

Name:	Phone:
Name:	Phone:
Name:	Phone:

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 Wayfreight Services Ltd. 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 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 interviews, or information omitted from my application or interviews, may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date: _____ **Applicant's Signature:** _____
If emailed, signature will be required at time of interview.

Note to applicant: It would be helpful if you attach a copy of a valid Driver's License, Driver License Abstract, CVOR, and proof of legal residency in Canada (which may consist of a Birth Certificate, Landed Immigrant form, Passport or other official Canadian Government document). If you are selected for an interview, **you will be required** supply these documents.

Fax completed application to Wayfreight Services at 519 829 2502, drop off in person at 10 Kerr Cr, R.R.3 Guelph ON (Aberfoyle), or email to jerry@wayfreight.on.ca

Thank you for considering WAYFREIGHT SERVICES as a prospective employer

Interview Scheduled:	Interviewer:	Interview Date:	Time:
Road Test Scheduled:	Tester:	Date:	Time:
Drug & Alcohol Test	At:	Date:	Time:
Orientation Scheduled:	By:	Date:	Time:
Start Employment		Date:	Time: