



In addition to the information requested within this document, be prepared to provide original copies of the following:

- Current Drivers Abstract; and
- Current Criminal Record Search

Please note that all sections of the following application must be completed in full

Date of Application:

Position Applied For:

Company Driver

Owner-Operator

Personal Information

Last Name:

First Name:

Middle Initial:

Handle:

Home Phone Number:

Alternate Phone Number: _____

Email Address: _____

Current Address

Suite #: _____ Rural Marker: _____ How Long: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Previous Address (if less than 3 years at current address)

Suite #: _____ Rural Marker: _____ How Long: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Can you legally work in Canada?

Yes

No

Can you legally drive in the USA?

Yes

No

Do you have experience working for a
U.S. DOT regulated carrier during the last 3 years? Yes No

Have you been subject to Drug & Alcohol testing under the requirements of the
U.S. DOT F.M.C.S.A. as required by 49 CFR part 40 in the last 3 years? Yes No

Have you worked for Jade Transport Ltd. before? Yes No

Are you currently employed? Yes No

How did you learn of an opening with our company?
Were you referred? If so, by whom? _____

Expected Rate of Pay: _____/Mile

Employment History

All driver applicants intending to drive for Jade Transport Ltd. operating a commercial motor vehicle **must provide the following information on all employers during the preceding 10 years. Please list employers in reverse order starting with the most recent; include complete mailing address/street number, city, province and postal code for each.

**** Includes vehicles have a GVWR of 26001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

Previous Employer (Current-Recent)

Name: _____

Address: _____ Phone Number: _____

City: _____ Prov: _____ Postal Code: _____

May we contact this employer? Yes No

Position Held: _____ Salary/Wage: _____

From: Month: _____ Year: _____

To: Month: _____ Year: _____

Reason for Leaving: _____

Previous Employer (2)

Name: _____

Address: _____ Phone Number: _____

City: _____ Prov: _____ Postal Code: _____

May we contact this employer? Yes No

Position Held: _____ Salary/Wage: _____

From: Month: _____ Year: _____

To: Month: _____ Year: _____

Reason for Leaving: _____

Previous Employer (3)

Name: _____

Address: _____ Phone Number: _____

City: _____ Prov: _____ Postal Code: _____

May we contact this employer? Yes No

Position Held: _____ Salary/Wage: _____

From: Month: _____ Year: _____

To: Month: _____ Year: _____

Reason for Leaving: _____

If you would like to list additional employers, please do so in the following field. Please provide as much information as possible.

Education, Training, Qualifications & Experience

Education Level: _____ Highest Level of Education Completed: _____

Education Level: _____ Highest Level of Education Completed: _____

Driver Licenses

Province: _____ License #: _____ Type &/or Class: _____

Expiration Date: _____ Please indicate if you have other licenses: _____

Accident Review (Include preceding 3 years; please be prepared to provide documentation explaining these incident(s))

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Incident Date (recent to past)	Nature of Incident e.g.: collision, roll-over	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures in the past 5 years (not including parking violations)

Location	Date	Charges	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Describe Driving Experience Below

Class of Equipment: _____

Type of Equipment: _____

From Month: _____

Year: _____ Approximate Miles _____

To Month: _____

Year: _____

Class of Equipment: _____

Type of Equipment: _____

From Month: _____

Year: _____ Approximate Miles _____

To Month: _____

Year: _____

Please list all provinces/states which you have operated in during the last 5 years.

Please list any special courses or training completed, related to the job applied for.

Please list any safe driving awards which you may have received.

Please list any equipment or technical material you have worked with in the past. E.g. HAZMAT

I certify that this application has been 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 Jade Transport 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 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 provided in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the company.

I agree with the statement as presented above.

I disagree with the statement as presented above.

Applicant Signature: _____