



APPLICATION DATE: \_\_\_\_\_  
(mm/dd/year)

## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment 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.

### Personal Information

<b>Name:</b>	_____	<b>Social Insurance</b>	_____
	Last                      First                      Middle		
<b>Current Address</b>	_____		_____
	Street	City	Prov./ State
	_____		<b>How Long</b> _____
	Postal Code	<b>Phone No.</b> _____	
<b>Previous</b>	_____		<b>How Long</b> _____
<b>Addresses</b>	Street	City	Prov./ State & Postal/Zip
	_____		<b>How Long</b> _____
(3 years)	Street	City	Prov./ State & Postal/Zip
	_____		<b>How Long</b> _____
<b>Date of Birth:</b>	_____	<b>Can you provide proof of age?</b> _____	
	Month                      Day                      Year		

### Applicant Information

**Date of Application:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

**How were you referred to Ameri-Can Logistics?** \_\_\_\_\_

**Have you worked for Ameri-Can Logistics before?** \_\_\_\_\_ **If 'yes' when?** \_\_\_\_\_

**Are you now employed?** \_\_\_\_\_

If 'no', how long since leaving last employment? \_\_\_\_\_

Is there any reasons you might be unable to perform the functions of the job for which you have applied?

\_\_\_\_\_

\_\_\_\_\_

**If 'yes' explain if you wish.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of any charge that you have not received both a Canadian & U.S. pardon for?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you ever:**

1) tested positive for a controlled substance? \_\_\_\_\_ Yes \_\_\_\_\_ No

2) refused a drug test? \_\_\_\_\_ Yes \_\_\_\_\_ No

3) had a breath alcohol test greater than 0.04%? \_\_\_\_\_ Yes \_\_\_\_\_ No

4) had any other violations of any DOT drug and alcohol rule for a company to which you applied for but did not work for? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If 'yes' please list companies** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO BE READ AND SIGNED 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 the 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 the 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 of interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Driver's License Information**

Driver's Licenses	PROV.	LICENSE NO.	TYPE OF LIC.	EXPIRATION DATE

A) Have you ever been denied a license, permit or privilege to operate a motor vehicle?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

B) Has any license, permit or privilege ever been suspended or revoked?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

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

**Driving Experience** (if none write 'none')

CLASS OF EQUIP.	TYPE OF EQUIP. (VAN, TANK, FLAT ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Motor Coach – School Bus				
Other				

List Provinces/States Operated in for the last five years

\_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

\_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

\_\_\_\_\_

**Accident Record**

The past 3 years or more, preventable & non-preventable (attach sheet if more space is needed).  
 If none, write 'none'

	DATE	NATURE OF ACCIDENT	INJURIES	FATALITIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**Traffic Convictions and Forfeitures**

The past 3 years (other than parking violations). If none, write 'none'

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

## Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employees during the proceeding 3 years. List complete mailing address, street number, city, province/state and postal codes/zip codes.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' of information on those employers for whom the applicant operated such a vehicle.

### LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT

EMPLOYER (Present)			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

EMPLOYER			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

EMPLOYER			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

EMPLOYER			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

EMPLOYER			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

EMPLOYER			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

\*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any mid size vehicle used to transport hazardous materials in quantity requiring placarding.

**EDUCATION**

Institution	Location	Dates Attended	Degree/ Diploma

**INTERESTS & ACTIVITIES:** (You are not required to name any organization, club, etc., that would indicate race, religion, color, ethnic or national origin, political beliefs, gender, sexual orientation, marital or family status, or disability/handicap)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE/TRAINING SCHOOL QUESTIONNAIRE**

Year you received your Class 1 License? \_\_\_\_\_ Years of tractor-trailer experience? \_\_\_\_\_

Have you driven as a: Team Driver or Solo Driver (Please circle one)

Are you willing to drive team? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you familiar with cross border paperwork? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you familiar with the Hours of Service rules? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you able to cross into the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

Experience Type	YEARS	MILES	EQUIPMENT TYPE	SCHOOL or COMPANY NAME
Mountain Driving				
U.S.A				
Reefer				
Flatbed				
Hazardous Materials				

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make/Model of Truck: \_\_\_\_\_ Engine Make: \_\_\_\_\_

Type of Transmission: Automatic / Manual (Please circle one)

**Ameri-Can Logistics Written Questionnaire**

1) What are your expectations from the trucking company you are employed by?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) What is your strongest quality in the transportation environment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) What is your weakest attribute in the transportation environment and how would you overcome it?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Based on your past dealings in the trucking industry, is there anything you would change and why?

\_\_\_\_\_

\_\_\_\_\_

## REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to **AMERI-CAN LOGISTICS LTD.** for the purposes of investigation  
(Prospective Employer)  
as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.  
Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**MAIL or FAX TO:**

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

**Phone:** (\_\_\_\_) \_\_\_\_\_

**Fax:** (\_\_\_\_) \_\_\_\_\_

**PROSPECTIVE EMPLOYER**



**Telephone No. (604) 851-5000**

**Fax No. (604) 851-5300**

Dear Sir/Madam:

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

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

**Ameri-Can Logistics  
Safety & Compliance Department**

Name of Applicant: \_\_\_\_\_ Social Insurance No.: \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as at wage or salary of \_\_\_\_\_.
2. Did he/she drive motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semitrailer? \_\_\_\_\_, Bus? \_\_\_\_\_. Other (specify) \_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharged \_\_\_\_\_; Resignation \_\_\_\_\_; Lay Off \_\_\_\_\_; Military Duty \_\_\_\_\_.
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record if available for past three years

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

**THANK-YOU FOR YOUR COOPERATION  
PLEASE FAX FORMS BACK TO US TOLL FREE AT: 1-866-774-8282**

**PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION**

**SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_  
First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_

hereby authorize that:

To: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: **Ameri-Can Logistics Ltd.**  
Attention: **Safety & Compliance Department**  
Street: **32146 King Road/** Transportation Dept. Telephone: **604-851-5000**  
City, Prov/Sate, Postal/Zip: **Surrey, British Columbia** Fax No.: **604-851-5300**



In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: 604-851-5300  
Prospective employer's e-mail address: safety@ameri-canlogistics.com

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here

sign below, and return.

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations. Under Department of Transportation testing requirements:

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?<br>(Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

**Please fax this person's most recent drug test results to 604-851-5300**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer.  Mailed. Date: \_\_\_\_\_  
Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  E-mail

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

**PREVIOUS EMPLOYER -  
COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER**