

Application for Employment DANFREIGHT SYSTEMS INC.

SECTION I	
A) FOR THE CANDIDATE: Read, complete and sign before handing in the form Position sought: TRUCK DRIVER	
B) PERSONAL INFORMATION:	
Family name: _____ First name: _____	
Address: _____	
Social insurance # _____ Birth date: _____	
Phone number: home () _____ cell. () _____ page () _____	
Weight : _____ Height : _____	

SECTION II	
PROFESSIONAL ACTIVITIES (AS A DRIVER)	
EXPERIENCE AND QUALIFICATIONS	
Licence No.: _____ Classes: _____ Province: _____	
Expiration: _____ Restrictions: _____	
Manual transmission mention (M)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Air brake mention (F)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Large road train mention (T)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Demerit points loss due to violations: _____	
Have you ever been refused a commercial vehicle driver's licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your licence ever been revoked or suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered Yes to one of the two previous questions, indicate why: _____	
Ontario pneumatic brake adjustment certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Ontario wheel system maintenance certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are you familiar with the air-brake system?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Transportation of Dangerous Goods certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Expiration: _____	
Have you participated in a drug and alcohol screening program ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
WHEN WAS YOUR LAST DRUG AND / OR ALCOHOL TEST ?	
DATE: _____ TYPE: RANDOM () PRE-EMPLOYMENT () OTHER ()	

SECTION III					
EDUCATION					
Course	Number of years	Date completed	Name and location of reaching institution	Specialization	Grade, diploma or certificate
Primary					
Secondary					
College and University					
Heavy vehicle driver training					
Other courses					

SECTION III

You speak French _____% English _____% other Specify: _____
 You read French _____% English _____% other Specify: _____
 You write French _____% English _____% other Specify: _____

SECTION IV

EXPERIENCE (starting with the most recent, please list all positions you have held in the past three years)
For USA: Positions held over the past 10 years. (Use additional sheets if necessary.)

1. Employer: _____ Phone: (____) _____
 Address: _____
 Duties: _____ from _____ to _____
 Supervisor: _____ Weekly salary at time of departure: \$ _____
 Reason for leaving: _____

2. Employer: _____ Phone: (____) _____
 Address: _____
 Duties: _____ from _____ to _____
 Supervisor: _____ Weekly salary at time of departure: \$ _____
 Reason for leaving: _____

3. Employer: _____ Phone: (____) _____
 Address: _____
 Duties: _____ from _____ to _____
 Supervisor: _____ Weekly salary at time of departure: \$ _____
 Reason for leaving: _____

SECTION V

A) DRIVING (EXPERIENCE)

Driving equipment	Type of experience (trailers, tankers, etc.)	Dates		km / miles driven (approx.)	Type of route	
		from	to		Local	Long dist.
Straight truck						
Tractor / semi-trailer combination						
Doubles / type A-B-C						
Flatbed						
Road train						
Double-drop or low-bed						
Container						
Wood chips / sawdust						
Specialized / oversize						
Liquid tank body						
Solid bulk tanker						
Moving						
Other (specify):						

SECTION VI

EXPERIENCE AND QUALIFICATIONS: Maintenance and repair of heavy vehicles Yes No

Indicated your training and experience (if applicable): _____

SECTION VII

EXPERIENCE AND QUALIFICATIONS: Handling

A) Indicate your training and experience in the table below (if applicable)

Equipment / Activities	Training	Years of experience	Equipment / Activity	Training	Years of experience
Forklift driving			Securing of loads		
Sorting and counting goods			Weight distribution		
Goods handling and protection			Bill of lading and other shipping documents		

B) Indicate what theoretical training related to material handling you have received, identifying specific courses Taken (if applicable)

Courses	Date	Name and location of the teaching institution	Specialization

SECTION VIII

HISTORY OF WORK-RELATED INJURIES:

In the past years, have you had one or more work-related injuries ? Yes No

If yes, start with the most recent date: _____

Name of employer at the time: _____

Type of injury suffered: _____

Date: _____

Name of the employer at the time: _____

Type of injury suffered: _____

HAVE YOU EVER SUFFERED FROM A WORK-RELATED INJURY ? Yes No

When: _____

This information will be verified as permitted by the Act Respecting Occupational Health and Safety. Any omission on your part will be considered intentional, and will be interpreted as a false declaration.

