

# Driver's Application for Employment

Frontier Transportation Services Inc.  
4690 Maplegrove Rd.  
Beamsville, Ontario, Canada  
L0R 1B1

Date of application \_\_\_\_\_

Date available to begin work \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
(Surname, given name, and Initial)

Address: \_\_\_\_\_  
(Street No. & Name or Lot, concession & township) (city, town, village, R.R.)

\_\_\_\_\_ Phone: \_\_\_\_\_  
(Province/Territory) (Postal Code)

Address \_\_\_\_\_ How Long: \_\_\_\_\_  
For Past (Street No & Name or Lot) (city, town, village, R.R.) (Postal code)

Three \_\_\_\_\_ How Long: \_\_\_\_\_  
Years (Street No & Name or Lot) (city, town, village, R.R.) (Postal code)

Do you have the legal right to work in Canada? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ When? \_\_\_\_\_

Dates From: \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Are you presently employed? \_\_\_\_\_

If not, how long since leaving you last employment? \_\_\_\_\_

Who referred you to Frontier? \_\_\_\_\_

Rate of pay expected? \_\_\_\_\_

## EDUCATION

**Highest Grade completed** (circle highest grade completed)

Grade/Secondary School 1 2 3 4 5 6 7 8 9 10 11 12 13	Business, Trade or Technical, College, University: 1 2 3 4 years
Course of study:	Course of Study:
Type of certificate or diploma obtained:	License, certificate or diploma awarded:
Special courses or training:	Special courses or training:

### Other courses, workshops or seminars

Dates	Name of Course	Location	License, Certificate or Diploma

### Experience and Qualifications – Driver

	Province/State	License #	Type	Expiration Date
Driver				
Licenses				

### Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc)	Dates: From	To	Approximate # of Miles (total)
Straight Truck				
Tractor and Trailer				
Tractor-Two Trailers				
Other				

List Provinces, States, or Territories operated in for last five years

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

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List any safe driving awards you hold and their origin \_\_\_\_\_

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## DRIVER PROFILE

### Driver Information

Name:	SIN #
License #	Date of Birth (MM/DD/YY)
Driver License Class:	Original date of obtaining Driver License for this class:

### Employment History

Give a complete record of all employment for the past three years, including any unemployment or self-employment and all commercial driving experience for the past ten years.  
Trucking Company employment information (minimum 3 years history must be provided)

Employer			Date
NAME:			FROM:            TO:
ADDRESS:			Position Held:
CITY:	PROVINCE:	Postal Code:	Salary/Wage:
Contact Person:	Phone#		Reason for Leaving:
Commodities most often hauled for this company:			

Employer			Date
NAME:			FROM:            TO:
ADDRESS:			Position Held:
CITY:	PROVINCE:	Postal Code:	Salary/Wage:
Contact Person:	Phone#		Reason for Leaving:
Commodities most often hauled for this company:			

Employer			Date
NAME:			FROM: TO:
ADDRESS:			Position Held:
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Contact Person:	Phone#		Reason for Leaving:
Commodities most often hauled for this company:			

Employer			Date
NAME:			FROM: TO:
ADDRESS:			Position Held:
CITY:	PROVINCE:	Postal Code:	Salary/Wage:
Contact Person:	Phone#		Reason for Leaving:
Commodities most often hauled for this company:			

**Claims History** (please describe all accidents you were involved in over the last 3 years; regardless of fault)

Date of Accident:	Description and Location of Accident	% of Fault	Total Amount Paid

Comments:

I certify that I personally completed this application and that all of the information is true and correct. I authorize Frontier Transportation Services to do a complete background investigation in accordance with provincial and federal laws. I authorize my previous employers to release any information requested by Frontier Transportation Services and hold them harmless of all liability from the release of said information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name