

NEW HOPE TRANSPORT LTD.

Driver Application

Instructions: Please complete all sections as thoroughly as possible, even if you are attaching a resume. Please print legibly. If application is not complete or legible, it will not be considered. The information contained in this application will be considered confidential.

Office Use Only:

Start Date:

Position:

Date of Application: _____ Position Applied For: _____
Flat Deck, Bulk / Long Haul, Regional

Select Driver Type: Company Driver ☐ Owner Operator ☐ Date Available: _____

How were you referred to this company? (Please check one) Advertising ☐ Employee ☐ Other ☐

Name: _____ Explain: _____

Have you worked for, or applied to New Hope Transport anytime in the past? Yes ☐ No ☐

If yes, state date and position held: _____

Are you able to work flexible hours? Yes ☐ No ☐ Driving Experience _____ Years _____ Months

Are you able to be away from home for extended periods of time? Yes ☐ No ☐

Do you have your own transportation? Yes ☐ No ☐ If No, explain: _____

Personal Information

Name: _____
First Middle Last

Home Phone: _____ Cellular Phone: _____

Address: _____ Years lived at address: _____
Street City Province Postal Code

Previous Address: _____ Years lived at address: _____
Street City Province Postal Code

Social Insurance No. _____ Email address _____

Emergency Contact: _____
Name Relationship Contact Phone Number

Are you legally entitled to work in Canada? Yes ☐ No ☐ If No, explain: _____

Can you legally enter the United States? Yes ☐ No ☐ If No, explain: _____

If working under a pardon/waiver, state pardon number & attach a copy: _____

Are you bondable? Yes ☐ No ☐ If No, explain: _____

Do you have any outstanding or unpaid citations in Canada or US? Yes ☐ No ☐ If Yes, explain: _____

Do you have any warrants out for your arrest? Yes ☐ No ☐ If Yes, explain: _____

Do you have a valid Passport or Visa? Yes ☐ No ☐

Physical History

List any physical limitations relative to this job: _____

Are you physically capable of heavy manual work? Yes ☐ No ☐ If No, explain: _____

Have you ever been injured on the job? Yes ☐ No ☐ If Yes, explain: _____

Was the above a WCB claim? Yes ☐ No ☐

How much time lost from work in the past 3 years due to illness &/or injury? _____

Education

Highest Level of Education Completed: _____

College/University/Vocational School: _____ Date last attended: _____

Diplomas/Certificates/Degrees earned: _____

Driving Information

Drivers License #: _____ Province: _____ Class: _____ Expiry: _____

Have you held a license from another jurisdiction in the last 5 years? Yes ☐ No ☐ If Yes, where: _____

Has your license been suspended in the last 2 years? Yes ☐ No ☐ If Yes, explain: _____

Have you ever been convicted of driving under the influence? Yes ☐ No ☐ If Yes, explain: _____

Do you have a FAST Card? Yes ☐ No ☐ If Yes, FAST # is: _____ Expiry: _____

Driving Experience

Class of Equipment	Type of Equipment (Flat, Van, Tank, Etc.)	Dates (Start/Finish)	Approx. Miles
Straight Truck			
Tractor & Semi Trailer			
Tractor-Two Trailers			
Other			

List provinces and states operated in for the last 5 years: _____

Show special courses or training that you have taken that will help you during your employment:

(ex. First Aid, T.D.G, etc.) _____

Accident record for the past 5 years

Date	Nature of Accident	Location	Injuries	Charges Laid

Traffic convictions within the past 5 years

Date	Charges	Location	Type of Vehicle	Points Assessed

As part of our driver hiring process, we require that all company drivers, owner operators and owner operator's drivers be sent for Pre-Employment Drug Testing. Are you willing to comply? Yes ☐ No ☐

Employment History

List all employers including those for which you have operated a commercial motor vehicle for the last **10 years**. Leave no employment gaps, if there are gaps, please list reasons in the designated sections. Fax numbers are required only on employers for the last 3 years. **USE ADDITIONAL PAPER IF REQUIRED FOR EMPLOYMENT HISTORY**

Period of Unemployment (if any). Dates: From (Month/Year) _____ to _____

Previous Employer

Name: _____ Start Date: _____ End Date: _____
City: _____ Phone #: _____ Fax #: _____
Supervisor: _____ Position Held: _____ Reason for Leaving: _____
Were you subject to Drug & Alcohol Testing at this employer? Yes ☐ No ☐

Period of Unemployment (if any). Dates: From (Month/Year) _____ to _____

Previous Employer

Name: _____ Start Date: _____ End Date: _____
City: _____ Phone #: _____ Fax #: _____
Supervisor: _____ Position Held: _____ Reason for Leaving: _____
Were you subject to Drug & Alcohol Testing at this employer? Yes ☐ No ☐

Period of Unemployment (if any). Dates: From (Month/Year) _____ to _____

Previous Employer

Name: _____ Start Date: _____ End Date: _____
City: _____ Phone #: _____ Fax #: _____
Supervisor: _____ Position Held: _____ Reason for Leaving: _____
Were you subject to Drug & Alcohol Testing at this employer? Yes ☐ No ☐

Period of Unemployment (if any). Dates: From (Month/Year) _____ to _____

*If more room is needed, please continue on a separate page.

WE MUST HAVE 10 YEARS WORK EXPERIENCE FOR DRIVING BOTH FOR THE US DOT AND TO VERIFY YOUR YEARS OF EXPERIENCE FOR PAYROLL PURPOSES.

To Be Read and Signed by Applicant

I hereby declare that all information supplied by me on this application for employment and all attachments are true and complete to the best of my knowledge. I understand that a false statement/information may disqualify me from employment, or cause dismissal. I hereby give my consent to New Hope Transport Ltd. to contact any & all present / former employers to verify the information given on this application. I hereby acknowledge that any job offer may be conditional upon the passing of a pre-employment drug test for alcohol or drug dependancies as requested by the company and administered by a company appointed testing facility. If hired, I also agree to comply with all company and government policies, regulations and to random drug & alcohol testing as mandated in the company policy.

Applicant's Signature: _____ Date: _____