



Application Form

Altanic Transportation

1448 Cedar Creek Rd. Cambridge ON N1R 5S5

Please print clearly. All sections must be completed. Please fill out both sides of each page.

Position Applied For:

Date:

Personal Information

Last Name		First Name		Middle Name(s)	
Current Street Address				Length of Time at this Address from (month/year) to (month/year)	
City and Province			Postal Code	Home Phone	Cell Phone
List Addresses for Past Three Years If same as above, please check box <input type="checkbox"/>				Length of Time at Each Address from (month/year) to (month/year)	
1.				1.	
2.				2.	
3.				3.	
Driver Licence Number		Class	Issuing Prov.	SIN (optional)	
Expiry	Do You have a valid driver's licence from another jurisdiction?			Email:	

Hiring Standards

Do you have a valid Class AZ licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you under the age of 21?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a clean abstract and driving record?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been convicted of a crime for which a pardon has not been granted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally eligible to work in Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any physical limitations we should be aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you legally cross the border into the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any limitations with respect to hand-bombing (50 lb.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you FAST approved (or applied for FAST approval)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you willing to be tested for drug and alcohol use on a random basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Have you ever failed, or refused to take, a drug test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Education

Highest Level of Formal Education (degree/diploma, School Attended, Year Completed)

Driving/Training Institute Attended (if applicable) and Date of Graduation

Tractor –Trailer Driving Experience

Indicate your commercial driving experience.	What types of commercial vehicles have you driven?	Rate your experience 0=None 1=Limited (under 1 year) 2=Some Experience (1–3 years) 3=Experienced (3 years or more)
Student training only <input type="checkbox"/>	Van <input type="checkbox"/>	0 1 2 3
Less than 6 months <input type="checkbox"/>	Tanker <input type="checkbox"/>	0 1 2 3
6 months to 1 year <input type="checkbox"/>	Flatbed <input type="checkbox"/>	0 1 2 3
1 to 2 years <input type="checkbox"/>	Tri-Axle/Tandem <input type="checkbox"/>	0 1 2 3
3 to 5 years <input type="checkbox"/>	Refrigeration (Reefer) <input type="checkbox"/>	0 1 2 3
5 or more years <input type="checkbox"/>	Other <input type="checkbox"/>	0 1 2 3

List particulars of all vehicle accidents arising out of the use, ownership or operation of any motor vehicle (personal or commercial) during the past three years.(attach a sheet if necessary)
If none, please check box

List particulars of all convictions arising out of the use, ownership or operation of any motor vehicle (personal or commercial) during the past three years.(attach a sheet if necessary)
If none, please check box

Has your licence ever been suspended or revoked for any reason, or have you ever been denied a licence for any reason? (Supply details)
If no, please check box



Employment History

Please list your employment for the past three (3) years, and driving positions for the past ten (10) years. All time gaps must be accounted for and the reason provided (i.e. unemployed/self-employed/attending school).
Please begin with your most recent employer.

The *Federal Motor Carrier Safety Regulations* (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,000 lb. or more (2) is designed to transport nine or more passengers or (3) is of any size and is used to transport hazardous materials in quantities requiring placarding.

1. Last/Current Employer		From	To
Address		Rate of Pay:	
Phone Number		Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor Name	Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40 Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Previous Employer		From	To
Address		Rate of Pay:	
Phone Number		Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor Name	Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40 Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Previous Employer		From	To
Address		Rate of Pay:	
Phone Number		Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor Name	Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40 Yes <input type="checkbox"/> No <input type="checkbox"/>		



4. Previous Employer		From	To
Address		Rate of Pay:	
Phone Number		Reason(s) for Leaving	
Position Held		Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supervisor Name		Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40 Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Previous Employer		From	To
Address		Rate of Pay:	
Phone Number		Reason(s) for Leaving	
Position Held		Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40 Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Previous Employer		From	To
Address		Rate of Pay:	
Phone Number		Reason(s) for Leaving	
Position Held		Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40 Yes <input type="checkbox"/> No <input type="checkbox"/>	

Attach a sheet if you need more space to go back 10 years.



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Do you take prescriptions or other medicinals (eg. Medical marijuana) that may affect your ability to operate a CMV? (Please identify)

What is your reason for choosing us as your potential employer?

Have you been referred by a current driver? If Yes, please state their name.

Where did you hear about this position?

Newspaper Ad	<input type="checkbox"/> _____ (Please Specify)	Truck Show	<input type="checkbox"/> _____ (Please Specify)
Trucking Magazine	<input type="checkbox"/> _____ (Please Specify)	Internet	<input type="checkbox"/> _____ (Please Specify)
Other	<input type="checkbox"/> _____ (Please specify)		

Applicant's Rights

In accordance With FMCSA 391.23 (I)(1):

Drivers with US DOT regulated employment in their previous three years' driving history have the following rights regarding the information provided by previous employers under FMCSA 382.23(d) and (e):

1. The right to review information provided by previous employers:
2. The right to have errors in the information corrected by the previous employer, and to have that employer re-send that information.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the driver and the previous employer cannot agree on the accuracy of the information.

Applicants may exercise these rights in accordance with FMCSA 391.23.

I acknowledge that I have been informed about the above rights:

Driver Name _____ Signature _____



Release Clause and Certification

By signing this clause, I certify that I completed this application form myself, and that all entries on it and information in it are true and completed to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in not being hired, or in the event of employment, in my being discharged.

I authorize the Company and/or its agents to make such investigations and inquiries as may be necessary to arrive at an employment decision. This includes my personal history, employment history, credit history, driving record, criminal record, drug and alcohol test results from previous employers (or their consortium) and other related matters. Generally, inquiries regarding medical history will be made only if required, 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.

If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment or contract period. Furthermore, I understand that the Company and/or its agents may keep information on file (including work performance) as related to my employment, and make it available to any second party with my written consent.

I agree to supply the following information as part of this application:

- CVOR Abstract (current within past 30 days)
- Driver's Abstract (current within past 30 days)
- Criminal Record Search (current within past 90 days)

Signature

Date