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APPLICATION FOR EMPLOYMENT

The information contained in this application will be considered confidential.

POSITION APPLIED FOR: ONE-TON HAUL & TOW SEMI OWNER OPERATOR

or COMPANY DRIVER Today's Date: _____ Date Available _____

Date you operated a Commercial Motor Vehicle for the first time: _____

PLEASE NOTE THAT A PRE-EMPLOYMENT MEDICAL AND DRUG SCREEN ARE REQUIRED

Full Name: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Previous Address (if less than 3 years in current address)

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Phone:(____)_____ Cell:(____)_____ Fax:(____)_____

E-Mail Address: _____

Date of Birth: _____ SIN # _____ Health Card #: _____

Business Name: _____ GST Number: _____

In Case of Emergency: Notify: _____

(Name)

(Relationship)

(Home Phone Number)

(Work Phone Number)

(City)

(Prov.)

Alternate Contact: _____

(Name)

(Relationship)

(Home Phone Number)

(Work Phone Number)

(City)

(Prov.)

Do you have any medical conditions that would prevent you from performing necessary duties of a commercial transport operator?

YES () NO () Explain: _____

Do you have any violations that would restrict you from operating in Canada or US?

YES () NO () Explain: _____

Show special courses or training that you have taken that will help you during your employment (i.e. First Aid, T.D.G., etc.): _____

Which safety awards do you hold and from whom: _____

List all employers including those for which you have operated a commercial motor vehicle(s) for the past 10 years, if applicable. Leave no employment gaps unanswered. If there are employment gaps, list the reasons why.

Name of Company:	Phone:
Address:	City/Prov:
Dates Employed - From:	To:
Duties:	
Reason for leaving:	

Name of Company:	Phone:
Address:	City/Prov:
Dates Employed - From:	To:
Duties:	
Reason for leaving:	

Name of Company:	Phone:
Address:	City/Prov:
Dates Employed - From:	To:
Duties:	
Reason for leaving:	

Name of Company:	Phone:
Address:	City/Prov:
Dates Employed - From:	To:
Duties:	
Reason for leaving:	

Name of Company:	Phone:
Address:	City/Prov:
Dates Employed - From:	To:
Duties:	
Reason for leaving:	

May we contact these employers? YES () NO ()

Have you ever had your driver's license suspended? YES () NO ()

If YES, indicate the reasons and when: _____

Current Driver's License Information:

License #: _____ Expiration Date: _____

License Class Currently Held:

Class 1 _____ Class 2 _____ Class 3 _____ Class 5 _____
Class A _____ Class D _____ Class G _____ Other _____

Endorsements:

Hazmat _____ Heavy Trailer _____ Air Brakes _____

Years of tractor trailer driving experience: _____

Years of RV Hauling experience, including personal: _____

Do you have experience driving in? (Check all that apply)

Northwest US _____ Southwest US _____ Central US _____ Eastern Canada _____
Northeast US _____ Southeast US _____ Western Canada _____ Maritimes _____

Driving/Equipment Experience:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	# OF YEARS
Straight Truck		
Tractor & Semi-Trailer		
Tractor-Two Trailers		
Other		

TO BE READ AND SIGNED BY THE APPLICANT:

I herby 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 and/or information may disqualify me from employment, or cause my dismissal. I hereby give my consent to SELECT CLASSIC CARRIERS INC. to contact any and all present or former employers to verify the information given on this application. I herby declare that any job offer may be conditional upon the passing of a medical examination and/or tests for alcohol and drug dependencies as requested by the company and administered by a company appointed doctor and/or medical facility. If hired, I also agree to comply with all company and government policies, and regulations, and to random drug and alcohol testing as mandated in the company policy.

APPLICANTS SIGNATURE: _____

(In Full)

DATE: _____