

Ursus Transport Inc
APPLICATION FOR EMPLOYMENT OR OWNER OPERATORS

Note: Please attach original or copies of the following documents: Copy of your Driver's License – Current Drivers Abstract and CVOR Drivers Abstract (no older than 7 days). US Drivers also include Current Police Clearance (no older than 30 days) or an I-94 Card with your waiver - WSIB Account Number (if applicable) –FAST Card.

In compliance with Federal and provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Position Applied For: Owner Operator Driver

Name: _____ Date of Birth: ____/____/____
SIN#: _____ (required for Truck Drivers upon hire) Year Month Day

Current Address:
Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell phone: _____ Email address: _____

List your addresses of residency for the past 5 years.

Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Do you have the legal right to work in Canada? Yes / No

What is your current Citizenship? _____ Do you have a Work Visa: _____

Can you legally cross the US/Canadian Border? Yes / No

Have you worked for this company before: Yes / No

If (yes) dates from: _____ to: _____

Reason for leaving: _____

Are you currently employed: Yes / No

If (no) how long since leaving your last employment _____

How did you hear about us? _____

Who referred you?: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes / No

If (Yes) please explain.

List your employment history for the past 10 years starting with the most current.
All time for the past 10 years must be accounted for even if you were unemployed.

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Education:

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended:

Name

City

Experience & Qualifications:

Driver's License #: _____

Province: _____

Type/Class: _____

Expiry Date: _____

Please report **ALL** collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years. (Attach sheet if more space is needed).

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Please report **ALL** traffic convictions, citations and forfeitures for the past 3 years (other than parking violations). (Attach sheet if more space is needed).

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Have you ever had your license to operate a motor vehicle? suspended, revoked or denied
Yes / No (Circle one)

If yes give complete details on reason and dates:

If answer to above is no please complete the following:

I _____ hereby guarantee that I have never been denied a license nor had a license to operate a motor vehicle suspended or revoked for any reason. Signature: _____.

Driving Experience:

Straight Truck:

Type of Equipment (van, reefer, flat etc): _____

Dates from: _____ To: _____

Estimated # of Miles: _____

Tractor & Semi-Trailer:

Type of Equipment (van, reefer, flat etc): _____

Dates from: _____ To: _____

Estimated # of Miles: _____

Tractor & Two Trailers:

Type of Equipment (van, reefer, flat etc): _____

Dates from: _____ To: _____

Estimated # of Miles: _____

Other (Please specify):

List states & provinces operated in for the last five years:

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom:

List special equipment or technical materials you can work with (other than those already shown)
