



Transportation Solutions

568 Beach Rd. Hamilton, ON Canada L8H 3K9

When returning an application, we require these items to accompany it, dated within 30 days:

▶ Criminal Search ▶ Driver's abstract ▶ CVOR abstract

All Potential applicants are subject to a PRE - EMPLOYMENT DRUG TEST

Personal Information

Position applied for: <input type="checkbox"/> US/Canada <input type="checkbox"/> City/Local		Applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Owner Operator <input type="checkbox"/> Part Time <input type="checkbox"/> Employee Driver	Date of Application:
Surname:		First:	Middle:
Home Phone:		Cell Phone:	Email:
S.I.N.:	Drivers Lic. #:	Expiry Date:	Issuing Prov.: Class of Lic:
Emergency Contact:		Phone:	Relationship to Contact:

List your addresses of residency for the past 5 years –(attached a separate sheet if necessary)

Current Address:		Date from:	Date to:
City, Province:	Postal Code:	How Long at Current Res.:	
Previous Address: (if less than 5 years at present)		Date from:	Date to:
City, Province:	Postal Code:	How Long at Res.:	
Previous Address: (if less than 5 years at present)		Date from:	Date to:
City, Province:	Postal Code:	How Long at Res.:	
Previous Address: (if less than 5 years at present)		Date from:	Date to:
City, Province:	Postal Code:	How Long at Res.:	

Do you have a clean abstract and driving record?	Y <input type="checkbox"/> N <input type="checkbox"/>	Are you over the age of 21 years?	Y <input type="checkbox"/> N <input type="checkbox"/>
Can you cross the border into the United States?	Y <input type="checkbox"/> N <input type="checkbox"/>	Are there any other physical limitations we should be aware of? If yes, please state below.	Y <input type="checkbox"/> N <input type="checkbox"/>
Are you able to travel for 1-3 days at a time?	Y <input type="checkbox"/> N <input type="checkbox"/>	Are you FAST-approved/applied?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are there any limitations with respect to hand bombing (up to 50 lbs.)?	Y <input type="checkbox"/> N <input type="checkbox"/>	FAST Card #: _____	
		Expiry date: ____/____/____	
		MM DD YY	
Have you PREVIOUSLY been employed with PACEX?	Y <input type="checkbox"/> N <input type="checkbox"/>	Date of last M.T.O. Physical Examination: ____/____/____	
		MM DD YY	
Are you confident in your ability to complete daily paperwork such as logs, border crossings, etc.?	Y <input type="checkbox"/> N <input type="checkbox"/>	Doctor's Name and Contact Information:	
Have you ever been convicted of a crime for which a pardon has not been granted?	Y <input type="checkbox"/> N <input type="checkbox"/>		
Are you legally eligible to work in Canada?	Y <input type="checkbox"/> N <input type="checkbox"/>		
Have you ever been denied a license, permit, or privilege to operate a motor vehicle? *	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> I agree to a criminal search and pre-employment drug test as required by PACEX, following offer of employment and prior to commencement of employment. I understand and agree that this is at my expense.	
Has any license, permit, or privilege ever been suspended or revoked? *	Y <input type="checkbox"/> N <input type="checkbox"/>		
If you answered yes to either of the last two questions marked with an *, you must attach a statement giving details.		SIGNATURE OF APPLICANT	

Education

Last Driving/Training Institute attended: (If Applicable)
 Name: _____ City: _____
 Date Graduated or Expected to Graduate: _____

Circle highest high school grade completed:
 9 10 11 12 13 Other: _____

Tractor/Trailer Driving Experience – If none, write none

Class of Equipment:	Type of Equipment (Van, tank, etc.)	Date From:	Date To:
Straight Truck			
Tractor /Trailer			
Tractor / Flatbed Trailers			
Other			

List special driving or training that you have been certified for:

Vehicle accidents or incidents of damage during the past three (3) years: (If none, write none)

Date:	Place:	Nature of Accident:	Damages Incurred:	Injuries:

Traffic convictions and forfeiture for the past 3 years other than parking violations in Canada and the United States:

Location:	Date:	Charge:	Penalty:

Employment Record

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding five (5) years.
 Applicants to drive a commercial motor vehicle* in interstate commerce shall also provide an additional (7) years' information on those employers for whom the applicant operated such vehicle.

List employers in reverse order, starting with the most recent.

Last/Current Employers Name:	From (MM/YY):	To (MM/YY):
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Address: _____

Phone #:	Fax #:
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Position Held: _____

Reason for Leaving: _____

Was your job designated as safety sensitive in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?	Y <input type="checkbox"/> N <input type="checkbox"/>
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For Office Use Only Verified by:	Date:
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Previous Employers Name:	From (MM/YY):	To (MM/YY):
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Address: _____

Phone #:	Fax #:
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Position Held: _____

Reason for Leaving: _____

Was your job designated as safety sensitive in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?	Y <input type="checkbox"/> N <input type="checkbox"/>
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For Office Use Only Verified by:	Date:
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Previous Employers Name:	From (MM/YY):	To (MM/YY):
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Address: _____

Phone #:	Fax #:
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Position Held: _____

Reason for Leaving: _____

Was your job designated as safety sensitive in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?	Y <input type="checkbox"/> N <input type="checkbox"/>
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For Office Use Only Verified by:	Date:
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Employment Record

Previous Employers Name:		From (MM/YY):	To (MM/YY):
Address:			
Phone #:		Fax #:	
Position Held:			
Reason for Leaving:			
Was your job designated as safety sensitive in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?			Y <input type="checkbox"/> N <input type="checkbox"/>
Previous Employers Name:		From (MM/YY):	To (MM/YY):
Address:			
Phone #:		Fax #:	
Position Held:			
Reason for Leaving:			
Was your job designated as safety sensitive in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?			Y <input type="checkbox"/> N <input type="checkbox"/>
*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designated to transport 15 or more passengers, or any sized vehicles used to transport hazardous materials in a quantity requiring placards.			

REFERENCES

Please provide the names of at least 3 persons who can supply information pertinent to your job performance (excluding former employees and family).

Reference 1		Reference 2		Reference 3	
Name:		Name:		Name:	
Occupation:		Occupation:		Occupation:	
Relationship:	Yrs. Known ____	Relationship:	Yrs. Known ____	Relationship:	Yrs. Known ____
Phone:		Phone:		Phone:	
Verified By:	Date:	Verified By:	Date:	Verified By:	Date:

What is your reason for choosing PACEX as your place of employment? _____

Where did you hear about this position?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website (Internet)	<input type="checkbox"/> Workopolis website
<input type="checkbox"/> Burlington post	<input type="checkbox"/> Image (visibility on trucks)	<input type="checkbox"/> PACEX employee/Owner Operator
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Referral (list name below)	<input type="checkbox"/> Other (please list)

- This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.
- I authorize to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.
- I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application,
- In the event of my employment, I understand that false or misleading, information given in my application or interview(s) may result in discharge.
- I understand, also, that I am required to abide by all rules and regulations of, as permitted by Law.

Date: ____/____/____
 MM DD YYYY

 Applicant's Signature