



DRIVER APPLICATION

Please check one position applied for: <input type="checkbox"/> D-Z Driver <input type="checkbox"/> A-Z Driver <input type="checkbox"/> Owner/Operator	Date Applied:
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Applicant Information

First Name:	Middle Name:	Last Name:
Date of Birth:	SIN:	Health Card #:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Address:	
City:	Province:	Postal Code:
Home Telephone:		Cell Phone Number:
Email Address:		Driver's License Number:
Class of License:	Expiration Date:	Medical Expiration Date:

Previous addresses are required if the applicant has been at their current address for less than five years.

Previous Address:		
City:	Province:	Postal Code:

References

Reference 1:	Relationship:	Telephone:
Reference 2:	Relationship:	Telephone:

Previous Employment Information (last five years)

Please list employers in reverse order starting with the most recent.

Previous Employer:	Type of Business:	
Duration of Employment:	Telephone & Contact Name:	
Employer's Address:		
City:	Province:	Postal Code:
Start Date:	End Date:	Reason for Leaving:
Position:	Wage/Salary/Mileage:	Annual Income:

Previous Employment Information (continued)

Previous Employer:	Type of Business:
Duration of Employment:	Telephone & Contact Name:

Employer's Address:

City:	Province:	Postal Code:
Start Date:	End Date:	Reason for Leaving:
Position:	Wage/Salary/Mileage:	Annual Income:

Previous Employer:	Type of Business:
Duration of Employment:	Telephone & Contact Name:

Employer's Address:

City:	Province:	Postal Code:
Start Date:	End Date:	Reason for Leaving:
Position:	Wage/Salary/Mileage:	Annual Income:

Previous Employer:	Type of Business:
Duration of Employment:	Telephone & Contact Name:

Employer's Address:

City:	Province:	Postal Code:
Start Date:	End Date:	Reason for Leaving:
Position:	Wage/Salary/Mileage:	Annual Income:

Previous Employer:	Type of Business:
Duration of Employment:	Telephone & Contact Name:

Employer's Address:

City:	Province:	Postal Code:
Start Date:	End Date:	Reason for Leaving:
Position:	Wage/Salary/Mileage:	Annual Income:



Additional Information

Have you ever worked for SureTrack Group or sister companies?: Yes No

If yes, please indicate start and end date:	Start Date:	End Date:
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Are you currently employed?: Yes No

If yes, please indicate the company name:

Supervisor Name:	Telephone Number:
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How long have you worked for them?:	Start Date:
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Sure Track Group expects all drivers to be able to assist with loading and unloading of trucks, are you physically capable of doing this?
 Yes No

Is there any reason that you are aware of that you would be denied a FAST card? Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Have you ever had any license, permit or privilege suspended or revoked? Yes No

If the answer to any of the above two questions is yes please give details:

Certificates, Licenses, Courses (please list all applicable certificates, licenses and courses taken)

Course:	Authorized by:	Effective Date:
Course:	Authorized by:	Effective Date:
Course:	Authorized by:	Effective Date:
Course:	Authorized by:	Effective Date:
Course:	Authorized by:	Effective Date:



Emergency Contact(s)

Name:	Phone Number:	Relationship:
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Other Contact Information:

Any Drug Allergies:

Please read carefully before signing

In compliance with equal employment opportunity laws, all qualified applicants will be considered for all positions without regard to race, colour, religion, sex, nationality, age, marital status , orientation, or any non-job related disability. In accordance with SureTrack Group all information submitted on this application is held in the strictest of confidence.

SURE TRACK GROUP REQUIRES RANDOM DRUG AND ALCOHOL TESTING FOR ALL DRIVERS AND OWNER/OPERATORS WHO WILL BE TRAVELLING OUT-OF-PROVINCE OR OUT-OF-STATE.

I hereby certify that this application has been completed by me, and that all entries on it and all information provided therein are true and complete to the best of my knowledge. I authorize SureTrack Group and its representatives to make inquiries to past employers in regards to my performance. I hereby release all my previous and current employers, educational institutions, health care providers and all other persons from all liability in responding to inquiries and in the release of information (personal or otherwise) in connection with my application for employment with SureTrack Group. In the event of my employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the Company.

I _____ , authorize you, SureTrack Group to make inquiries from past employers.

Applicant's Signature	Date

Human Resources Name:

Human Resources Signature:	Date

Please note that the applicant is required to fill-in all fields.