



# LEMKO TRANS LTD.

## Commercial Driver Employment Application

### APPLICANT INFORMATION

Date of Application: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
*Month/Day/Year*

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_

If resided at this address less than 3 years, please provide further addresses.

Address: \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Month/Day/Year*

Driver License Number:\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Class:\_\_\_\_\_ Issuing Province/State:\_\_\_\_\_

License Expiry Date:\_\_\_\_\_ Medical Expiry Date:\_\_\_\_\_

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

Has any license, permit or privilege to drive ever been suspended or revoked? **Yes No**

Can you legally cross the U.S. Border: **Yes No** Do You have a Fast Card? **Yes No**

Are you presently employed? **Yes No** When are you available to start? \_\_\_\_\_

List any restrictions you would have working an irregular schedule: \_\_\_\_\_

Would you be willing to submit to a pre-employment urinalysis (substance abuse) test? **Yes No**

Do you have any physical limitations, which may limit your ability to perform the job applied for?  
\_\_\_\_\_

Are you physically capable of performing heavy manual labour? **Yes No**

If no to above, Explain: \_\_\_\_\_  
\_\_\_\_\_



**EMPLOYMENT HISTORY**

All driver applicants to drive a commercial motor vehicle in interstate commerce shall provide information on all employers during the preceding 10 years. **Gaps in Employment Must be accounted for with explanation.** Please list all employers in reverse order, starting with the most recent. If more space is required please request another sheet from administrator.

<b>Employer 1</b>			<b>Date</b>	
Name:			From	To:
Address:			Position Held:	
City:	Province:	Postal Code:	Salary/Wage:	
Contact Person:		Phone:	Reason for Leaving:	
Type of Equipment Driven:			Was this a Safety Sensitive position?	
Were you subject to Federal Motor Carriers Safety Regulations during employment here?			Were you subject to Drug and Alcohol Testing?	
Were you involved in any vehicle accidents while employed here?				
<b>Employer 2</b>			<b>Date</b>	
Name:			From	To:
Address:			Position Held:	
City:	Province:	Postal Code:	Salary/Wage:	
Contact Person:		Phone:	Reason for Leaving:	
Type of Equipment Driven:			Was this a Safety Sensitive position?	
Were you subject to Federal Motor Carriers Safety Regulations during employment here?			Were you subject to Drug and Alcohol Testing?	
Were you involved in any vehicle accidents while employed here?				
<b>Employer 3</b>			<b>Date</b>	
Name:			From	To:
Address:			Position Held:	
City:	Province:	Postal Code:	Salary/Wage:	
Contact Person:		Phone:	Reason for Leaving:	
Type of Equipment Driven:			Was this a Safety Sensitive position?	
Were you subject to Federal Motor Carriers Safety Regulations during employment here?			Were you subject to Drug and Alcohol Testing?	
Were you involved in any vehicle accidents while employed here?				



**EXPERIENCE, EDUCATION AND QUALIFICATIONS**

Did you attend a credited driving school in order to obtain your license? \_\_\_\_\_

Name of School Attended: \_\_\_\_\_

Have you been trained in Hours of Service? \_\_\_\_\_ if YES when? \_\_\_\_\_

Are you able to complete a logbook in accordance to Ontario Highway Traffic Act and the Federal Motor Carriers Safety Administration? \_\_\_\_\_ If no, explain: \_\_\_\_\_

Have you been trained in Load Securement? \_\_\_\_\_ if YES when? \_\_\_\_\_

Have you been trained in Pre-trip Inspections? \_\_\_\_\_ if Yes when? \_\_\_\_\_

Have you ever been trained to transport hazardous materials? \_\_\_\_\_ If yes where: \_\_\_\_\_

Are you able to complete an inward manifest & clear a load at U.S. or Canada Customs? **Yes No**

Which safe driving awards do you hold \_\_\_\_\_

How many accident-free driving years do you currently have? \_\_\_\_\_

List any motor vehicle accidents you have been involved in during the past 5 years:

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

Are there any provinces or states that you will not or cannot operate in? List: \_\_\_\_\_

**TO BE READ CAREFULLY AND SIGNED BY APPLICANT**

- 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: Month/Day/Year

Applicant's Signature

**Lemko Trans Ltd.**



**EMERGENCY RESPONSE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Name & Relationship*

Do you have any medical conditions we should be aware of? \_\_\_\_\_

If unable to contact the above person, may we contact your personal doctor? Yes · No ·

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**BENEFITS SECTION**

As a Transborder Carrier, we require all of our drivers to be covered by out of province medical coverage.

Name: \_\_\_\_\_ Single · Married · Other ·

Number of Dependents: \_\_\_\_\_ Are you a smoker? Yes · No ·

Does your spouse have a medical program? Yes · No ·

Please specify name of Insurance Company: \_\_\_\_\_

Policy number \_\_\_\_\_

Does this program cover out-of -province medical emergencies? Yes · No ·

Do you presently have out of province medical emergency insurance? Yes · No ·

Please specify name of Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Do you presently have disability insurance? Yes · No ·

Please specify name of Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

**OTHER**

Thank you for taking time to complete this application. Lemko Trans Ltd. is pleased to consider your application for employment. The information requested is needed to determinate your qualifications for position which are now open or which may became vacant in the near future. Any information on this form will be considered strictly confidential. Discrimination in employment because of race, creed, colour, ethic or place of origin, ancestry, age, sex, marital status, religion, political belief, handicap, record of offences, citizenship, and family status is prohibited by Federal legislation and/or by laws against discrimination in some provinces.