

MacKinnon TRANSPORT INC.



Driver Application for Employment or Contract

**405 Laird Road
Guelph, Ontario
1-800-265-0444 Ext 7771 Fax 519-821-1834**

Date of application: _____

Personal Information

Position applied for _____ **Phone #** _____

Cell # _____

Name _____ **SIN# (optional)** _____

Email _____ @ _____ **Fast Card** _____

Current Address _____
Street City Province Postal Code

Address for the past three years _____
Street City Province Postal Code

Street City Province Postal Code

Are you legally entitled to work in Canada? Yes___ No___

How did you hear about MacKinnon Transport Inc? _____

Have you worked for MacKinnon Transport Inc. before (if yes when)? _____

Physical History

List any restrictions that would prevent you from doing certain kinds of work _____

Are you physically capable of heavy manual work? _____

Would you be willing to take a physical examination? _____

Have you ever:

A) Tested positive for a controlled substance? Yes___ No___

B) Refused a drug test? Yes___ No___

C) Failed an employment or contract related Breath Alcohol Test for which the limit was 0.04 or greater?
Yes___ No___

Employment History

(Please provide 10 year employment history)

*The US Department of Transportation requires that a driver application show all employment and or periods of unemployment for the past 3 years. They must also show commercial driver employment and or periods of unemployment for the seven years immediately preceding this three year period. 391.21(b)(10), (11)

Employer _____ From ____/____/____ To ____/____/____
Month Year Month Year
Address _____ City _____
Province _____ Postal Code _____ Phone Number _____ Fax _____
Position Held _____ Reason for leaving _____
.....

Employer _____ From ____/____/____ To ____/____/____
Month Year Month Year
Address _____ City _____
Province _____ Postal Code _____ Phone Number _____ Fax _____
Position Held _____ Reason for leaving _____
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Address _____ City _____
Province _____ Postal Code _____ Phone Number _____ Fax _____
Position Held _____ Reason for leaving _____
.....

Employer _____ From ____/____/____ To ____/____/____
Month Year Month Year
Address _____ City _____
Province _____ Postal Code _____ Phone Number _____ Fax _____
Position Held _____ Reason for leaving _____
.....

Accident History

(Please list three year history –All incidents including those of a “minor” nature)

Dates	Nature of accident	Fatalities	Injuries

Traffic Convictions and Forfeitures

(Please list three year history – all incidents other than parking violations)

Location	Date	Charge	Penalty

Education

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

Experience and Qualification – Driver

Drivers License No. _____

Province _____ Class _____ Expiration Date _____

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
B) Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
C) Can you legally enter the United States? Yes ___ No ___

IF THE ANSWER TO A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Operating Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From - To	Approx. # of Miles
Straight Truck:			
Tractor and Semi-Trailer:			
Tractor – Two Trailers:			
Other:			

List Provinces and States you have personally operated in for the last five years

Emergency Information

List any allergies: _____

FIRST CONTACT:

Emergency Contact Name: _____ Relationship: _____
Phone # _____ Work # _____

SECOND CONTACT:

Emergency Contact Name: _____ Relationship: _____
Phone # _____ Work # _____

To Be Read and Signed By the Applicant

This Certifies that the 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 acknowledge that my personal information is protected by the Personal Information Protection and Electronic Documents Act – the Privacy Act however I authorize MacKinnon Transport Inc. to share such information and make such investigations and inquiries of my personal, employment, financial and medical history and other related matters as may be necessary in arriving at an employment or contract decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment or contract, I understand that false or misleading information given in my application or interview(s) is grounds for and may result in discharge. I understand and agree, also, that I am required to abide by all rules and regulations of the company, as permitted by law.

Name (Print) Signature Date