

**DRIVER'S APPLICATION FOR EMPLOYMENT**

**HOLMES FREIGHT LINES INC.**  
BRAMPTON, ONTARIO

Date of Application: \_\_\_\_\_ Preferred Position: \_\_\_\_\_  
*Month/Day/Year* *Please describe*

Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Number - Street City Province Postal Code*

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*area code prefix number* *Month/Day/Year*

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
*Copy required* *Month/Day/Year*

Can you legally cross the U.S. Border: Yes / No Expiry Date of U.S. Medical Exam: \_\_\_\_\_  
*(A criminal search record or passport is required) Please circle* *A copy of the long form is required* *Month/Day/Year*

Are you presently employed? Yes / No If no, how long since leaving last employment: \_\_\_\_\_

Date you would be available for employment: \_\_\_\_\_

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

**PHYSICAL HISTORY**

Would you be willing to submit to a pre-employment medical examination: Yes / No

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: \_\_\_\_\_

How much lost time due to injury have you suffered in the past three years? \_\_\_\_\_

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Holmes Freight Lines Inc. - Employment Application Form**

**EXPERIENCE, EDUCATION AND QUALIFICATIONS**

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

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

Which special courses, training or background do you possess? \_\_\_\_\_

List your Educational Background beginning with the school most recently attended

Date	School	Courses Taken

Circle States you have operated a commercial vehicle in during the past 5 years. Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

Circle Provinces you have operated a commercial vehicle in during the past 5 years. Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Nova Scotia, Ontario, P.E.I., Quebec, Saskatchewan

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

Please describe how you would route a trip to Cincinnati, Ohio from our yard carrying a load of hazardous materials. \_\_\_\_\_  
\_\_\_\_\_

Are you able to complete a log book properly? YES / NO if no explain: \_\_\_\_\_

Are you able to complete an inward manifest and clear a load at U.S. or Canada Customs? YES / NO

Holmes Freight Lines Inc. - Employment Application Form

**EXPERIENCE, EDUCATION AND QUALIFICATIONS**

Have you ever been trained to transport hazardous materials? YES / NO if yes where: \_\_\_\_\_

Which classes of Hazmat have you transported? \_\_\_\_\_

For each employer listed on page 2, please list the type of equipment operated. eg: flatbed, van, tanker, etc.

EMPLOYER	TYPE OF EQUIPMENT	LENGTH OF TIME

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

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of 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 the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_