

**Broker/Driver Application for Canada Only Drivers**

Position Applied For (check one):	<input type="checkbox"/> Driving Broker	<input type="checkbox"/> Non Driving Broker	<input type="checkbox"/> Driver for Broker Broker's Name: _____	<input type="checkbox"/> Company Driver	
Division (check one):	<input type="checkbox"/> Day & Ross Inc.	<input type="checkbox"/> Fastrax	<input type="checkbox"/> Sameday	<input type="checkbox"/> Dedicated Logistics	<input type="checkbox"/> Day & Ross NFLD
Application to Drive In:	<input type="checkbox"/> Canada Only				
Position Status (check one):	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		

Date of Application: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City  
Province Postal Code Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Address for past three years \_\_\_\_\_  
Street City Postal Code How Long? \_\_\_\_\_  
Address for past three years \_\_\_\_\_  
Street City Postal Code How Long? \_\_\_\_\_

Have you worked for this Company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NUMBER OF MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

**EMPLOYMENT HISTORY & REFERENCES**

All driver applicants must provide the following information on all employers during the preceding 5 years. At the bottom, please include 2 reference contact names and numbers (who are not listed as employer references above). Applicants to drive a commercial vehicle in the United States in intrastate or interstate commerce shall also provide an additional 5 years information on those employers for whom the applicant operated a commercial vehicle. (Note: Please start with most recent employer.)

<b>EMPLOYER</b>			<b>DATE</b>	
Name			FROM Mo. Yr.	TO Mo. Yr.
Address			Position Held	
City	Prov.	Postal Code	Salary/Wage	
Supervisor			Reason for Leaving	

<b>EMPLOYER</b>			<b>DATE</b>	
Name			FROM Mo. Yr.	TO Mo. Yr.
Address			Position Held	
City	Prov.	Postal Code	Salary/Wage	
Supervisor			Reason for Leaving	

<b>EMPLOYER</b>			<b>DATE</b>	
Name			FROM Mo. Yr.	TO Mo. Yr.
Address			Position Held	
City	Prov.	Postal Code	Salary/Wage	
Supervisor			Reason for Leaving	

<b>EMPLOYER</b>			<b>DATE</b>	
Name			FROM Mo. Yr.	TO Mo. Yr.
Address			Position Held	
City	Prov.	Postal Code	Salary/Wage	
Supervisor			Reason for Leaving	

<b>EMPLOYER</b>			<b>DATE</b>	
Name			FROM Mo. Yr.	TO Mo. Yr.
Address			Position Held	
City	Prov.	Postal Code	Salary/Wage	
Supervisor			Reason for Leaving	

**REFERENCES** (*Do not list Employer references already stated above*)

Name	Phone Number	Relationship
1.		
2.		

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

<b>Driver License</b>	<b>Province</b>	<b>License No.</b>	<b>Type</b>	<b>Expiration Date</b>

- 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

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE GIVE DETAILS

---



---

**ACCIDENT RECORD FOR PAST 5 YEARS (include all preventable, non-preventable, and minor accidents in Canada & U.S. which you were involved as a driver - attach an additional sheet if more space is needed)**

	<b>#1</b>	<b>#2</b>	<b>#3</b>
<b>Dates</b>			
<b>Nature of accident (Head-on, rear-end, upset, etc.)</b>			
<b>Fatalities</b>			
<b>Injuries</b>			
<b>Personal or Commercial vehicle</b>			
<b>Preventable or non-preventable</b>			
<b>Road Conditions</b>			
<b>Damage Amount \$</b>			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (other than parking)**

<b>Location</b>	<b>Date</b>	<b>Charge</b>	<b>Penalty</b>

---

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13

College/University Degree \_\_\_\_\_

Last School Attended \_\_\_\_\_  
Name City

---

Is there any reason you might be unable to perform the job you are applying for? Yes \_\_\_ No \_\_\_

If yes, please explain. \_\_\_\_\_

---



**TO BE READ AND SIGNED BY APPLICANT**

I authorize **Day & Ross Transportation Group** to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at a final decision to allow myself to become an approved broker/driver. I hereby release employers, schools and other persons from all liability in responding to inquiries and releasing information in connection with my application. I agree to furnish such additional information and complete such examinations as may be required by the Company in order to complete the approval process.

If approved as a broker/driver, I understand that false or misleading information given in my application or interview(s) may result in termination of my driving privileges and/or contract now or in the future. I understand that I am required to abide by all rules and regulations of the Company.

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature