

# Driver Employment Application

**Name**

First Name      Last Name

**Phone Number \***

Area Code      Phone Number

**Email \***

example@example.com

**Address**

Street Address

Street Address Line 2

**Social Insurance:**

City      State / Province

**Birth Date**

Month   Day   Year

Postal / Zip Code

**Driver's License Number**

**Emergency Contact Name**

First Name      Last Name

**Emergency Contact Number**

Area Code      Phone Number

**Emergency Contact Email**

example@example.com

**Car:**

Yes  
No

**Safety boots/shoes:**

Yes  
No

**Pay expected:**

## Specific Driver Qualifications:

**License class:**

AZ

DZ

G(Z)

BZ

**Experience:**

Year    Month

**Last time you drove:**

Month   Day   Year

**List any physical limitations/medical conditions related to work (i.e. eyesight, limb impairment, diabetes, heart condition, etc.)**

**Are you physically capable of heavy manual work/hand bombing?**

Yes

No

**Is there anything that would limit you from performing the jobs you have identified above?**

**Have you ever had a driving incident/accident at work?**

Yes

No

**If you answered "Yes" to the previous question, please provide details:**

## Prior Work History

Company Name/School/College/University		Employer 1 Agency
<b>Address</b>		<b>Phone Number</b>
Street Address		Area Code Phone Number
Street Address Line 2		
City	State / Province	
Postal / Zip Code		
<b>Employed From</b>	<b>Employed Until</b>	<b>Present</b>
Month Day Year	Month Day Year	
<b>Pay Rate</b>	<b>Position</b>	
<b>Supervisor</b>		<b>Where did you drive?</b>
<b>Hours Worked per Week</b>	<b>Equipment Used</b>	
<b>Reason of Leaving</b>	<b>Comments</b>	

## Employer 2

**Company Name/School/College/University**

**Agency**

**Address**

**Phone Number**

Street Address

Area Code Phone Number

Street Address Line 2

City

State / Province

Postal / Zip Code

**Employed From**

**Employed Until**

**Present**

Month Day Year

Month Day Year

**Pay Rate**

**Position**

**Supervisor**

**Where did you drive?**

**Hours Worked per Week**

**Equipment Used**

**Reason of Leaving**

**Comments**

## Employer 3

**Company Name/School/College/University**

**Agency**

**Address**

**Phone Number**

Street Address

Area Code Phone Number

Street Address Line 2

City

State / Province

Postal / Zip Code

**Employed From**

**Employed Until**

**Present**

Month Day Year

Month Day Year

**Pay Rate**

**Position**

**Supervisor**

**Where did you drive?**

**Hours Worked per Week**

**Equipment Used**

**Reason of Leaving**

**Comments**

## Employer 4

**Company Name/School/College/University**

**Agency**

**Address**

**Phone Number**

Street Address

Area Code Phone Number

Street Address Line 2

City

State / Province

Postal / Zip Code

**Employed From**

**Employed Until**

**Present**

Month Day Year

Month Day Year

**Pay Rate**

**Position**

**Supervisor**

**Where did you drive?**

**Hours Worked per Week**

**Equipment Used**

**Reason of Leaving**

**Comments**

## Employer 5

**Company Name/School/College/University**

**Agency**

**Address**

**Phone Number**

Street Address

Area Code Phone Number

Street Address Line 2

City

State / Province

Postal / Zip Code

**Employed From**

**Employed Until**

**Present**

Month Day Year

Month Day Year

**Pay Rate**

**Position**

**Supervisor**

**Where did you drive?**

**Hours Worked per Week**

**Equipment Used**

**Reason of Leaving**

**Comments**

## Employer 6

**Company Name/School/College/University**

**Agency**

**Address**

**Phone Number**

Street Address

Area Code Phone Number

Street Address Line 2

City

State / Province

Postal / Zip Code

**Employed From**

**Employed Until**

**Present**

Month Day Year

Month Day Year

**Pay Rate**

**Position**

**Supervisor**

**Where did you drive?**

**Hours Worked per Week**

**Equipment Used**

**Reason of Leaving**

**Comments**



## Equipment Experience

(in years)

<b>Straight</b>	<b>Single/Tandem</b>	<b>Tractor</b>	<b>Single/Tandem</b>	<b>Van</b>
<b>Flatbed</b>	<b>Cabover</b>	<b>Conventional</b>	<b>Sleepers</b>	<b>Tankers</b>
<b>Containers</b>	<b>Reefer</b>	<b>Boom</b>	<b>Ropes/Tarps</b>	<b>Hydraulic Tailgates</b>
<b>HIAB</b>	<b>Moffat</b>	<b>Other</b>		

## Transmissions:

<b>5spd</b>	<b>5spd split</b>	<b>10spd</b>
<b>13spd</b>	<b>other</b>	

## Delivery Equipment Experience

(in years)

**Downtown Core**

**Pin to pin**

**Shunting**

**Day Cab**

**Hand bomb**

**Highway Canada/U.S.A.**

**Highway Local**

# AGREEMENT TO WORK EXCESS HOURS

The Ontario Employment Standards Act, 200 sets maximum daily and weekly hours of work. The daily limit for hours of work is eight (8) hours, or if the employer has established a work day longer than eight hours, then the daily limit is the number of hours established by the employer. The weekly Limit for hours of work is 48 hours.

Employers are allowed to request an employee to work longer hours than the daily and weekly maximum, if the employee agrees in writing.

This information is also contained in the Ontario Ministry of Labour's Information for Employees About Hours of Work and Overtime Pay, which KB EMPLOYMENT SOLUTIONS INC. has provided to you and asked that you read before signing this Agreement.

By signing below, you agree to work for KB EMPLOYMENT SOLUTIONS INC. And/or in placement with KB EMPLOYMENT SOLUTIONS INC.'s clients more than eight hours per day and 48 hours per week. The daily maximum that you will be requested to work is 13 hours. The weekly maximum that you will be requested to work is 60 hours.

I,

, have been given the Ontario Ministry of Labour's Information for Employees About Hours of Work and Overtime Pay by KB EMPLOYMENT SOLUTIONS INC. Prior to signing this Agreement, I have reviewed that document, and read and reviewed the terms of this Agreement. I agree to the above terms and that this Agreement will come into effect on the date of signing and will continue until two weeks after I advise KB EMPLOYMENT SOLUTIONS INC. that I wish to cancel this Agreement. I understand that KB EMPLOYMENT SOLUTIONS INC. may also cancel this Agreement by providing me with reasonable notice.

**Date**

**Signature**

Month Day Year

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**Request for Information From Previous Employer**

*I hereby authorize you to release the following information to KB employment solutions inc. for the purpose of investigation. You are released from any and all liability, which may result from furnishing such information.*

**Date** **Name**

Month Day Year

**Signature**

\_\_\_\_\_

**Social Insurance Number** **Driver's License Number**

**Reference Check**

*We appreciate your time in completing, in confidence, the information below.*

**Company Name** **Name of the applicant**

**Employed from** **Employed until**

Month Day Year

Month Day Year

**Present**

**Did he/she drive a:**      **If selected other, please specify:**

Straight truck

Tractor Trailer

Other

**Reason for leaving company:**

Discharged

Resignation

Lay-off

**Was the driver off for any length of time with an illness or injury?**

Yes

No

**What was the driver's attitude towards customers**

**What was the driver's attitude towards co-workers?**

**What was the driver's attitude towards dispatch?**

**What was the driver's attitude towards equipment?**

**What was the driver's attitude towards paperwork?**

**Number of preventable accidents:**

**Number of non-preventable accidents:**

**Accident History (in detail):**

**Eligible to Rehire?**

Yes

No

Upon Review

**Any other remarks:**

Reference check Completed by:

**Name**

**Date**

Month Day Year

**For bonding purposes, have you ever been convicted of a criminal offense in the last two years for which you have not pardoned?**

Yes  
No

**Languages Spoken**

**Languages Written**

**Please Read Carefully:**

*It is your responsibility as an employee of KB employment solutions inc. to ensure you keep your licenses, training, and/or certificates up to date and renewed. If, for any reason, you lose your license or it is suspended or downgraded, it is your responsibility to notify KB employment solutions inc. immediately.*

*If you have an accident/incident, it must be reported immediately to KB employment solutions inc. dispatch/customer. Abstracts will be pulled every three months and will be deducted from your paycheck.*

*I hereby certify the information given on this application form and enclosures to be true and accurate, and grant KB employment solutions inc. permission to use this information at their discretion. I acknowledge that KB employment solutions inc. has the right to deduct the cost of any ETR bill fees from my pay.*

\*This company is under the Elect to Work Policy

**Date**

**Signature**

Month Day Year

