

**Welcome to the Daily Transport driver application process.** Please fill out the application form completely – do not leave any blank spaces where information is requested. If information requested does not apply, then please indicate so by marking ‘n/a’. You may attach a resume if you wish, however the application form must still be completed.

**Applicant’s Name:** \_\_\_\_\_

	Item	Office
	Completed Application	
	Legible copy of driver’s license & photo	
	Copy of F.A.S.T. Card	
	Last 7 days of logs	
	Abstract – No more than 30 days old	
	Proof of Legal Status in Canada	

Mail or drop off your application to the above address, or fax to **1-204-334-9898** attention Recruiting Department.



Received Date	Office Only Notes
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Please note the following requirements to be hired as a driver for Daily Transport.

## HIRING REQUIREMENTS

1. Minimum Training Requirements for New Drivers:

Contract & Company Drivers must have a minimum of 1-2 years driving experience driving a tractor trailer unit in North America

2. Driving Abstract:

Full Class 1A without any restrictions other than corrective lenses.

Minimum of 5 years since last DUI, Dangerous Driving and Careless driving

No more than 5 moving violations in the previous three years, and no more than 3 moving violations in the past year

No serious DOT Out of Service Violations

3. Clear Criminal Record Search

4. Must meet all DOT requirements;

Pre-employment Drug Screening

5. Age requirement of 21 years

6. Positive references from previous employer.

7. Must be able to complete a road evaluation, demonstrating knowledge of and the ability to safely operate a tractor-trailer unit. (Pre-Trip, Air Brake, Coupling & Un-coupling, Road Test & Backing Exercise, etc.).

8. Orientation to be determined.

9. Good command of the English language, verbal and written.

## REMARKS

We will only notify chosen candidates for an interview and road evaluation. Please note that contacting the office regarding the status of your application will result in delays. Please wait for us to contact you.

Upon approval of both the application and road evaluation, the applicant will receive an offer of employment and will be scheduled for orientation and a pre-employment drug test. (Final conditions of employment will require the candidate to successfully complete Orientation & the Pre-Employment Drug Screen).

Orientation could consist of 1 day at Daily Transport 10 Industrial Road, St. Andrews, MB. Also at this time please submit a void cheque for direct deposit of your pay cheque for Owner Operators & Company Drivers.



10 Industrial Road
St Andrews, MB R1A 3N7
Phone: 204-334-9900
Cell: 204-296-0206
Fax: 204-334-9898

Application for Employment

In compliance with Federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or non-job disability.

Date of Application: \_\_\_\_\_ (mm/dd/yyyy)

Position(s) Applied for: (check all that apply)

Owner Operator O/O Driver Company Driver City Driver Canada USA

Personal Information

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

SIN #: \_\_\_\_\_

Address for the past three years:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (mm/dd/yyyy) Email: \_\_\_\_\_

Do you have the legal right to work in Canada? Yes No

Are you currently employed? Yes No If not, how long since last employment? \_\_\_\_\_

Have you worked for Daily Transport before? Yes No

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Rate of pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

How did you hear about Daily Transport? \_\_\_\_\_

What is your rate of pay expectation? \$ \_\_\_\_\_ Do you have a F.A.S.T. Card? Yes No

**If not, is there anything that would hinder you from receiving a F.A.S.T Card?** Yes No

## Experience and Qualifications

The information requested herein as per Federal Motor Carrier Safety Regulations (383.35)(c) may be used for the purpose of investigating applicant's previous work history, including contacting applicant's previous employers for verification purposes.

Begin with your current or most recent job and work backwards in order, **listing your employers for the past 10 years** including all full and part-time employment. All time must be accounted for, including military service, self-employment, and periods of unemployment. Please use supplementary sheets if necessary.

1.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)  
Salary or Wage: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)  
Salary or Wage: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)  
Salary or Wage: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Note:** Please list any additional experience on the following page.

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## Experience and Qualifications (Continued)

4.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)  
Salary or Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

5.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)  
Salary or Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

6.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)  
Salary or Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

7.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)  
Salary or Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Note:** Please list any additional experience on the reverse side of this sheet.



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8.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)

Salary or Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

9.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)

Salary or Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

10.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

From: \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)

Salary or Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_



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## Class 1 Certification

List the training facility you attended plus where and when you achieved your Class 1 License.

Training Facility Attended: \_\_\_\_\_

Year Completed: \_\_\_\_\_ Province Completed In: \_\_\_\_\_

Additional Info: \_\_\_\_\_

\_\_\_\_\_

## Additional Training

List all completed courses, training, or certification relating to Trucking or Transportation that may help in your work with Daily Transport.

1.) Program or Certification Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Additional Info: \_\_\_\_\_

\_\_\_\_\_

2.) Program or Certification Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Additional Info: \_\_\_\_\_

\_\_\_\_\_

3.) Program or Certification Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Additional Info: \_\_\_\_\_

\_\_\_\_\_

4.) Program or Certification Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Additional Info: \_\_\_\_\_

\_\_\_\_\_

**Note:** Please list any additional training on the reverse side of this sheet.



**Accident Report – for the past three years or more**

Please report all traffic accidents you have been responsible for or involved in.

No previous accidents

Date of most recent accident: \_\_\_\_\_ (mm/dd/yyyy)

Nature of Accident: (head-on, rear-end, upset, etc.): \_\_\_\_\_

Fatalities? Yes No Injuries? Yes No

Please list all resulting injuries: \_\_\_\_\_

\_\_\_\_\_

Date of previous accident: \_\_\_\_\_ (mm/dd/yyyy)

Nature of Accident: (head-on, rear-end, upset, etc.): \_\_\_\_\_

Fatalities? Yes No Injuries? Yes No

Please list all resulting injuries: \_\_\_\_\_

\_\_\_\_\_

**Traffic Convictions – for the past three years (except parking tickets)**

Please report all traffic accidents you have been responsible for or involved in.

No previous convictions

Date of most recent conviction: \_\_\_\_\_ (mm/dd/yyyy)

Location: \_\_\_\_\_

Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date of previous conviction: \_\_\_\_\_ (mm/dd/yyyy)

Location: \_\_\_\_\_

Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_



## Driver`s Permit History

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

Has a license, permit or privilege ever been suspended or revoked? Yes No

## Equipment History

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROXIMATE MILEAGE
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILER				
OTHER				

List the States and Provinces in which you have operated for the past five years.

## Education

Please circle the highest level completed for the following:

Grade School:            1        2        3        4        5        6        7        8

High School:            1        2        3        4

College/University:    1        2        3        4

Name of the last school attended: \_\_\_\_\_

## Emergency Contacts

In the event of emergency, please list two persons whom Daily Transport could contact.

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

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Health Card Number

Also, please include your current health card number: \_\_\_\_\_



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## Applicant Authorization

I authorize Daily Transport to make such investigations and inquiries of my personal, employment, 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 any and all liability that may potentially result from the release and/or use of such information in connection with my application.

Information provided to Daily Transport will be held in accordance with **The Personal Information Protection and Electronic Document Act**. The Company will take appropriate steps to ensure the security of your information and will not provide to another party except as approved by you, as may be required by law

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 to all rules and regulations of the company.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Full Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

## Reference Check Request from Previous Employer

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

APPLICANT INFORMATION	
Name:	
Date of Birth:	
Driver's License#:	

### PAST EMPLOYMENT REFERENCE INTERVIEW #1

Company:			
Location:		Telephone:	
Contact:		Title:	
Dates Employed:		Position Held:	
Equipment:	53' Dry Van _____, Reefer _____, Flatbed _____, Other _____		

### How Would You Rate the Following on A Scale of Poor – Excellent?

(Poor – Average - Good – Very Good – Excellent)

Work Skills:	Work Ethics:	Time Management:	Team Player:

### Were There Ever Any Issue Regarding.....

Attendance:	Punctuality:	Honesty:	Loyalty:

➤ **Did he/she have any moving violations?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Details: \_\_\_\_\_  
 \_\_\_\_\_

➤ **Did he/she have any accident?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Details:

#	Date	Type of Accident	Location	Est. Cost
1.				
2.				
3.				
4.				



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➤ **Reason for Leaving:** \_\_\_\_\_  
Quit with notice \_\_\_\_\_ Quit \_\_\_\_\_ Terminated \_\_\_\_\_ Lay-off \_\_\_\_\_

➤ **Eligible for rehire:**  
Yes \_\_\_\_\_ No \_\_\_\_\_

Information completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_