

Rosa Flora Limited

DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

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

Name:- _____ Date of application:- _____
Last First Middle

Position(s) Applied for :- _____ Full time Part Time Local/Canadian United States

Address:- _____
Street City
Prov. Postal Code Phone #

ADDRESS FOR PAST THREE YEARS {
Street City Prov. & Postal Code How Long? _____
Street City Prov. & Postal Code How Long? _____

Drivers License Number _____ Class _____ Expiry Date _____

Do you have the legal right to enter into the United States? Y or N

Have you worked for this company before? _____ What position? _____

Dates: From:- _____ To:- _____ Rate of Pay:- _____

Reason for leaving:- _____

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

How were you referred Newspaper Ad Truck News Magazine Co. Driver Other Source

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Y or N

If yes, explain if you wish. _____

Have you applied & received FAST approval? YES NO

Have you been denied FAST Approval? YES NO

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 13 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 5 years. List the truck lines, not the Owner Operator you drove for.

Applicants to drive a commercial motor vehicle shall also provide an additional 5 years' information on those employers for whom the applicant operated such vehicle for a total of 10 years work experience. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

WORK DATES: From Month/Year _____ To Present _____

Company		Type of Trailer
Address		Type of equip. Driven
City		Type of Freight Hauled
Prov.	Postal Code	Areas You Drove In
Phone#	Cell#	Hours or Miles per Week
Supervisor		Reasons For Leaving
Full Time or Part Time		Position Held

WORK DATES: From Month/Year _____ to Month/ Year _____

Company		Type of Trailer
Address		Type of equip. Driven
City		Type of Freight Hauled
Prov.	Postal Code	Areas You Drove In
Phone#	Cell#	Hours or Miles per Week
Supervisor		Reasons For Leaving
Full Time or Part Time		Position Held

WORK DATES: From Month/Year _____ to Month/ Year _____

Company		Type of Trailer
Address		Type of equip. Driven
City		Type of Freight Hauled
Prov.	Postal Code	Areas You Drove In
Phone#	Cell#	Hours or Miles per Week
Supervisor		Reasons For Leaving
Full Time or Part Time		Position Held

CON'T EMPLOYMENT HISTORY

WORK DATES: From Month/Year _____ to Month/ Year _____

Company		Type of Trailer
Address		Type of equip. Driven
City		Type of Freight Hauled
Prov.	Postal Code	Areas You Drove In
Phone#	Cell#	Hours or Miles per Week
Supervisor		Reasons For Leaving
Full Time or Part Time		Position Held

WORK DATES: From Month/Year _____ to Month/ Year _____

Company		Type of Trailer
Address		Type of equip. Driven
City		Type of Freight Hauled
Prov.	Postal Code	Areas You Drove In
Phone#	Cell#	Hours or Miles per Week
Supervisor		Reasons For Leaving
Full Time or Part Time		Position Held

ACCIDENT/INCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	Type OF Vehicle	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	CHARGABLE NON- CHARGEABLE	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

ANY TRACTOR -TRAILER (EQUIPMENT) OR CARGO CLAIMS YES or NO IF YES LIST DETAILS BELOW.

DATE	NATURE OF CLAIM	CARRIER NAME	CLAIM AMOUNT

EXPERIENCE AND QUALIFICATIONS – DRIVER

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, ATTACH STATEMENT GIVING DETAILS

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE WHAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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. 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.

 DATE

 APPLICANTS SIGNATURE