



## Application Form

**Big Freight Systems**  
**360 Hwy 12 N, Steinbach, MB, R5G 1A6**

### Driver Application

*Please print clearly. All sections must be completed.*

Personal Information					
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name(s)</b>	
<b>Current Street Address</b>				<b>Length of Time at this Address</b> from (month/year) to (month/year)	
<b>City, Province</b>			<b>Postal Code</b>	<b>Home Phone</b>	<b>Cell Phone</b>
<b>List Addresses for Past Three Years</b> If same as above, please check box <input type="checkbox"/>				<b>Length of Time at Each Address</b> from (month/year) to (month/year)	
1.				1.	
2.				2.	
3.				3.	
<b>Class of Licence/ Issuing Province</b>	<b>Driver Licence Number</b>		<b>Expiry</b>	<b>SIN#</b>	
				<b>BN#</b>	
Hiring Standards					
Do you have a valid Class 1/A licence?	Yes	No	Are you under the age of 21?	Yes	No
Do you have a clean abstract and driving record?	Yes	No	Have you ever been convicted of a crime for which a pardon has not been granted?	Yes	No
Are you legally eligible to work in Canada?	Yes	No	Do you have any physical limitations we should be aware of?	Yes	No
Can you cross the border into the United States?	Yes	No	Do you have any limitations with respect to hand-bombing (50 lb.)?	Yes	No
Are you FAST approved (or applied for FAST approval)?	Yes	No	Are you willing to be tested for drug and alcohol use on a random basis?	Yes	No
Education					
Highest Level of Formal Education (degree/diploma, School Attended, Year Completed)					
Driving/Training Institute Attended (if applicable) and Date of Graduation					



### Tractor/Trailer Driving Experience

<p>Indicate your commercial driving experience.</p> <p style="text-align: center;">Student training only Less than 6 months 6 months to 1 year 1 to 2 years 3 to 5 years 5 or more years</p>	<p>What types of commercial vehicles have you driven?</p> <p style="text-align: center;">Van Tanker Flatbed Tri-Axle/Tandem Refrigeration (Reefer) Other</p>	<p>Rate your experience 0=None 1=Limited (under 1 year) 2=Some Experience (1-3 years) 3=Experienced (3 years or more)</p> <table style="width: 100%; text-align: center;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
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List particulars of all vehicle accidents arising out of the use, ownership or operation of any motor vehicle (personal or commercial) during the past three years.  
If none, please check box

List particulars of all convictions arising out of the use, ownership or operation of any motor vehicle (personal or commercial) during the past three years.  
If none, please check box

Has your licence ever been suspended or revoked for any reason, or have you ever been denied a licence for any reason?  
If no, please check box

### Employment History

<p>Please list your employment for the past ten (10) years. All time gaps must be accounted for and the reason provided (i.e. unemployed/self-employed/attending school).</p> <p>Please begin with your most recent employer.</p>	<p>The <i>Federal Motor Carrier Safety Regulations</i> (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 10,000 lb. or more (2) is designed to transport nine or more passengers or (3) is of any size and is used to transport hazardous materials in quantities requiring placarding.</p>
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<b>1. Last/Current Employer</b>	<b>From</b>	<b>To</b>
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40?		Yes <input type="checkbox"/> No <input type="checkbox"/>



Employment History (continued)		
<b>2. Previous Employer</b>	<b>From</b>	<b>To</b>
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. Previous Employer</b>	<b>From</b>	<b>To</b>
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>4. Previous Employer</b>	<b>From</b>	<b>To</b>
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>5. Previous Employer</b>	<b>From</b>	<b>To</b>
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		



Employment History (continued)		
<b>6. Previous Employer</b>	<b>From</b>	<b>To</b>
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>7. Previous Employer</b>	<b>From</b>	<b>To</b>
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>8. Previous Employer</b>	<b>From</b>	<b>To</b>
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>9. Previous Employer</b>	<b>From</b>	<b>To</b>
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		



### Additional Information

What is your reason for choosing us as your potential employer?

Have you been referred by a current driver or Owner/Operator? If Yes, please state their name.

Where did you hear about this position?

- Newspaper Ad       \_\_\_\_\_      Truck Show
- Trucking Magazine       \_\_\_\_\_      Internet
- Other       \_\_\_\_\_

### Release Clause

This certifies that I completed this application form myself, and that all entries on it and information in it are true and completed to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize the Company and/or its agents to make such investigations and inquiries as may be necessary to arrive at an employment decision. This includes my personal history, employment history, credit history (including investigations and inquiries into my personal and / or corporate financial matters through a credit reporting agency), driving record, criminal record, drug and alcohol test results from previous employers (or their consortium) and other related matters. Generally, inquiries regarding medical history will be made only if required, 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.

If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment or contract period. Furthermore, I understand that the Company and/or its agents may keep information on file (including work performance) as related to my employment, and make it available to any second party with my written consent.

I agree to supply the following information as part of this application:

- CVOR Abstract (current within past 30 days)
- Driver's Abstract (current within past 30 days)
- Criminal Record Search (current within past 90 days)

### Signature

I certify that all information contained in this application form is complete and accurate to the best of my knowledge.

Signature (if printed)

Date (if printed)

