



Toll: 1-800-265-8789 Tel: 905-457-8789 Fax: 905-457-8372 [careers@travelers.ca](mailto:careers@travelers.ca) \*  
[www.travelers.ca](http://www.travelers.ca) \*

Head office: 195 Heart Lake Road South, Brampton, Ontario, L6W 3N6  
Brampton ON \* Prescott ON \* Midland ON \* Wallaceburg ON \* Carignan PQ

## DRIVER'S/OWNER OPERATOR APPLICATION FOR EMPLOYMENT

Please read and sign page 6 before completing the following application for employment. Please fill out completely, including work history, do not mark down "see resume". (Company Drivers do not need to return this page with application.)

Including the following information will assist the review process:

- Driver License copy
- Driver Abstract (dated within the last 30 days)
- CVOR Abstract (dated within the last 30 days)
- Criminal search (dated within the last 6 months, Fast card is excepted in lieu)
- US Documents (if required) (Fast Card, Passport or Enhanced Driver's license, US VISA, I94 card)

### OWNER OPERATOR ONLY:

#### **TRUCK:**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

COLOR: \_\_\_\_\_ VIN # \_\_\_\_\_ WEIGHT: \_\_\_\_\_

FUEL CAPACITY: \_\_\_\_\_ WHEELBASE: \_\_\_\_\_ ENGINE: (INCH) \_\_\_\_\_

5<sup>TH</sup> WHEEL HEIGHT: \_\_\_\_\_ ABS: YES  NO  JAKE BRAKE: YES  NO

DO YOU OWN or LEASE THE TRUCK? \_\_\_\_\_

IF LEASING FINANCING HELD BY: \_\_\_\_\_ PAYMENTS: \_\_\_\_\_

NAME ON OWNERSHIP: \_\_\_\_\_

#### **FLATBED DIVISION ONLY, TRAILER:**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

SUSPENSION: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ LENGTH: \_\_\_\_\_

INSIDE HEIGHT: \_\_\_\_\_ ANNUAL SAFETY: (MM/DD/YY) \_\_\_\_\_

VENTED: YES  NO  DO YOU OWN or FINANCE TRAILER? \_\_\_\_\_

IF LEASING FINANCING HELD BY: \_\_\_\_\_ PAYMENTS: \_\_\_\_\_ UNTIL: \_\_\_\_\_

#### **PAPERWORK REQUIRED ONCE APPROVED:**

- Proof of Disability (WSIB or Proof of private alternative)
- Bill of Sale or Lease Agreement
- Ownership
- Annual Inspection
- Emissions Test
- 36 Day safety if name change or unfit on ownership.
- Business or Incorporation papers.



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Name of Carrier: Travelers Transportation Services Inc. In compliance with Federal and Provincial equal employment, opportunity laws, qualified applicants are considered for all position without required to race, color, religion, sex, national origin, age marital status, or non-job related disability, or any other protected group status.

Date of application: \_\_\_\_\_ Available to start: \_\_\_\_\_

Position: OWNER OPERATOR  COMPANY DRIVER  O/O DRIVER  FULL TIME  PART TIME

Division: VAN  FLATBED  INTERMODAL  AREA: USA  ONTARIO  CANADA

\_\_\_\_\_  
 First Name Initial Last Name

\_\_\_\_\_  
 House/Apt # Street, City, Province, Postal Code

ADDRESS(ES) FOR THE PAST THREE YEARS IF DIFFERENT FROM ABOVE:

\_\_\_\_\_  
 House/Apt # Street, City, Province, Postal Code How long here

\_\_\_\_\_  
 House/Apt # Street, City, Province, Postal Code How long here

Home phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Sin # \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YR (required for truck drivers)

Driver's License # \_\_\_\_\_ Prov \_\_\_\_\_ Class \_\_\_\_\_ Expiry \_\_\_\_\_ (MM/DD/YR)

Has your license ever been suspended/revoked/denied? Yes  No  Reason: \_\_\_\_\_

How many years of AZ Tractor Trailer driving experience: \_\_\_\_\_ Legally eligible to work in Canada Yes  No

Can you cross legally the US/Canadian Border? Yes  No  Reason: \_\_\_\_\_

Have you worked for us before? Yes  No  To: \_\_\_\_\_ From: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Can you drive a standard? Yes  No  Are you bondable? Yes  No

Are you currently employed? Yes  No  If no how long since leaving your last employment: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes  No

Explain: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Who referred you? \_\_\_\_\_



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List your **employment history for the past 10 years** starting with the most current employer. All time for the past 10 years must be account for even if you were unemployed or in training/school.

Company \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal code: \_\_\_\_\_

Position \_\_\_\_\_ Full Time  Part Time  Salary/Wage: \_\_\_\_\_

Type of Truck Operated Straight Truck  Tractor Trailer  Standard Transmission  Auto Transmission  Bunk Truck  Day Cab

Type of Trailer Hauled 48/53 ft  Van  Reefer  Flatbed  Trains  Multi Axle  Lift Axle  Steer Axle  Containers

Where did you run? Local Only  Quebec  Western Canada  Eastern USA  Mid West USA  Western USA Mountains

Were you subject to the FMCSR's while employed here? Yes  No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes  No

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

WHY DID YOU LEAVE THIS POSITION? \_\_\_\_\_

Account for Period between Jobs- Include reason & dates (month/year) : \_\_\_\_\_

Company \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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Have you had Dangerous Goods Training in the last 3 years? Yes  No  Expiry Date: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving award do you hold and from whom: \_\_\_\_\_

Education: Highest Grade Completed 8 9 10 11 12 College Name \_\_\_\_\_ University Name \_\_\_\_\_

Driver Training: Name of School \_\_\_\_\_ Course \_\_\_\_\_ Date: \_\_\_\_\_

**LIST ANY ACCIDENTS YOU HAVE HAD IN THE LAST 3 YEARS**

Date	Description	Fines / Charges	Amount	CVOR Affected

**TICKETS WITHIN THE LAST 3 YEARS (CAR OR TRUCK )**

Date	Description	Fines / Charges	Amount	CVOR Affected

**DRIVING EXPERIENCE:**

Equipment Class	Van/Reef/Van/Tank Etc	To	From	Approx Miles
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Tanks				

In accordance with 49 CFR 40.25 have you tested positive, or refused to test, on any pre-employment drug or alcohol test administrated by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years? Yes  No

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.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Name Print:** \_\_\_\_\_



**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS**

**Driver Please Read, Sign, and Date at Bottom of Page**

**TO BE READ AND SIGNED BY THE APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial and/or medical history and other related matters as may be necessary in arriving at an employment/contract of service decision. (Generally, inquiries regarding medical history will be made only if and after a condition offer of employment/contract of service 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. FMSCR 391.23 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 Travelers Transportation Services/Travelers Group of Companies. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23 (d) and (e).

**I understand that I have the right to:**

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the c corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

**Consent for information from Previous Employer:**

I, hereby authorize you to release personal, employment, financial and/or medical information to Travelers Transportation Services/Travelers Group of Companies for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

In accordance with 49 CFR 382.405(f). by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.

**Applicant's Signature** \_\_\_\_\_ **SIN#** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_