



# DRIVER APPLICATION FORM

Please print the application and fill out all sections below. Once completed, either fax the application, along with a copy of your résumé, to (519)695-2249, Attn: Kyle Campbell. Or scan and email both the application and résumé to [kyle@haroldmarcus.com](mailto:kyle@haroldmarcus.com).

## GENERAL INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (MM) \_\_\_\_\_ (DD) \_\_\_\_\_ (YYYY)

SSN / SIN #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV./STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

## DRIVING INFORMATION

DRIVER'S LICENCE #: \_\_\_\_\_ PROV./STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_ FAST#: \_\_\_\_\_

1. Have you ever had your licence revoked?       YES       NO

If yes, please explain why: \_\_\_\_\_

2. Have you ever been convicted of a criminal offense for which you have not received a pardon?

YES       NO

If yes, please explain why: \_\_\_\_\_

3. Have you had any moving violations in the last three years?       YES       NO

If yes, please explain why: \_\_\_\_\_

4. Have you had any accidents, regardless of fault, in the last three years?       YES       NO

If yes, please explain why: \_\_\_\_\_

## WORK PREFERENCE

FULL TIME                       OWNER OPERATOR                       LOCAL/MID-DISTANCE

PART TIME                         COMPANY DRIVER                         LONG-HAUL

**EMPLOYMENT INFORMATION**

(Please provide your work history for the past ten years. If more space is required, please submit on a separate page and attach with your documents.)

**LAST EMPLOYER:** \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
PROV./STATE: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
TYPE OF EQUIPMENT: \_\_\_\_\_  
PROV./STATE OPERATED IN: \_\_\_\_\_

**2ND LAST EMPLOYER:** \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
PROV./STATE: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
TYPE OF EQUIPMENT: \_\_\_\_\_  
PROV./STATE OPERATED IN: \_\_\_\_\_

**3RD LAST EMPLOYER:** \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
PROV./STATE: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
TYPE OF EQUIPMENT: \_\_\_\_\_  
PROV./STATE OPERATED IN: \_\_\_\_\_

**4TH LAST EMPLOYER:** \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
PROV./STATE: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
TYPE OF EQUIPMENT: \_\_\_\_\_  
PROV./STATE OPERATED IN: \_\_\_\_\_

**RÉSUMÉ ATTACHMENT**

If faxing this application, please include a copy of your résumé in the fax transmission. If you choose to email the document, please attach an electronic copy of your résumé (.pdf, .doc, or .docx file extension) as an attachment in the email you send your application in.

**WAIVER**

I certify that all the above information contained herein is true and correct. I authorize Harold Marcus Limited to complete a full background investigation, including past drug and alcohol employment testing results, in accordance with Provincial and Federal laws. I further authorize my previous employers to release any information requested by Harold Marcus Limited and hold them harmless of all liability from the release of said information.

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_