

EVEREST TRANSPORTATION INC.

APPLICATION FOR EMPLOYMENT

NAME: _____		
(First)	(Middle)	(Last)
ADDRESS: _____		
(Street)	(City)	(Province)
POSTAL CODE: _____	PHONE #: _____	HOW LONG? _____
DATE OF BIRTH: _____ SOCIAL INS. NO: _____		
ADDRESS _____ HOW LONG? _____		
FOR PAST (Street)	(City)	(Province)
3 YEARS:		
(Street)	(City)	(Province)
		HOW LONG? _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

	STATE	LICENSE #	TYPE	LICENSE #
DRIVER				
LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT

Name & Address of Present / Last Employer	Present / Last Job Title:	
	Period of Employment: From To	Present / Last Salary:
	Name of Supervisor:	Telephone #:
Type of Business:	Reason for Leaving:	
Duties / Responsibilities:		
Name & Address of Previous Employer:	Previous Job Title:	
	Period of Employment: From To	Final Salary:
	Name of Supervisor:	Telephone #:
Type of Business:	Reason for Leaving:	
Duties / Responsibilities:		
Name & Address of Previous Employer:	Previous Job Title:	
	Period of Employment: From To	Final Salary:
	Name of Supervisor:	Telephone #:
Type of Business:	Reason for Leaving:	
Duties / Responsibilities:		

For Employment References may we approach:

Your present/last employer? Yes No

Your former employer(s)? Yes No

List references if different than above on a separate sheet.

Activities (civic, athletic, etc.)

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 ____

C. Have you ever been on Worker's Compensation? YES ____ NO ____

If the answer to any of the above is YES, attach statement giving details.

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY THE UNDERSIGNED AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE

APPLICANT'S SIGNATURE
