



**RS GILL
EXPRESS**

R S Gill Express Ltd.
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Driver Application Form

1. Applicant Name:

First Name:

Middle Name:

Last Name:

2. Sex:

Male/Female:

3. Date of Birth:

MM/DD/YYYY:

4. Social Insurance Number (SIN):

XXX-XXX-XXX:

5. Address:

House/Unit:

Street:

City/Town:

Province:

Country:

Postal Code:

6. Phone Number:

(XXX) XXX-XXXX:

(XXX) XXX-XXXX:

7. Driver's License:

Number:

Class:

Province

Date Issued:

Expiry Date:

8. Class 1 Driver's License:

Number:

Class:

Province

Date Issued:

Expiry Date:

9. Are you legally eligible to work in Canada?

Yes/No:

10. Are you legally eligible to enter the United States of America?

Yes/No:

11. Are you FAST approved (or have applied to be FAST approved)?

Yes/No:

12. Are you under the age of 21?

Yes/No:

13. Have you ever been convicted of a crime?

Yes/No:

14. Are you willing to be randomly tested for drug and alcohol use?

Yes/No:

15. Are you willing to be randomly tested for drug and alcohol use?

Yes/No:

16. What is your highest level of formal education completed?

Degree/Diploma:

School/Institute:

Year Completed:

17. Do you have any physical limitations that would limit your ability to work?

Yes/No:

If yes, please explain:

Explanation:

18. Are you physically capable of lifting heavy equipment and/or manual work?

Yes/No:

19. How many days have you had to take off work due to illness in the past 3 years?

Days:

20. Are you willing to take a physical examination?

Yes/No:

21. Have you ever been tested for drugs?

Yes/No:

If yes, have you ever tested positive?

Yes/No:

22. Deck Experience:

Years/Months/Miles:

23. Dry-van Experience:

Years/Months/Miles:

24. Super-B Experience:

Years/Months/Miles:

25. Truck Information:

Manufacturur & Model:

Year:

26. Have you ever been denied a driver's license or permit to operate a vehicle?

Yes/No:

If yes, please explain:

Explanation:

27. Have you ever had your driver's license suspended, or revoked?

Yes/No:

If yes, please explain:

Explanation:

28. Previously held driver's licenses:

License Number:	State/Province/Country:	Class:	Expiry Date:

29. Accident history for the past three years:

Date:	Description:	Injuries:	Fatalities:

30. Tickets and/or traffic violation history for the past three years:

Date:	State/Province/Country:	Charges:	Penalties:

31. Forfeiture history for the past three years:

Date:	State/Province/Country:	Charges:	Penalties:

32. Employment History: *Transportation history for past 10 years, all other employment for the past 3 years*

Company/Organization:	
Title/Postion Held:	
Address:	
Start Date:	End Date:
Reference Name:	Reference Title:
Reference Phone Number:	Reference Email:
Reason for Leaving:	

Company/Organization:	
Title/Postion Held:	
Address:	
Start Date:	End Date:
Reference Name:	Reference Title:
Reference Phone Number:	Reference Email:
Reason for Leaving:	

Company/Organization:	
Title/Postion Held:	
Address:	
Start Date:	End Date:
Reference Name:	Reference Title:
Reference Phone Number:	Reference Email:
Reason for Leaving:	

DECLARATION:

I understand the content of this form. I declare that the information provided is true, accurate and complete. I provide consent for R S Gill Express Ltd. to use and disclose the information provided within this form provided for the purpose of obtaining driving record abstracts from relevant authorities, Drug and Alcohol test results from my previous employers, and conducting criminal background checks and financial background checks.

Applicant Name:

Applicant Signature:

Date: