



### SUB-CONTRACTOR APPLICATION

Name \_\_\_\_\_  
Surname, Given Name and Middle Initials

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
Province/Territory Postal Code

Date \_\_\_\_\_  
 S.I.N. \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Email \_\_\_\_\_

**Name of Incorporation:** \_\_\_\_\_

Address for previous 3 years (if different from above):

Street	City/Town	Province	Postal Code
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Contract position applied for: \_\_\_\_\_

Desired Shift: AM / PM    Weekends? Yes / No    Able to Hand Bomb? Yes / No

License: AZ - # of Years Experience \_\_\_\_\_ DZ - # of Years Experience \_\_\_\_\_ Other \_\_\_\_\_

License Number: \_\_\_\_\_    Expiry Date: \_\_\_\_\_

Has your license ever been suspended or revoked? Yes / No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No

**IF** the answer to either of the above two statements is **YES**, attach statement giving details.

Do you have the legal right to work in Canada? Yes / No

Do you have any limitations, medical conditions or chronic ailments that will affect your performance as a contracted commercial driver? Yes / No    If **YES**, describe \_\_\_\_\_

Are you currently employed/contracted? Yes / No

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**How did you hear about Inter-Link Contract Services?**

Newspaper/Magazine: Which one? \_\_\_\_\_ Referral/Other \_\_\_\_\_

**For Inter-Link/United Services to complete:**

Shift Discussed: AM / PM    Start Time Discussed: \_\_\_\_\_    Driver Initial: \_\_\_\_\_

## CONTRACTED DRIVING/EMPLOYMENT HISTORY

All applicants to drive commercial vehicles in Canada and the United States must provide the following information on all previous employers during the preceding 3 years.

**\*\*\*List the truck lines, not the Owner Operator you drove for\*\*\***

(NOTE: An additional sheet has been added for use if necessary.)

**DRIVER NAME:**

**LIC#:**

PAST EMPLOYER/ FORMERLY CONTRACTED BY:		DATE	
Company Name		From	To
Address		Position Held	
City	Province	Postal Code	
Salary/Wage		Reason for Leaving	
Contact Person	Phone Number		
Type of Equipment Driven		Type of Trailer	
Type of Freight Hauled		Areas You Drove In	
Commercial motor vehicle violations or accidents while with this company? Y ___ N ___		Enrolled in drug testing program? Y ___ N ___	

**DRIVERS, PLEASE DO NOT FILL IN. FOR FORMER EMPLOYERS ONLY TO COMPLETE:**

**Rate: Good/Fair/Poor**

Quality of Paperwork: \_\_\_\_\_ Backing Skills: \_\_\_\_\_ Customer Relations: \_\_\_\_\_ Co-Worker Relations: \_\_\_\_\_

Timeliness: \_\_\_\_\_ Safety & Compliance: \_\_\_\_\_ Trip Planning: \_\_\_\_\_ Hours of Service(Logs): \_\_\_\_\_

Attitude/Appearance: \_\_\_\_\_ Equipment Handling: \_\_\_\_\_

Any Accidents/Incidents? Y / N If yes please describe: \_\_\_\_\_

Would you rehire: Y / N Notice Given: Y / N WSIB Claims: Y / N Time Lost: Y / N

**APPLICANT AUTHORIZATION:**

**I authorize the company to release all my employment information to Interlink/United Services for the purposes of investigation for a driver position.**

**Driver Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## EDUCATION

Grade/Secondary School Course of Study Last grade completed _____	Business, Trade or Technical School Course of Study <b>1    2    3    4</b>
Type of Certificate or Diploma Obtained	License, Certificate or Diploma Awarded

### EXPERIENCE AND QUALIFICATIONS – DRIVER

Drivers License	Province/State	License No.	Type	Expiration Date

### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment Van, Tank, Flat, Etc. (Please Specify)	Dates		Approx. No. Of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor–Two Trailers Type (A,B,C,)				
Other				

List Provinces, States, or Territories operated in for the last five years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Show Special Courses or Training that will help you as a driver \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

\_\_\_\_\_



### ACCIDENT REPORT INFORMATION

Driver Instructions : Complete information for all reportable accidents (**preventable and non-preventable**) in which you were involved during the past 5 years. List the oldest reportable accidents first. (Attach sheet if more space is needed).

Date	Type of Vehicle	Nature of Accident (Head-on, Rear-End, Upset, Etc.)	Chargeable/ Non- Chargeable	Fatalities	Injuries

### DRIVER’S OFFENSE CONVICTION RECORD

DRIVER’S INSTRUCTIONS: Provide data for all traffic offences and criminal driving offences for which you were convicted during the past five years. This information is to be updated at the time of each conviction.

Location	Date	Charge	Penalty

I certify that the above information is accurate and true.

**Driver Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Accidents, Incidents, Spills, Vehicle Damage Report and Procedures

1. ALL ACCIDENTS, INCIDENTS, TICKETS, SPILLS AND VEHICLE DAMAGE MUST BE REPORTED AT THE TIME OF OCCURANCE TO DISPATCH, AND INTER-LINK.
2. Immediate reporting gives us the chance to send Safety & Compliance to the scene to take control and minimize costs.
3. If this is a motor vehicle accident involving yourself and other vehicles on the road, please notify the police (911) as well.
4. After verbal notification, the following will be required :
  - Time, date and location of the accident or incident
  - Unit numbers (Tractor, trailer) and other vehicle information
  - Other parties' information : license, insurance, plate number, vehicle make, year, description of damage and driver's personal information
  - Witness (if any) information
  - Police reports / information
  - Written statement that describes the events leading up to the accident / incident
  - A drawing indication position of vehicles is very helpful in the investigation
5. While working for Inter-Link or United Services you are doing so as a sub-contractor and not as an employee. As such, your pay will not have any of the following deductions: income tax, EI, CPP, or EHT. You will also not be paid the following: holiday pay and statutory holidays.
6. As a sub-contractor you reserve the right to accept or refuse any shift assigned to you.
7. No passengers under any circumstances. This includes: wives, girlfriends, husbands, boyfriends, pets, friends, children, acquaintances, hitchhikers or anyone else unless instructed otherwise by Inter-Link or the customer you're driving for.

**FAILURE TO REPORT, OR LATE REPORTING OF ANY:  
ACCIDENT, INCIDENT, SPILL, TICKETS, OR VEHICLE  
DAMAGE WILL RESULT IN A REVIEW OF YOUR  
CONTRACTUAL STATUS WITH INTER-LINK OR UNITED  
SERVICES.**

**TO BE READ AND SIGNED BY SUB-  
CONTRACTOR/APPLICANT**

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. I authorize Interlink and United Contract Services to make such investigations and inquiries of my personal employment/sub-contracting history, CVOR, Driver Abstract, criminal record search, medical history, drug results from previous employers or their consortium and other related matters as may be necessary in arriving at an employment decision. If contracted by Inter-Link/United Services, this authorization shall remain on file and shall serve as on-going authorization to re-check driving abstracts or reports as deemed necessary at any time throughout my contract period. I authorize Inter-Link and United Contract Services to deduct the associated fees for updating or testing and/or any other fees or fines that I have incurred. 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. I understand that false or misleading information given in my application or interview(s) may result in the termination of my contract. Furthermore, I understand that Inter-Link and United may keep any information on file including driving abstracts and work performance as related to my contract period and make it available to any second party including Inter-Link and United clients. I also understand that I am required to abide by all rules, regulations and Health and Safety policies of Inter-Link and United and operate in compliance with Federal and Provincial Laws. I have been provided and read the Driver Information package and also have current Transportation of Dangerous Goods training. For purposes of gathering information, I agree to supply the information which may be required by law enforcement agencies and other entities for positive identification purposes and/or proof of training when checking records. It is confidential and will not be used for any other purpose. I also understand that I am financially responsible for any damages that I cause to equipment and/or property resulting from my actions, as well as any fines I incur as a result of my actions. **I realize that I am not an employee of Inter-Link or United Services. I am therefore not entitled to vacation pay, statutory holiday pay, or any other type of employee benefits. My pay will not include EI, CPP and will not have income tax deducted.**

Driver Sign: \_\_\_\_\_ Date: \_\_\_\_\_