



DRIVER'S APPLICATION

This is a **fillable** form. Press **SUBMIT** at the **TOP RIGHT** to send to apply@interlinkservices.ca. If you're using **webmail**, enter the address manually.

Name _____
Surname, Given Name and Initials

Address _____

Province/Territory Postal Code

Date _____
 S.I.N. _____
 Birth Date _____
 Phone _____
 Cell _____
 Email _____

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

Street	City/Town	Province	Postal Code
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Position Applied For _____ Local Long Haul USA? Y / N

Desired Shift AM PM Weekends? Y / N Able to Hand Bomb? Y N

License: AZ Yrs Exp _____ DZ Yrs Exp _____ Other Yrs Exp _____

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 commercial driver? Y N If **YES**, describe _____

Are you now employed? Yes No

Emergency Contact Person _____ Phone _____

Relationship _____

How did you hear about Interlink Contract Services?

Newspaper: Which one? _____ Personal Referral _____

Magazine: Which one? _____ Other _____

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. To qualify as a commercial vehicle operator in the United States, you must provide an additional 7 years information for employers for whom you operated a commercial vehicle. *****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#:

EMPLOYER		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 ___	

FOR EMPLOYER TO COMPLETE: Rate Good/Fair/Poor

Quality of Paperwork: _____ Backing Skills: _____ Customer Relations: _____ Employee Relations: _____

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

Attitude/Appearance: _____ Equipment Handling: _____

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:** _____

Signed (Typing your name acts as your signature)

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Type of Equipment Driven	Type of Trailer		
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Commercial motor vehicle violations or accidents while with this company? Y ___ N ___		Enrolled in drug testing program? Y ___ N ___	
FOR EMPLOYER TO COMPLETE: Rate Good/Fair/Poor			
Quality of Paperwork: _____ Backing Skills: _____ Customer Relations: _____ Employee Relations: _____			
Timeliness: _____ Safety & Compliance: _____ Trip Planning: _____ Hours of Service(Logs): _____			
Attitude/Appearance: _____ Equipment Handling: _____			
Would you rehire: Y / N Notice Given by Employee: 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: _____	
Signed (Typing your name acts as your signature)			

EDUCATION

Grade/Secondary School Course of Study Last grade completed _____	Business, Trade or Technical School Course of Study 1 2 3 4
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? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for our company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

To avoid duplication and/or embarrassment, please list the companies to which you have applied in the past 3 months

- ◆ _____
- ◆ _____
- ◆ _____
- ◆ _____
- ◆ _____

Office Use Only :

Interview Notes : List All Training Provided

To be Discussed with Driver:

	Initial
◆ Workplace Safety/Drug Testing Policies / Procedures / Payment	_____
◆ Payroll – handling / rates / pay periods / contact	_____
◆ Terms of Placement - temp employment / duration	_____

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.)	Chargable/ Non-Chargable	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:** _____
Signed (Typing your name acts as your signature)

Accidents, Incidents, Spills and Vehicle Damage Report 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

FAILURE TO REPORT OR LATE
REPORTING OF ANY ACCIDENT, INCIDENT,
SPILL, TICKETS, OR VEHICLE DAMAGE
WILL RESULT IN IMMEDIATE
DISCIPLINARY ACTION OR TERMINATION.

TO BE READ AND SIGNED BY 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 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 hired or contracted, 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 employment or contract period. I authorize Interlink 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 discharge. Furthermore, I understand that Interlink and United may keep any information on file including driving abstracts and work performance as related to my employment period and make it available to any second party including Interlink and United clients. I understand, also, that I am required to abide by all rules, regulations and Health and Safety policies of Interlink 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.

Driver Sign: _____ **Date:** _____

Signed (Typing your name acts as your signature)