



C A R T A G E L I M I T E D

APPLICATION FOR CONTRACT

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation.

SIGNATURE OF APPLICANT _____ DATE _____

NAME: _____ PHONE: _____ SOCIAL INS. NO. _____
FIRST MIDDLE LAST

ADDRESS _____ HOW LONG? _____
STREET CITY PROV. & POSTAL CODE

ADDRESSES FOR PAST TEN YEARS: _____ HOW LONG? _____
STREET CITY PROV. & POSTAL CODE

STREET CITY PROV. & POSTAL CODE HOW LONG? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED) O.H.I.P. NO. _____

DATE OF BIRTH: _____

IN CASE OF EMERGENCY NOTIFY: _____ NAME ADDRESS PHONE

NEXT OF KIN: _____ NAME ADDRESS PHONE

HAVE YOU WORKED FOR BUCKLEY TRANSPORT BEFORE? _____ WHERE? _____

DATES: FROM: _____ TO: _____ RATE OF PAY: _____ POSITION: _____

REASON FOR LEAVING: _____

NAMES OF RELATIVES IN OUR EMPLOY: _____

ARE YOU NOW EMPLOYED? _____ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED: _____

PHYSICAL HISTORY

LIST ANY PHYSICAL LIMITATIONS (SUCH AS EYESIGHT, LIMB IMPAIRMENT, DIABETES, HEMORRHOIDS): _____

ARE YOU PHYSICALLY CAPABLE OF HEAVY MANUAL WORK? _____

DATE OF LAST PHYSICAL EXAMINATION: _____ DOCTOR'S NAME AND ADDRESS: _____

EVER INJURED ON THE JOB? _____ GIVE NATURE AND DEGREE OF SUCH INJURIES: _____

HOW MUCH TIME LOST FROM WORK IN PAST THREE YEARS FOR ILLNESS? _____

HAVE YOU RECEIVED WORKMAN'S COMPENSATION _____ WHEN? _____

**PLEASE PROVIDE
EMPLOYMENT RECORD FOR PREVIOUS TEN YEARS**

LAST EMPLOYER NAME: _____ **PHONE:** _____
ADDRESS: _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY:** _____
REASONS FOR LEAVING: _____

SECOND LAST EMPLOYER NAME: _____ **PHONE:** _____
ADDRESS: _____
POSTION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY:** _____
REASONS FOR LEAVING: _____

THIRD LAST EMPLOYER NAME: _____ **PHONE:** _____
ADDRESS: _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY:** _____
REASONS FOR LEAVING: _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 **HIGH SCHOOL:** 1 2 3 4 **COLLEGE:** 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME ADDRESS

GENERAL

HAVE YOU EVER BEEN BONDED: _____ **NAME OF BONDING COMPANY:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?: _____

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OTHER THAN THE ONE ON THIS APPLICATION?: _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

	PROVINCE OR STATE	LICENCE NO.	TYPE	EXPIRATION DATE
DRIVER:				
LICENCES:				

A **HAVE YOU EVER BEEN DENIED A LICENCE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?** YES NO

B **HAS ANY LICENCE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?** YES NO

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST PROVINCES AND STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER/OWNER OPERATOR: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ACCIDENT REVIEW FOR PAST FIVE YEARS (ATTACH A SHEET IF MORE SPACE IS NEEDED)

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

FINANCIAL CHECK

NAME: _____ DATE: _____
BANK: _____ BRANCH: _____
ACCOUNT#: _____ TYPE OF ACCOUNT: _____
MANAGER'S NAME: _____ TELEPHONE: _____
AMOUNT OF OPERATING CAPITAL: _____

IF VEHICLE FINANCED
BANK OR INSTITUTION: _____
FINANCED WITH: _____

BRANCH AND ADDRESS: _____

MANAGER'S NAME: _____

COST: \$ _____ DOWNPAYMENT: \$ _____

MONTHLY PAYMENTS: \$ _____ BALANCE REMAINING: \$ _____

CREDIT CARDS:

OTHER PAYMENTS: _____
HOME CAR DEPENDANTS OTHER

TRACTOR INFORMATION

PLEASE INDICATE THE TYPE OF TRACTOR YOU INTEND TO SUPPLY

MAKE: _____ MODEL: _____

C.O.E.: _____ CONVENTIONAL: _____ YEAR: _____

WHEEL BASE: _____ INCHES

5TH WHEEL HEIGHT: _____ INCHES

TIRE SIZE: _____ x _____

TANDEM SPREAD: _____ INCHES

SLIDING 5TH WHEEL: _____ Yes No

ENGINE HORSEPOWER: _____

TYPE OF TRANSMISSION: _____

COLOUR OF TRACTOR: _____

LIFT-AXLE SWITCH: _____ Yes No

CHAINS AND BINDERS: _____ Yes No

INTERVIEWER'S COMMENTS

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.
It is agreed and understood that Buckley or their agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same or not, and releases employers and persons named herein from all liability for any damages on account of his furnishing such information.
I have been told that this investigation may include an investigating consumer Report, including information regarding any character, general reputation, personal characteristics, and mode of living.
I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.
It is agreed and understood that this application for contract in no way obligates the Buckley Contract with me: and it is understood that if hired I may be on a probationary period during which time the contract may be discharged without recourse.
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.

DATE

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE