



DRIVER APPLICATION FORM

Please complete this accurately, giving as many details as possible of your skills and experience relating to this job application.

Please ensure the finished form is printed out, signed, dated and returned or faxed to the address/fax number given on the last page. We are unable to accept forms returned as email attachments without a signature.

Please either type directly in this form using *Microsoft Word* or print out and complete the form in black ink and BLOCK CAPITALS.

I. APPLICANT'S DETAILS

Title:	Surname:	First name:

Home address:

POST CODE:

Telephone numbers:

Home:

Work :

Mobile (*where possible*):

email address (*where possible*):

Driver License Number:

Can you legally cross the U.S. border <i>A criminal record search, I-94 card, password, or FAST Card is required</i>	Yes*/No
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Are you currently employed?	Yes*/No <i>*If you answer Yes for how long have you been with your current employer.</i>
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Date you would be available for employment?

2. EMPLOYMENT RECORD

All driver applicants to drive a commercial motor vehicle in an interstate commerce must provide information on employers during the preceding ten years.

Please list all employers in reverse order, starting with the most recent.

1. Current/most recent employer/organisation		
Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

2. Employer/organisation		
Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

3. Employer/organisation		
Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

4. Employer/organisation		
Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

6. 3. DECLARATION AND SIGNATURE

The information supplied in this application form is accurate to the best of my knowledge.	
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Signed	Date

FAX to: (705) 325-7345
 Email to: info@jacksontransportation.com
 Mail to: JTS, PO Box 2293, Orillia, ON, L3V 6S2