



19470 – 94th AVENUE, SURREY, BC V4N 4E5
 TELEPHONE: 888-777-0101

LEASE OPERATOR'S EMPLOYMENT APPLICATION Date: _____

Name			
	Last	First	Middle
Address			
	Number and Street		Apt
Phone	City	Province	Postal Code
	Home		Cell

Birthdate	SIN
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DRIVERS LICENSE							
Province		Class		Number		Expiry	

ADDRESS FOR LAST THREE YEARS (if different from above)			
Number and Street			Apt
City	Province	Postal Code	

Citizenship	
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Emergency Contact:			
	Name	Relationship	Phone

Have you worked for this company before?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
From		To			
Reason for leaving:					

Is there any reason you may be unable to perform the functions of this position?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Explain, (if you wish)					
Do you have a FAST card?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

EMPLOYMENT HISTORY

Employment history must cover a total of **ten uninterrupted years**. List employers starting with the most recent and going back in chronological order. Provide an explanation for any gaps.

Company Name		Position	
Start Date	End Date		
Address			
Street		City	Prov
Contact		Phone	
Reason for leaving			
Was this position subject Federal Motor Carrier Safety Regulations (US)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was this position subject to a DOT regulation alcohol and controlled substance testing program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Each of the above entries **MUST** be complete and accurate. The information contained in this section may be used, and previous employers will be contacted, for the purpose of investigating your safety performance history, as required by FMCSR 391.23 (d) and (e). You have the right to review; have errors corrected by previous employers and resubmitted; and/or have a rebuttal statement attached to your application.

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ACCIDENT RECORD FOR THE PAST 3 YEARS

	Date	Type of Accident	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

MOTOR VEHICLE CONVICTIONS FOR THE PAST 3 YEARS (excepting parking)

Location	Date	Charge	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle in Canada or the United States? Yes No

B. Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked in Canada or the United States? Yes No

C. Have you been placed out of service in Canada or the United States because of violations regarding hours of service or vehicle condition – past 2 years? Yes No

If the answer to question A, B or C. above is yes, please give explanation below:

DRIVING EXPERIENCE

	Type of Equipment	Date From	Date To	Miles or Years
Straight Truck				
Tractor/Trailer				
A or B Trains				
Other				

List states operated in for the last 5 years:

OTHER EXPERIENCE AND QUALIFICATIONS

LIST SAFE DRIVING AWARDS AND FROM WHOM:

EDUCATION

Highest grade completed	College/University
Last school attended	City

TRUCK INFORMATION

Make		Year		Color		Tare Wt	
Cab Over <input type="checkbox"/>	Conventional <input type="checkbox"/>	Wheelbase <input type="checkbox"/>	Air Ride <input type="checkbox"/>	Spring <input type="checkbox"/>			
Date of Purchase	Cost	Or Lease Payment					
Have taxes been paid on your truck?	Do you have proof?						

TENOLD TRANSPORTATION'S REQUIREMENTS:

1. All units must be capable of licensing in Canada and the United States
2. All Owner Operators and/or their Drivers must be able to drive in the United States
3. All Owner Operators and/or their drivers guarantee they have no outstanding tickets in Canada or the United States.
4. All Owner Operators and/or their Drivers agree to drug testing as a condition of employment.
5. All Owner Operators and/or their Drivers must provide a list of all Drug and Alcohol programs they have participated in during the past three years and sign a release of information form for each previous employer.
6. All Owner Operators and/or their Drivers will be required to join CLAC.
7. This certifies that I completed this application form and that all entries on it and information in it are true and complete to the best of my knowledge. I further agree to submit to a Drug and/or Alcohol Test if required by law in Canada or the United States or Company Policy.

Did an owner-operator currently working here refer you to Tenold Transportation?

Yes No If so, who? _____

Signature: _____

Company Name: _____

GST #: _____ Date: _____