



Paul's Transport Inc
1555 Matheson Blvd.
Mississauga, ON, L4W1H9

Tel: 905-629-9998 - Fax: 905-629-8611

Email: drivers@paulstransport.com

INDEPENDENT OWNER-OPERATOR & DRIVERS APPLICATION

(PLEASE COMPLETE ALL SECTIONS - IF THE ANSWER IS "NO" OR "NONE" DO NOT LEAVE BLANKS, WRITE "NO" OR "NONE")

Position Applying for: OWNER OPERATOR: [ ] DRIVER: [ ]

Date of Application: DD/MM/YYYY Truck year and make

Date available to begin work: DD/MM/YYYY

Social Insurance Number:

Name: (First) (Middle) (Last) E-mail address

Current Address: Street # City, Town, Village, RR Postal Code Phone Number

FOR THE THREE YEARS From To Street No. & Name or Lot City, Town, Village, RR Postal Code

Street No. & Name or Lot City, Town, Village, RR Postal Code From To

Are you 18 years of age or older? Can you provide proof of age?

Do you have the legal right to work in Canada?

Have you ever been denied entry to the United States?

If yes, provide details:

Have you worked for Paul's Transport Inc. company before? If yes, when?

Dates: From to Position:

Reason for Leaving:

Are you now employed? If not, how long since leaving last employment?

Who referred you to Paul's?

If contracted, when can you start? (Provide availability date) Terms expected?



## EMPLOYMENT HISTORY

*All Owner-Operator & Driver applicants must provide a record of all employment for the past three years, including any periods of unemployment or self-employment, and all commercial driving experience for the past ten years.*

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

|   |                           |
|---|---------------------------|
| Employer Name: _____                      | Start Date: _____         |
| Address: _____                            | Leaving Date: _____       |
| City: _____ Prov. _____ Postal Code _____ | Reason for Leaving: _____ |
| Contact Person: _____ Phone # _____       |                           |

|   |                           |
|---|---------------------------|
| Employer Name: _____                      | Start Date: _____         |
| Address: _____                            | Leaving Date: _____       |
| City: _____ Prov. _____ Postal Code _____ | Reason for Leaving: _____ |
| Contact Person: _____ Phone # _____       |                           |

|   |                           |
|---|---------------------------|
| Employer Name: _____                      | Start Date: _____         |
| Address: _____                            | Leaving Date: _____       |
| City: _____ Prov. _____ Postal Code _____ | Reason for Leaving: _____ |
| Contact Person: _____ Phone # _____       |                           |

|   |                           |
|---|---------------------------|
| Employer Name: _____                      | Start Date: _____         |
| Address: _____                            | Leaving Date: _____       |
| City: _____ Prov. _____ Postal Code _____ | Reason for Leaving: _____ |
| Contact Person: _____                     |                           |

|   |                           |
|---|---------------------------|
| Employer Name: _____                      | Start Date: _____         |
| Address: _____                            | Leaving Date: _____       |
| City: _____ Prov. _____ Postal Code _____ | Reason for Leaving: _____ |
| Contact Person: _____ Phone # _____       |                           |



### DRIVING QUALIFICATION

|                |                  |                |      |                 |
|----------------|------------------|----------------|------|-----------------|
|                | Province / State | Licence Number | Type | Expiration Date |
| DRIVER LICENCE |                  |                |      |                 |

1. Have you ever been denied a permit, privilege or licence to operate a motor vehicle?      Yes    No
2. Has any licence, permit or privilege ever been suspended or revoked?                      Yes    No

If the answer to 1 or 2 is "Yes", give details \_\_\_\_\_

Record **ALL** accidents in which you were involved, **for the past 5 years, including** non-commercial vehicles

| Dates<br>day/month/year | Nature of Accident<br>(Head-on, rear end, etc.) | Fatalities? | Injuries? |
|-------------------------|---|-------------|-----------|
|                         |   |             |           |
|                         |   |             |           |
|                         |   |             |           |

If you had No Accidents in the past 5 years, please check here

### DRIVING EXPERIENCE

| Class of Equipment<br>Operated (e.g. Truck,<br>Tractor Trailer,<br>Combinations) | Type of Equipment<br>(Van, Tank, Flat, etc.) | Dates<br>From | Dates<br>To | Approx. No. of Miles<br>(total) |
|--|--|---------------|-------------|---------------------------------|
|  |  |               |             |                                 |
|  |  |               |             |                                 |
|  |  |               |             |                                 |

List any safe driving awards you have received and from whom?

List any other trucking / transportation related experience, seminars or courses that may help in your work for this company.



### EDUCATION

HIGHEST GRADE COMPLETED - circle highest grade completed.

|                        |                                     |
|------------------------|-------------------------------------|
| Grade/Secondary School | Business, Trade or Technical School |
| Name:                  | Name:                               |
| Location:              | Location:                           |

#### **To be read and signed by applicant**

Paul's Transport is committed to providing a safe and healthy environment for their employees, Drivers, Owner-Operators, and the motoring public. Such an environment must necessarily be free from drug and alcohol abuse. As such, all applicants for safety sensitive positions will be subject to pre-hire drug testing. Negative test results will be one of the conditions of a contractor agreement.

I understand that successful completion of a road test in the type of equipment to be operated will be a condition of a contractor agreement.

I hereby fully acknowledge and understand that a contractor agreement with Paul's Transport constitutes solely and entirely, a fully independent contractor business relationship in all respects.

I authorize you to make such investigations and inquiries of my personal employment or medical history as may be necessary in arriving at a decision with my application. I hereby release employers, school or person from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or interview(s) may result in an immediate termination of a contract between me and Paul's Transport. I understand also that I am required to abide by all rules and regulations of the company, as permitted by law.

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 have read and accept the terms listed above

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**(Must also attach copy of current drivers abstract and CVOR)**

Email: [Drivers@paulstranport.com](mailto:Drivers@paulstranport.com)

Fax: 905-629-8611

**Request for Information from Previous Employer**

I hereby authorize you to release the following information to:

**Paul's Transport Inc or related Companies**

for the purposes of investigation as required by current Federal Regulations

You are hereby released from any and all liability, which may result from furnishing such information

FAX: 905 629 8611

TEL: 905 629 9998

\_\_\_\_\_  
Applicant's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: dd/mm/yyyy

Dear Sir / Madam:

The above named individual has made an application to this company for a position as a(n) \_\_\_\_\_,  
and states that he/she was employed by you as a(n) \_\_\_\_\_ from \_\_\_\_\_ to  
\_\_\_\_\_.

**Your time completing this information request is greatly appreciated**

**For previous Employer to fill out**

Name of applicant \_\_\_\_\_ S.I.N \_\_\_\_\_

1. Please indicate start and finish dates of employment \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
employed as a \_\_\_\_\_ at a wage or salary of \_\_\_\_\_.

2. What type of vehicle driven? Straight Truck  Tractor/ Trailer  B Train   
other \_\_\_\_\_

3. What type of equipment drawn? Ocean container  Domestic Container  Reefer   
Flat Deck  Tanker  Dry Van  Other \_\_\_\_\_

Was this individual a safe and efficient driver? YES  NO

Reason for leaving employment? Discharged  Resigned  Lay off

Other \_\_\_\_\_.

Was his / her general conduct satisfactory? YES  NO



Please advise history of past driving record for last 3 years (if known)

---

---

**CONFIDENTIAL REPORT OF PERSONAL REFERENCE**

**Please indicate your opinion by ticking the appropriate box**

| Charateristics:              | Excellent                    | Good                     | Fair                     | Poor                        |
|------------------------------|------------------------------|--------------------------|--------------------------|-----------------------------|
| Ability to work with others  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| Safety Habits                | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| Attitude to Job/Company      | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| Loyalty                      | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| Initaiative                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| Completion of paper work     | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| Maintenance records          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| Paperwork handed in on time  | YES <input type="checkbox"/> |                          |                          | NO <input type="checkbox"/> |
| Any W.S.I.B. issues / claims | YES <input type="checkbox"/> |                          |                          | NO <input type="checkbox"/> |
| Freight Claims               | YES <input type="checkbox"/> |                          |                          | NO <input type="checkbox"/> |
| Tickets                      | YES <input type="checkbox"/> |                          |                          | NO <input type="checkbox"/> |
| Log Violations               | YES <input type="checkbox"/> |                          |                          | NO <input type="checkbox"/> |

Any other comments?

---

---

---

Name of person responding \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_  
DD/MM/YYYY