

# **\*\* DRIVER / OPERATOR APPLICATION**

Attention Driver / Operator...Please complete in full, accurately and legibly. Fax 905-304-0780 or Email: [admin@danswaylogistics.com](mailto:admin@danswaylogistics.com)

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				Date:	
<b>NAME AND ADDRESS</b>					
NAME: (full names please) First Middle Last				HOME TELEPHONE (include area code):	
MAILING ADDRESS:				WORK TELEPHONE (Optional):	
CITY	PROVINCE	POSTAL CODE:		CELL PHONE (Optional)	
EMAIL ADDRESS:		S.I.N. #			

PREVIOUS ADDRESSES – Most recent address at top – 3 years history required. 5 years required if you do not have a FAST card					
Address	City	Province	Postal Code	From (Month/Year)	To (Month/Year)
Address	City	Province	Postal Code	From (Month/Year)	To (Month/Year)
Address	City	Province	Postal Code	From (Month/Year)	To (Month/Year)
Address	City	Province	Postal Code	From (Month/Year)	To (Month/Year)

## **DRIVING HISTORY**

DRIVER'S LICENSE NUMBER	LICENSE CLASS	EXPIRY DATE	DATE RECEIVED CLASS A LICENSE IF 2 YEARS AGO OR LESS
IF YOU GRADUATED FROM DRIVING SCHOOL WITHIN THE LAST 2 YEARS, PLEASE COMPLETE THE FOLLOWING SECTION			<input type="checkbox"/>
NAME OF SCHOOL	SCHOOL LOCATION		
SCHOOL PHONE NUMBER	CONTACT NAME		
Do you have a FAST Card? Yes No	If not, have you applied for a card? Yes No	If not, are you willing to apply Yes No	
FAST Card Number		Expiry Date	

## **EQUIPMENT EXPERIENCE**

Years of experience		Flat Bed	Multi axle	Other (specify type)

## **EMPLOYMENT HISTORY**

Enter current or most recent employer at top – 3 years history required. 5 years required if you do not have a FAST card. Periods of unemployment must be entered as well. No date gaps allowed. / Or Attach Resume.

<b>EMPLOYER NAME</b>			FROM (MONTH - YEAR)	TO (MONTH - YEAR)
ADDRESS			POSITION	
CITY	PROVINCE	POSTAL CODE	REASON FOR LEAVING	
PHONE	CONTACT NAME			

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<b>EMPLOYER NAME</b>		FROM (MONTH - YEAR)	TO (MONTH - YEAR)
ADDRESS		POSITION	
CITY	PROVINCE	POSTAL CODE	REASON FOR LEAVING
PHONE	CONTACT NAME		
<b>EMPLOYER NAME</b>		FROM (MONTH - YEAR)	TO (MONTH - YEAR)
ADDRESS		POSITION	
CITY	PROVINCE	POSTAL CODE	REASON FOR LEAVING
PHONE	CONTACT NAME		
<b>EMPLOYER NAME</b>		FROM (MONTH - YEAR)	TO (MONTH - YEAR)
ADDRESS		POSITION	
CITY	PROVINCE	POSTAL CODE	REASON FOR LEAVING
PHONE	CONTACT NAME		

Are you currently employed?	If not, when did you leave your last employment?
<b>Yes</b> <b>No</b>	

## EDUCATION

Please mark the highest grade completed

High School	9	10	11	12	13	GED	College or University	1	2	3	4
Last school attended: Name:							City:				

## PLEASE READ , SIGN AND RETURN VIA FAX OR EMAIL

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 Dansway Logistics Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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. In the event of employment, I understand that false or misleading information given in my application or interviews, or information omitted from my application and/or interview could result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Note to applicant: It would be helpful if you attached a copy of a valid Driver's License, Driver License Abstract, CVOR, and proof of legal residency in Canada (which may consist of a Birth Certificate, Landed Immigrant form, Passport or other official Canadian Government document). If you are selected for an interview, **you will be required** supply these documents.

**Fax or Email this completed application to Dansway Logistics Inc., Fax # 905-304-0780 or Email: [admin@danswaylogistics.com](mailto:admin@danswaylogistics.com)**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_