

PORTAGE TRANSPORT INC.

1450 Lorne Avenue EastPortage la Prairie, ManitobaR1N 4A2Phone: 204-239-6451Fax: 204-857-9104

Office	Use	Only
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Abstract:	Interview By:
D/L Copy:	Road Test:
Start:	Pay Rate:

DRIVER APPLICATION FOR EMPLOYMENT

Name:			
(First)	(Middle Initial)	(Last)	(Date of Birth)
(Phone Number)	(Social Insurance Number)		(Email Address)

Address history for the last three years: (don't skip any months, continue on another page if needed)

Current Address:	(Street)	(City and Province)	(Postal Code)	(Dates: from - to)
Previous Address:	(Street)	(City and Province)	(Postal Code)	(Dates: from - to)
Next Previous Address:	(Street)	(City and Province)	(Postal Code)	(Dates: from - to)

Qualifications: List all current driver's licences you hold. If the name on your licence differs from the name given above, include the actual name on your licence. Attach another sheet if required.

Province or State	Licence Number	Class/Endorsements	Status	Expiry Date

A. How long have you had a commercial driver's licence?

B. Have you ever been denied a licence, permit, or privilege to operate a motor vehicle?

Experience:

Equipment Class	Equipment Type	Dates (Approx. # Miles	
Equipment Class	(Van, Tank, Flat, Etc.)	From	То	(Total)
Straight Truck				
Tractor-Trailer				
Tractor-Train				
Other				

Additional Training or Experience you would like to tell us about:

Accident Record for the Past 3 Years:

Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Property Damage

Accident Record for the Past 3 Years: (Other than Parking Violations)

Location (City/R.M., Province)	Date	Charge	Penalty

(Attach sheet if more space is needed)

Employment Record: <u>Note</u>: 3-year history is required. Use Month/Year for dates, don't skip any months. If you've been driving longer than 3 years, driving history is required up to 10 years.

Last Employer:

	(Address - if known)				(Phone - if kn	own)
	(Address - if known)	(City - required)	(Province)		(Contact - if kr	iown)
Positior	n Held:			Dates:	From	То
Salary:		_ Reason for Leaving:				10
Previou	s Employer:					
	(Address - if known)				(Phone - if kn	own)
	(Address - if known)	(City - required)	(Province)		(Contact - if kr	iown)
Positior	n Held:			Dates:	From	То
Salary:		_ Reason for Leaving:				
Next Pro	evious Employer:					
	(Address - if known)				(Phone - if kn	own)
	(Address - if known)	(City - required)	(Province)		(Contact - if kr	iown)
Positior	n Held:			Dates:		
Salary:		_ Reason for Leaving:			From	То
		(Attach sheet if more spa	ce is needed)			

To Be Read And Signed By The Applicant:

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be sufficient cause for dismissal. Portage Transport Inc. is an equal opportunity company.