

CANEDA TRANSPORT DRIVER APPLICATION

Thank you for your interest in Caneda! We always look forward to applications from great people who would like to join our team! Send your completed application form to hr@caneda.com.

Date of Application:		,					
Position Applied For:	☐ Company Driver	☐ Owner Operat	cor				
Please select your pref	ferred region of operation	on: 🗆 Canada	☐ Cross Border	☐ Local/Regional			
How did you hear abo	ut Caneda Transport?						
PERSONAL/CONTAC	CT INFORMATION						
Full Name (Please enter n	ame as shown on your driver's	license)		Date of Birth:			
Last Name	First Name		Middle Initial	Month	Day	Year	
Email Address:			Phone N	umber:			
Current Address:							
Str	eet Address						
City	у	Provinc	e/State Post	al/Zip Code			
Но	w long have you lived h	ere?					
QUALIFICATIONS							
QUALIFICATIONS							
	= :			pplicable based on the po			
	nts that do not meet all ti	ne qualifications m	ay not be consider	ed. Please fill out the belo	w based on th	e position	
you are applying for.	Cross Border:		OR	Canada / Local / Re	gional:		
☐ Must be	e at least 25 years old,	with 5 years of		Must be at least 25 ye		5 vears of	
related LTL and Cross Border Class 1 experience.			related LTL Class 1 experience.				
\square Must be legally entitled to work in Canada and			\square Must be legally entitled to work in Canada.				
cross international borders. (where required)							
☐ Hold a valid Class 1 license.				Meets all Transport	Canada requ	uirements.	
	alid Passport and FAST co			(where applicable)	nd 2 marring rais	lations on	
	all Transport Canada nents (where applicable)		Ц	Maximum 4 demerits an abstract, provided withi	_		
	m 4 demerits and 2 mov			No preventable acciden	-		
	, provided within 30 days			last 5 years.		0	
☐ No prev	entable accidents or DU	II charges in the					
last 5 ye	ars.						
The following must be	complete prior to offer o	of contract and ori	entation:				
☐ Applicant reference	= :	oyment Alcohol a	nd Drug test (negat	ive result) and backgrour	nd check (with	at least 3	
	must successfully compl	ete a third-party e	valuation/road tes	t.			
☐ Applicant	must successfully compl	ete full orientation	n and acknowledge	and sign all relevant docu	umentation.		



LICENSE/EXPERIENCE INFORMATION

Driver License:								
N	lumber		Class		Province/State	e	Expiry Date (mm/dd/yyyy)	
Driving Experience:		(Total years)						
Experience In: (Check all that apply)		☐ Flat Deck	□ Step [Deck	□ Van	□М	ountain Driving	
Provinces Driven In:				:	States Driven	ln:		
Do you have a Free a	nd Secure T	rade (FAST) card?	□ Yes	□No	□ N/A (Lo	cal /Re	gional or Canada Only)	
Do you have electron	nic ELD Expe	rience?	□ Yes	□ No				
Are you legally entitl	ed to work	in Canada?	□ Yes	□ No				
Have you set up a Cle	earinghouse	account?	□ Yes	□ No				
Has your license ever been denied or suspended?		□ Yes	□ No					
If yes, please provid	e an expland	ntion:						
EQUIPMENT INFO	RMATION	(Owner Operat	ors Only	v)				
		(, , <u> </u>				
What year is your to	ractor?							
What is the make o	f your tracto	or?						
What is the model	of your tract	or?						
Is your tractor a lease or do you own?		□ Lea	sed [Owned				
Do you have a Dash Cam installed?		□ Yes	□ No	o				
ACCIDENTS AUGU	SMOIT							
ACCIDENTS/VIOLA	VIION2							
Accident Record/Vio	lations for t	he past 3 years.						
Date N	ature of Vio	lation						
Date N	ature of Acc	ident					Injury or Fatality?	
	234.0017100						☐ Yes ☐ No	
							☐ Yes ☐ No	
							□ Ves □ No	



EMPLOYMENT RECORD

Note: DOT requires that employment for at least three years and/or Commercial Driving Experience for the past ten years be shown.

Have you been previously emplo	oyed with Caneda Transport?	□ No Date Range _			
Company Name		May we contact this employe	er?	□ Yes	□No
Position	Start Date	End	Date		
Address					
Street Contact		City Phone		Province/	State
Reason for Leaving					
	OT regulated alcohol and controlled sub	estance testing program?	□ Yes	□No	
Was this position subject to FMC	CSA regulations (US)?	[□ Yes	□No	
Company Name		May we contact this employe	er?	☐ Yes	□No
Position	Start Date	End	Date		
Address	-	_			
Street		City		Province/	State
Contact		Phone			
Reason for Leaving Was this position subject to a DO	OT regulated alcohol and controlled sub	estance testing program?	□ Yes	□ No	
Was this position subject to FMC		_	⊒ Yes	□ No	
Company Name		May we contact this employe	er?	□ Yes	□ No
	Start Date	End		es	
Address	Start Date		Dutc .		
Street		City		Province/	State
Contact		Phone			
Reason for Leaving					
Was this position subject to a DC Was this position subject to FMC	OT regulated alcohol and controlled sub		⊒ Yes	□No	
was this position subject to rivid	LSA regulations (OS):	L	□ Yes	□No	
Company Name		May we contact this employe	er?	☐ Yes	□ No
Position	Start Date	End	Date		
Address		City		Drawin and	Chaha
Street Contact		City Phone		Province/	State
Reason for Leaving					
	OT regulated alcohol and controlled sub	ostance testing program?	□ Yes	□No	
Was this position subject to FMC	CSA regulations (US)?		□ Yes	□ No	



TO BE READ & SIGNED BY THE APPLICANT

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED TO ASSESS APPLICANT SUITABILITY AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSES OF EMPLOYMENT INVESTIGATION.

I certify that this application was completed by me the applicant, and that all entries on it and information in it are true and completed to the best of my knowledge.

I authorize Caneda Transport Ltd. and their assigned agents, to make such investigations and inquiries of my personal, employment, criminal search; driving abstracts; drug results from previous employers or their consortium or their insurance carrier or agent for my driving record; and other related matters as may be necessary in arriving at an employment decision.

If hired or contracted, this authorization shall remain on file and shall service as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment or contract period or after such period.

I hereby release employers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment or contract, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Furthermore, I understand that Caneda Transport Ltd. and/or their Agents may keep any information on file including work performance as related to my employment period and make it available to any second party only with my verbal or written consent. I understand, also, that I am required to abide by all rules and regulations of Caneda Transport Ltd.

For purposes of gathering this information, I have supplied information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records, including date of birth, residence history and driver's license number and Province.

Please include a 5-year Driver's Abstract along with	th the completed application form.
Applicant Signature	Date

Email the completed application to hr@caneda.com.

Caneda Transport Ltd. recognizes the potentially sensitive nature of the information requested and seeks to protect the privacy rights of all individuals about whom we hold personal data. Access to personal information will only be used for purposes directly related to an individual's employment with Caneda Transport Ltd. Any access, use, dissemination and/or disclosure of the information in a manner contrary to Federal and Provincial privacy laws constitutes an offence punishable by fine and/or imprisonment.