



B2B FREIGHTWAY INC

PROFESSIONAL DRIVER EMPLOYMENT APPLICATION

Thank you for your interest. Please email your completed application to careers@B2BFreightway.com

I AM APPLYING FOR A POSITION AS A:

(Select both if interested in both positions)

HIGHWAY PROFESSIONAL DRIVER

LOCAL PROFESSIONAL DRIVER

Name: _____ SIN#: _____ Date of Birth: ____/____/____
Year Month Day

Contact Information (check preferred method of contact):

Home Phone: _____ Cell phone: _____

Email address: _____

Current Address:

Street: _____ Apt/Unit: _____

City: _____ Province: _____ Postal Code: _____

Eligibility:

Do you have the legal right to work in Canada? Y N

What is your current Citizenship? _____

If not Canadian, do you have a Work Visa? Y N

Can you legally cross the US/Canadian Border? Y N

How did you hear about our company? Referral Website Advertising Other

Are you able to lift at least 50lbs? Y N

If no, please explain: _____

Employment History:

List your employment history for the past 10 years starting with the most current.

Employer Name: _____ Position: _____
City: _____ Province: _____ Dates: _____ / _____ to: _____ / _____
Month Year Month Year
Contact Person: _____ Phone/Email: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer?

Y N

Was the job designated as a safety sensitive function: DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40?

Y N

Employer Name: _____ Position: _____
City: _____ Province: _____ Dates: _____ / _____ to: _____ / _____
Month Year Month Year
Contact Person: _____ Phone/Email: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer?

Y N

Was the job designated as a safety sensitive function: DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40?

Y N

Employer Name: _____ Position: _____
City: _____ Province: _____ Dates: _____ / _____ to: _____ / _____
Month Year Month Year
Contact Person: _____ Phone/Email: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer?

Y N

Was the job designated as a safety sensitive function: DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40?

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Employer Name: _____ Position: _____
City: _____ Province: _____ Dates: _____ / _____ to: _____ / _____
Month Year Month Year
Contact Person: _____ Phone/Email: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer?

Y N

Was the job designated as a safety sensitive function: DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40?

Y N

Employer Name: _____ Position: _____
City: _____ Province: _____ Dates: _____ / _____ to: _____ / _____
Month Year Month Year
Contact Person: _____ Phone/Email: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer?

Y N

Was the job designated as a safety sensitive function: DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40?

Y N

Driving Qualifications:

Driver's License No.: _____ Province: _____

Type/Class: AZ DZ G Other

Have you ever had your license to operate a motor vehicle suspended, revoked or denied? Y N

If yes, briefly explain:

Education & Training:

Last level of schooling completed:

Elementary High School College University Graduate Studies

Truck Driving School: _____ Date Completed: _____ / _____
Month Year

Day-cab Tractor	<input type="checkbox"/> Y	<input type="checkbox"/> N	Sleeper Tractor	<input type="checkbox"/> Y	<input type="checkbox"/> N
Straight Truck	<input type="checkbox"/> Y	<input type="checkbox"/> N	Dump Truck	<input type="checkbox"/> Y	<input type="checkbox"/> N
Dry Van (53')	<input type="checkbox"/> Y	<input type="checkbox"/> N	Reefer	<input type="checkbox"/> Y	<input type="checkbox"/> N
Tanker	<input type="checkbox"/> Y	<input type="checkbox"/> N	Flatbed/Step Deck	<input type="checkbox"/> Y	<input type="checkbox"/> N
LCV	<input type="checkbox"/> Y	<input type="checkbox"/> N	Satellite System	<input type="checkbox"/> Y	<input type="checkbox"/> N
Electronic Logs	<input type="checkbox"/> Y	<input type="checkbox"/> N	Forklift	<input type="checkbox"/> Y	<input type="checkbox"/> N
Local/City	<input type="checkbox"/> Y	<input type="checkbox"/> N	Long Haul/Highway	<input type="checkbox"/> Y	<input type="checkbox"/> N
Cross border (Canada-US)	<input type="checkbox"/> Y	<input type="checkbox"/> N	Cross border (US-Mexico)	<input type="checkbox"/> Y	<input type="checkbox"/> N

Citation & Accident History:

Please select one of the following:

- I have been involved in a collision in the last 5 years. Please continue below.
- I have **not** been involved in a collision in the last 5 years.

Please report **ALL** collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years.

Date: _____ / _____ <small>Month Year</small>	Location: _____
Description of Accident: _____	
Fatalities: <input type="checkbox"/> Y <input type="checkbox"/> N	Preventable: <input type="checkbox"/> Y <input type="checkbox"/> N
Charges: <input type="checkbox"/> Y <input type="checkbox"/> N	Injuries: <input type="checkbox"/> Y <input type="checkbox"/> N

Date: _____ / _____ <small>Month Year</small>	Location: _____
Description of Accident: _____	
Fatalities: <input type="checkbox"/> Y <input type="checkbox"/> N	Preventable: <input type="checkbox"/> Y <input type="checkbox"/> N
Charges: <input type="checkbox"/> Y <input type="checkbox"/> N	Injuries: <input type="checkbox"/> Y <input type="checkbox"/> N

Date: _____ / _____ Location: _____
Month Year

Description of Accident: _____

Fatalities: Y N Preventable: Y N Charges: Y N Injuries: Y N

Please select one of the following:

- I have been convicted for a traffic offense in the last 3 years. Please continue below.
- I have **not** been convicted for a traffic offense in the last 3 years.

Please report **ALL** traffic convictions, citations and forfeitures for the past 3 years (other than parking violations; attach sheet if more space is needed).

Date of Conviction	Offence	Location	Type of Vehicle Operated
_____/_____ Month Year		City _____ Prov./State	<input type="checkbox"/> TRUCK <input type="checkbox"/> CAR
_____/_____ Month Year		City _____ Prov./State	<input type="checkbox"/> TRUCK <input type="checkbox"/> CAR
_____/_____ Month Year		City _____ Prov./State	<input type="checkbox"/> TRUCK <input type="checkbox"/> CAR
_____/_____ Month Year		City _____ Prov./State	<input type="checkbox"/> TRUCK <input type="checkbox"/> CAR

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