

APPLICATION FOR EMPLOYMENT

LANDTRAN Logistics Inc.
 17204-114 Ave Edmonton AB T5S 2S9
 Phone (780)486-8607 FAX: (780)486 3545

Name _____
First, Middle, Last

Address _____
Street City Province Postal Code

Date of Birth ____/____/____

Social Security No. ____ - ____ - ____

Phone Number _____

Address(es) for the past three years

1. _____
Street City Province Postal Code

2. _____
Street City Province Postal Code

EXPERIENCE & QUALIFICATION - DRIVER (Attach sheet if more space is needed)

LICENSE

	Province	License No.	Type	Expiration Date
Driver Licenses				

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle Yes No
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, attach a statement giving details

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment Van, Tank, Flat, Etc	From	To	Approximate Number of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Dates	Nature of Accident (Rear-end, Upset, Etc)	Facilities	Injuries
Straight Truck			
Tractor and Semi-Trailer			
Tractor and Two Trailers			
Other			

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: Show **ALL** employment for the past three years and the Commercial Driving Experience for the past 10 years

Last Employer: Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason(s) for leaving _____

Second Employer: Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason(s) for leaving _____

Third Employer: Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason(s) for leaving _____

Fourth Employer: Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason(s) for leaving _____

Fifth Employer: Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason(s) for leaving _____

To be read and signed by Applicant

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.

Today's Date: _____ Applicant's Signature: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations
