



Unit#8-1201 GRASSMERE ROAD, WINNIPEG, MB R4A 1C4 PH:204-633-8381 FAX:204-633-8480

Date of Application: _____ Date Available for work: _____

Please include: Driver's License Drivers Abstract

What Position Are You Applying For: Resume Attached? Yes No

Owner – Operator Truck year and make: _____

Trailer year and make: _____

Driver for Owner – Operator Truck Owner / Unit Number: _____

Name: _____
(First) (Middle) (Last)

E-mail address: _____

Primary Phone: _____ Cell Phone: _____

Current Address: _____
Street Name & No. City Province Postal Code

Do you have a legal right to work in Canada? Yes No SIN: _____

Are you now employed? Yes No

If not, how long since leaving your last employment? _____
(Years) (Months)

Have you Ever been convicted or Charged with any Criminal Offence? If Yes, explain.

Applicants Signature _____



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EMPLOYMENT HISTORY

LAST 5 YEARS

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

If this is your current employer, may we contact them? Yes No

Employer Name: _____ Start Date: _____

Address: _____ Leaving Date: _____
City: Prov. Postal

Reason for Leaving: _____

Type of Work: _____

Areas of Operation: _____

Contact Persons Name & Contact Number: _____

Type of Equipment Driven: _____

Can we contact this Employer? Yes No

Employer Name: _____ Start Date: _____

Address: _____ Leaving Date: _____
City: Prov. Postal

Reason for Leaving: _____

Type of Work: _____

Areas of Operation: _____

Contact Persons Name & Contact Number: _____

Type of Equipment Driven: _____

Applicants Signature _____



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EMPLOYMENT HISTORY

LAST 5 YEARS

Can we contact this Employer?

Yes No

Employer Name: _____ Start Date: _____

Address: _____ Leaving Date: _____

City: _____ Prov. _____ Postal _____

Reason for Leaving: _____

Type of Work: _____

Areas of Operation: _____

Contact Persons Name & Contact Number: _____

Type of Equipment Driven: _____

Can we contact this Employer?

Yes No

Employer Name: _____ Start Date: _____

Address: _____ Leaving Date: _____

City: _____ Prov. _____ Postal _____

Reason for Leaving: _____

Type of Work: _____

Areas of Operation: _____

Contact Persons Name & Contact Number: _____

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DRIVING HISTORY

DRIVER LICENSE #	PROVINCE/ STATE	TYPE/CLASS	EXPIRATION DATE

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

Yes No

If Yes, give details: _____

Record ALL accidents in which you were involved, for the past 5 years, including non-commercial vehicles:

Dates DD/MM/YYYY	Nature of Accident (head-on, rear end, etc.)	Fatalities	Injuries

If you have had NO Accidents in the past 5 years, please check here:

Applicants Signature _____



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DRIVING HISTORY

List any kind of Driving Violations in Past 5 Years:

Type of Violation	Province/State & Country	Name of Issuing Authority

If you have no Violations in Past 5years Check here:

DRIVING QUALIFICATION & EXPERINCE

Class of Equipment Operated (e.g. Straight Truck, Tractor Trailer etc.)	Type of Equipment (Van, Flat, Tanker, etc.)	Dates FROM/TO	Company	Approx. Miles

Applicant's Signature _____



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List any safe driving awards you have received and from whom?

List any other trucking / transportation related experience, seminars or courses that may help you in your work for this company.

TO BE READ AND SIGNED BY THE APPLICANT

Armada Transport is committed to providing a safe and healthy environment for their employees, Owner-Operators, and the motoring public. Such an environment must necessarily be free from drug and alcohol abuse.

As such, all applicants for safety sensitive positions will be subject to pre-hire drug testing. Negative test results will be one of the conditions of a contractor agreement.

I understand that successful completion of a road test in the type of equipment to be operated will be a condition of a contractor agreement.

I hereby fully acknowledge and understand that a contractor agreement with Armada Transport constitutes solely and entirely, a fully independent contractor business relationship in all respects.

I authorize you to make such investigations and inquiries of my personal employment or medical history as may be necessary in arriving at a decision with my application.

I hereby release employers, school or person from all liability in responding to inquiries in connection with my application.

I understand that false or misleading information given in my application or interview(s) may result in an immediate termination of a contract between me and Armada Transport.

I understand also that I am required to abide by all rules and regulations of the company, as permitted by law.

Applicant Signature

Date