

**PERSONAL INFORMATION**

Last Name:																	
First Name:																	
Street Address:																	
City						Province						Postal Code					
Phone (H):						Mobile:						Email:					

**Employment History last 5 Yrs**

# employers worked for in the last 5 years	
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**Last Employer**

Name:	
Address	
Phone Number:	
Length of Employment (Start - End Date)	
Reason for leaving	

**Previous Employer**

Name:	
Address	
Phone Number:	
Length of Employment (Start - End Date)	
Reason for leaving	

**Previous Employer**

Name:	
Address	
Phone Number:	
Length of Employment (Start - End Date)	
Reason for leaving	

**Work Interruptions**

Have you been off work or without work in the last 5 years?	
If Yes, list (Start - End Date) & reason	

**DRIVER INFORMATION**

Interested in Lease or Owner Operator in the future?	Yes		No	
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**If Owner Operator (Truck Specs)**

Make:	
Year:	
Rear End Size:	
Engine/H.P.	
Body Style, Sleeper	

Type of Driver's License:	
Drivers License # and Issuing Province:	
Drivers License Expiry:	
Years of Experience	
How were you referred to our company?	

Super B-Train Experience	Yes		No		Years	
Flat Deck Experience	Yes		No		Years	
Cross Border Driving Experience	Yes		No		Years	
Mountain Driving Experience	Yes		No		Years	
Have you hauled Wood chips & Sawdust?	Yes		No		Years	
Have you hauled Lumber?	Yes		No		Years	

Are you Legally Eligible to Enter the USA	Yes		No	
Have you applied to Marpole Transport before?	Yes		No	

If Yes, when and reason for leaving?	
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Are you able to work Shift Work?	Yes		No	
Are you able to Work Weekends?	Yes		No	
Are you able to Tarp?	Yes		No	
Do you have experience with Mobile Communication Units specific to Transportation, Electronic Logs etc.?	Yes		No	
Owner Ops: Are you agreeable to the installation of a mobile com device in your truck?	Yes		No	

Min & Max hours/ week you wish to work?	
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**ACCIDENT REPORT**

Have you had an accident in last 5 years?	Yes		No	
If Yes, how many accidents have you had in the last 5 years?				

**Most Recent Accident**

Date	
Type of Accident	
Injuries	

**Next Most Recent Accident**

Date	
Type of Accident	
Injuries	

**Next Most Recent Accident**

Date	
Type of Accident	
Injuries	

**EDUCATION**

Highest Grade Completed	
List Post Secondary Education	
List Driver Courses/Certifications & Expiry	
Safe Driving Awards: When / Issued by Who?	

**READ BEFORE SIGNING & SUBMITTING - APPLICATION TERMS & CONDITIONS**

By submitting this application, I certify that this application was completed personally (by the applicant named) and that the entries are true to the best of my knowledge.

In submitting this application I authorize Marpole Transport LTD to make such inquiries of my personal, employment, financial, or medical history and other related matters as they may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with this application

In the event of employment I understand that false or misleading information given in my application or interview may result in discharge, and that I will be expected to abide by all federal/provincial and company rules and regulations.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date