

**ATTENTION: Recruiting Department**  
201 Westcreek Blvd, Suite 200, Brampton ON L6T 5S6  
**Fax: (416)798-4985**

## APPLICATION FOR EMPLOYMENT

ANSWER ALL QUESTIONS - PLEASE PRINT CLEARLY

*The information given on this application will be treated as strictly confidential. It shall be necessary for the applicant to answer each and every question completely, clearly and accurately. Failure to do so will delay assessment of the applicant. The use of this blank does not indicate that there are any positions open and does not in any way obligate the company to hire or use the applicant.*

Position Applied for:  Date of Application   
MM/DD/YY

Company Name if any:

### Personal Information:

Name:  Phone:   
Address:  Cell:   
 Email:

How many months at current address?

(If less than 3 years please provide dates and address for last 3 years)

Date of Birth:  \*S.I.N. #   
MM/DD/YY (Optional) (Optional)

Driver's License#  Province:   
Expiry Date:  Class:   
MM/DD/YY

Name(s) of any relative(s) in our employment:

Have you worked for this company in the past?  If yes, reason for leaving?

Who referred you to us?

Where did you hear about us?  Kijiji/Indeed  Newspaper/Magazine  Other

Languages spoken/written:

**PERSONAL HISTORY FOR PAST 10 YEARS**

**MUST BE COMPLETED – “SEE RESUME” IS NOT ACCEPTABLE**

Begin with your present experience and work backwards in order, listing all of your employers, driving school and other training programs, periods of military service and self-employment. All time must be accounted for.

**LEAVE NO BLANKS OR GAPS IN TIME FOR THE PAST 10 YEARS**

**If you do not remember phone numbers, please check on line to find them.**

DATES From (MM/YY) <input type="text"/> To <input type="text"/>		Position Held	<input type="text"/>
Company <input type="text"/>		Avg. Weekly Earnings	<input type="text"/>
Address <input type="text"/>		Reason for Leaving	<input type="text"/>
Telephone <input type="text"/>		Type of Trailer Pulled	<input type="text"/>
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Supervisor	<input type="text"/>
		# of Accidents <input type="text"/>	Total Kms <input type="text"/>

MAY WE CONTACT YOUR PRESENT CARRIER OR EMPLOYER? Yes  No

DATES From (MM/YY) <input type="text"/> To <input type="text"/>		Position Held	<input type="text"/>
Company <input type="text"/>		Avg. Weekly Earnings	<input type="text"/>
Address <input type="text"/>		Reason for Leaving	<input type="text"/>
Telephone <input type="text"/>		Type of Trailer Pulled	<input type="text"/>
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Supervisor	<input type="text"/>
		# of Accidents <input type="text"/>	Total Kms <input type="text"/>

MAY WE CONTACT YOUR PRESENT CARRIER OR EMPLOYER? Yes  No

DATES From (MM/YY) <input type="text"/> To <input type="text"/>		Position Held	<input type="text"/>
Company <input type="text"/>		Avg. Weekly Earnings	<input type="text"/>
Address <input type="text"/>		Reason for Leaving	<input type="text"/>
Telephone <input type="text"/>		Type of Trailer Pulled	<input type="text"/>
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Supervisor	<input type="text"/>
		# of Accidents <input type="text"/>	Total Kms <input type="text"/>

MAY WE CONTACT YOUR PRESENT CARRIER OR EMPLOYER? Yes  No

DATES From (MM/YY) <input type="text"/> To <input type="text"/>		Position Held	<input type="text"/>
Company <input type="text"/>		Avg. Weekly Earnings	<input type="text"/>
Address <input type="text"/>		Reason for Leaving	<input type="text"/>
Telephone <input type="text"/>		Type of Trailer Pulled	<input type="text"/>
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Supervisor	<input type="text"/>
		# of Accidents <input type="text"/>	Total Kms <input type="text"/>

MAY WE CONTACT YOUR PRESENT CARRIER OR EMPLOYER? Yes  No

DATES From (MM/YY) <input type="text"/> To <input type="text"/>		Position Held	<input type="text"/>
Company <input type="text"/>		Avg. Weekly Earnings	<input type="text"/>
Address <input type="text"/>		Reason for Leaving	<input type="text"/>
Telephone <input type="text"/>		Type of Trailer Pulled	<input type="text"/>
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Supervisor	<input type="text"/>
		# of Accidents <input type="text"/>	Total Kms <input type="text"/>

MAY WE CONTACT YOUR PRESENT CARRIER OR EMPLOYER? Yes  No

**ACCIDENT RECORD** (if none put none) List all accident involvements with any motor vehicle for the past 5 years (even no fault):

Date (mm/yy)	Nature of accident (Head on, Rear end, etc)	Were you at fault	Were you Ticketed	Fatalities	Injuries	\$ Property Damage

**TRAFFIC CONVICTIONS** (if none, write none)

Date (mm/yy)	Location	Violation	Penalty / \$ Fine

**IN THE PAST 5 YEARS** (answer Yes or No, or note you prefer to discuss in private)

	Yes	No	Date(mm/yy)
Have you ever been fired from a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Have you ever been convicted of a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If you answered yes to any of the above, please explain:

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if selected, falsified statements on this application shall be considered sufficient cause for revocation of driving privileges. I further understand that this is an application for a driver position only and does not with Clarke Transport Inc. indicate that an employer/employee relationship exists

\_\_\_\_\_  
**Applicant's Full Name (Please Print)**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date (MM / DD / YY)**

**Consent Regarding the Collection  
and  
Retention of Personal Information**

**Name:**

I, the undersigned, grant permission to Clarke Transport Inc. to collect personal information about me and to conduct reference checks and a criminal record search for criminal convictions for which a pardon has not been granted. This information may be used to evaluate my application for employment and, if I am hired, this information may be kept in my employment file and updated from time to time. This permission includes my consent to the collection, use and communication of personal information under the Personal Information, Protection and Electronic Document Act, if applicable, and any similar Provincial Legislation

**RELEASE AUTHORIZATION FOR CLIENT RECORD ABSTRACT**

By signing this form I agree and authorize **CLARKE TRANSPORT, A DIVISION OF TFI HOLDINGS**, to obtain these abstracts from the various motor vehicle branches throughout Canada.

AND

I authorize the Registrar of Motor Vehicles to release a copy of my Client Record Abstract upon request to **CLARKE TRANSPORT INC, A DIVISION OF TFI HOLDINGS**.

**WORKER'S COMPENSATION**

I currently have a WSIB Account number; please specify?

I will join Clarke's NAL Group Plan and opt out of WSIB

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM / DD / YY)

## TRACTOR SPECIFICATONS AND FINANCIAL INFORMATION

### TRACTOR:

Make:	<input type="text"/>	Model:	<input type="text"/>	Year:	<input type="text"/>
VIN:	<input type="text"/>			Color:	<input type="text"/>
Conventional	<input type="checkbox"/>	Cabover:	<input type="checkbox"/>	Day Cab:	<input type="text"/>
Engine Type:	<input type="text"/>	Horsepower:	<input type="text"/>		
Transmission:	<input type="text"/>	Wheelbase:	<input type="text"/>		
Tractor Weight:	<input type="text"/>				

### FINANCIAL:

Leased:	<input type="checkbox"/>	Purchased:	<input type="checkbox"/>
Value of tractor as of December of last year; Specify?	<input type="text"/>		
Monthly Payment:	<input type="text"/>		
Number of payments remaining:	<input type="text"/>		

## OWNER OPERATOR APPLICATION

**Dear Applicant:**

Thank you for your interest in applying for Owner Operation with Clarke Transport.

**The following forms are enclosed:**

- Application for hire
- Consent regarding the collection and retention of Personal Information
- Certificate of Compliance with driver license requirements/certification of violations
- Tractor Details

**To submit your application, please include the following documentation:**

- Completed application (ensures all information has been filled out and/or signed)
- Driver's abstract (no more than 30 days old)
- Criminal Records Search
- Copy of driver's license (front and back, all information must be easily read)

**All applications and supporting documentation can be mailed, emailed, returned in person or faxed to:**

**Michael Fitzgerald  
Recruiting Department  
Clarke Transport Inc.  
201 West Creek Blvd., Suite 200  
Brampton ON, L6T 5S6**

**FAX: (416) 798-4985**  
[mfitzgerald@clarketransport.com](mailto:mfitzgerald@clarketransport.com)

*If you would like further information regarding our company, please refer to our website:  
[http://www.clarkelink.com/transport\\_home.aspx](http://www.clarkelink.com/transport_home.aspx)*

**Thank you for your interest in being an Owner Operator Clarke Transport**