TORNADO HAULERS LTD.
WINNIPEG MB

329 Cessna Way, Stony Mountain, MB, R2C 3A0

204-997-3204

Application for Employment

(Applicants may be tested for Illegal Drugs)

Name:_____ **Address:**_____

City:_____ **Province:**_____ **Postal:**_____

S.I.N.:_____ **Phone # :**_____

D.O.B:_____ **Home Phone #:**_____

Driver Experience and Qualifications

Driver License No._____ **Province:** _____

Class: _____ **Expiration Date:** _____

Driving Experience

Class of Equipment	Type of Equipment	Dates From To	Approx. No. of KM/Miles
Straight Truck			
Tractor, Semi- Trailer			
Tractor- Two			
Trailers			
Others			

Accident Record For Past 3 Years or More (Attach sheet if more Space Requires)

Dates	Nature of Accident	Fatalities	Injuries

Traffic Convocations for Past Years

(Other than Parking Violations)

Location	Date	Charge	Penalty

A. Have you ever been denied a license to operate a motor vehicle? **Yes ☐ No ☐**

B. Has your License ever been Suspended or Revoked? **Yes ☐ No ☐**

(If the answer to either A or B "Yes", attach statement giving details)

Employment Record & References (Last 4 Years)

Please explain and fill in all gaps in employment, for ex. (periods of unemployment or extended vacations)

EMPLOYER

Company Name	Position Held	Start Date Mo. Yr.	End Date Mo. Yr.
Street Address		Supervisor	Phone #
City & Province	Postal Code	Reason for Leaving	
Truck Contracted/ Worked at		Phone #	

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TO BE READ AND SIGN BY APLLICANT

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature Date

Driver Disclosure of License

Driver Name:_____

Carrier Name:_____

Declaration

Pursuant to Section 318.1(1) of *Highway Traffic Act*,I,_____

Hereby disclosure the only jurisdiction in which I an licensed, the class of license held, whether or not the license is suspended, and the name in which the license is issued.

_____	_____	_____	_____
Jurusdiction	Class	Suspended	Name

I understand that I can prossess only one driver's License.

I understand that I must inform my employer immidiatly of any convictions or accidents while operating a motor vehicle.

I understand that I must immidiately iinform my employer of any suspensions, restrictions, prohibitions or any otheer change in status of my driver's License.

Copies of Current Driver License Attached

☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

_____

Signed Date

Driver's Certification of Violations and Accidents

I certify that the following is a true and comlete list of convictionx(other than parkingviolations) and accidents required to be reported under the *Highway Traffic Act* during the past 12 months.

Date	Offence/Accident	Location	Type of Vehicle Operated

If no violations or accident are listed above. I certify that I have not need convicted or forfeited bond or collateral because of any violations required to be listed during the past 12 months.

Date of Certifications

Driver's Signatures

Motor Carrier's Name

Motor Carrier's Address

Reviewed by: Signature

Tittle

Annual Review of Driving Record

Driver's Name: ______________________________ Driver License No. ________________________

Last First

Carrier Declarations

This day I Reviewed the driving record of the above name driver in accordance with 318.6 of the Manitoba Highway Traffic Act. I considered any evidence that the driver has violated applicable provisions of the Motor Vehicle Act (CANADA), the Criminal code (CANADA) and the transportation of Dangerous Goods Act (CANADA), the Dangerous goods Handling and Transportation9 Manitoba). I considered the drivers Accident Record, any evidence that he/she has violated laws governing the operation of motor Vehicles, and gave great weight to Violations, such as speeding, reckless driving and operation while under the influence of alcohol; and drug, that indicate that the driver has exhibited a disagreed for the safety of the public. Having done the above, I find that:

Date of Review: ____________________

☐ The Driver meets the minimum Requirements for safe driving

☐ The driver is unfit to drive a motor Vehicle on behalf of the motor carrier Pursuant to 318.6

Reviewed By: ____________________

Tittle: ____________________

Date of Review: ____________________

☐ The Driver meets the minimum Requirements for safe driving

☐ The driver is unfit to drive a motor Vehicle on behalf of the motor carrier Pursuant to 318.6

Reviewed By: ____________________

Tittle: ____________________

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