

DRIVER'S APPLICATION FOR EMPLOYMENT

Type of Application (Select One):

- ☐ **Company Driver** – W.S.C. provides truck and trailer
- ☐ **Owner-Operator** – Applicant owns truck and requires W.S.C. trailer
- ☐ **Broker** – Applicant owns truck and trailer

PERSONAL INFORMATION

Full Legal Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

DRIVER INFORMATION

Driver's Licence Class & Province: *(e.g., AZ – Ontario)* _____

Is your licence valid and in good standing?

☐ Yes ☐ No

Has your licence been suspended, revoked, or denied in the last 5 years?

☐ Yes ☐ No

If yes, please explain: _____

DRIVING EXPERIENCE

Tractor-Trailer: _____ years Trailer Experience: Dump / Hopper / Trains / Other: _____
(please circle)

List any courses, certificates, or training (e.g., MELT, Defensive Driving):

EMPLOYMENT HISTORY

List all employment for the **past 5 years**. Add pages if needed.

Employer #1

Company Name: _____

Address: _____

Phone Number: _____

Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____

Position Held: _____

Type of Equipment Driven: _____

Type of Trailer: _____

Reason for Leaving: _____

Employer #2

Company Name: _____

Address: _____

Phone Number: _____

Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____

Position Held: _____

Type of Equipment Driven: _____

Type of Trailer: _____

Reason for Leaving: _____

Employer #3

Company Name: _____

Address: _____

Phone Number: _____

Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____

Position Held: _____

Type of Equipment Driven: _____

Type of Trailer: _____

Reason for Leaving: _____

Employer #4

Company Name: _____

Address: _____

Phone Number: _____

Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____

Position Held: _____

Type of Equipment Driven: _____

Type of Trailer: _____

Reason for Leaving: _____

(Add more pages if needed)

ACCIDENT HISTORY – PAST 5 YEARS

Include commercial and personal vehicles.

Have you been involved in any motor vehicle accidents in the past 5 years?

☐ Yes ☐ No

If yes, please provide details below:

Date	Vehicle Type	Nature of Accident	At Fault? (Y/N)	Notes

TRAFFIC CONVICTIONS – PAST 3 YEARS

Traffic Convictions (Last 3 Years)

List all traffic-related convictions, including speeding, logbook violations, distracted driving, etc.
(Do not include parking tickets.)

Date	Offence	Location	Penalty

CERTIFICATION & CONSENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize W.S.C. to contact previous employers, conduct reference checks, obtain driver abstracts, and verify licensing information for the purpose of evaluating my suitability as a driver.

Applicant Signature: _____

Date: ____ / ____ / ____