

<u>DRIVER'S APPLICATION</u>		
Date: _____		Position: COMPANY LOCAL <input type="checkbox"/> COMPANY OTR <input type="checkbox"/> O/O OTR <input type="checkbox"/> O/O LOCAL <input type="checkbox"/>
<u>PERSONAL INFORMATION</u>		
SURNAME:	FIRST:	MIDDLE:
STREET ADDRESS:		
CITY:	PROVINCE:	
POSTAL CODE:	EMAIL:	
HOME PHONE:	CELL PHONE:	
EMERGENCY CONTACT:		PHONE:
DRIVER'S LICENSE:		CLASS:
EXPIRY DATE:		S.I.N.

- | | | | |
|--|---|--|---|
| Is your current age 21 or over? | Y <input type="checkbox"/> N <input type="checkbox"/> | Has any license, permit or privilege ever been | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Do you have a valid AZ license? | Y <input type="checkbox"/> N <input type="checkbox"/> | revoked or suspended? If yes please explain. | |
| Are you legally eligible to work in Canada? | Y <input type="checkbox"/> N <input type="checkbox"/> | Are you willing to be tested for drug and alcohol | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Can you cross the border into the United States? | Y <input type="checkbox"/> N <input type="checkbox"/> | use on a random basis? | |
| Have you ever been convicted of a crime for which a pardon has not been granted? | Y <input type="checkbox"/> N <input type="checkbox"/> | Will you accept unpredictable schedules and or work conditions? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Are you FAST-approved driver? | Y <input type="checkbox"/> N <input type="checkbox"/> | Will your family support you being on the road for | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Do you possess a current passport? | Y <input type="checkbox"/> N <input type="checkbox"/> | 5-6 days at a time throughout the year? | |
| Are there any limitations with respect to lifting (up to 50lbs) | Y <input type="checkbox"/> N <input type="checkbox"/> | Will your family be able to cope with your frequent absence? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Are there any other physical or medical limitations we should be aware of? | Y <input type="checkbox"/> N <input type="checkbox"/> | Can you commit to working a minimum of one year with Morrice Transportation. | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Do you have a clean abstract and driving record? | Y <input type="checkbox"/> N <input type="checkbox"/> | | |

EDUCATION

Highest level of education attained:

Did you attend a Driver Training Institution? Y N

If so what was the school name and location?

Last School attended _____

List ALL LANGUAGES that you have verbal and written competency:

U.S DOT -FSC reg. 391.11 b) 2 –requires a competent level of Oral and Written English



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TRACTOR/TRAILER DRIVING EXPERIENCE

Student Training:	(Please specify) Type of vehicles used (flatbed, van, etc.)
6m.-1yr.	(Please specify)
1yr.-2yr.	(Please specify)
2yr.-5yr.	(Please specify)
5yrs. +	(Please specify)

At Morrice you will be required to run a legal log book, keep an up-to-date re-cap and satellite your Hours of Service before 09:00 each day. Do you anticipate any problems complying with this requirement? If so, please describe.

All driver applicants to drive interstate commerce must provide the following information on all employees during the preceding 3 years. Applicants to drive a commercial motor vehicle having GVWR of 26001 lbs or more of any size vehicle used to transport hazardous materials in a quantity requiring a placard in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle.
(Note: List employers in reverse order starting with most recent. Add another sheet as necessary)

EMPLOYER NAME:		FROM DATE:	TO DATE:
		Mo. Y.	Mo: Y:
ADDRESS			POSITION HELD
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING

EMPLOYER NAME:		FROM DATE:	TO DATE:
		Mo. Y.	Mo: Y:
ADDRESS			POSITION HELD
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING

EMPLOYER NAME:		FROM DATE:	TO DATE:
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Have you work for this Y <input type="checkbox"/> N <input type="checkbox"/> Company before?	When?	Reason for leaving:
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Accident record for past 3 years (attach sheet if more space is needed)

Dates:	Nature of Accident (Head-On, Rear-End, etc)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (other than Parking Violations)

Location	Date	Charge	Penalty
1)			
2)			
3)			

Please rate your experience on the below listed situations:

(0=no experience, 1=limited experience,2=considerable experience,3=regular basis for 3-5 years)

- | | | | |
|--|-----|--------------------------------|-----|
| -Eastern Seaboard Experience | () | -P.A.R.S Clearances | () |
| -Willingness to do Eastern Seaboard | () | -A8A Manifests (CDN) | () |
| -Canadian Freight in transit through the United States | () | -Inward Cargo Manifests (U.S.) | () |
| -Freight under I.T. or T&E bonds | () | -Line Releases | () |
| -Satellite Communication | () | -P.A.P.S. Clearances | () |
| Tri-Axle Experience | () | | |



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List States and Provinces operated in for the last 5 years.

EXPERIENCE AND QUALIFICATIONS-OTHER

Show any other Trucking, Transportation experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

What is your reason for choosing Morrice as your place of employment?

If you were referred by a Morrice employee or O/O, please state their name:

Where did you hear about this position?

Newspaper ad Truck News Over the Road Truck Show Web Page Other

Please Specify _____

(THIS SECTION IS FOR OWNER/OPERATORS ONLY)

Year and make of your Vehicle:

Present mileage:

How long have you been an Owner Operator? _____ yrs.

Major repairs within the last 3 years- submit list:

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company. I hereby declare that the foregoing information is true and complete to my knowledge. **I understand that a false statement** may disqualify me from employment, or cause my dismissal.

Date _____

Applicant's Signature X: _____



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REQUEST OF INFORMATION

From Previous Employer

I hereby authorize you to release the following information to MORRICE TRANSPORTATION (prospective employer) for the purpose of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations.

You are release from any and all liability, which may result from furnishing such information.

Date: _____ **Applicant Signature: X** _____

Dear Sir or Madam:

The below named individual has made application to Morrice Transportation for a position as _____ and stated that he/she was employed by you as _____
From _____ to _____.

We appreciated your time in completing, in confidence, the information requested below.

Sincerely _____

Name of Applicant _____ S.I.N. _____

1. Employed from _____ to _____ at wage salary of _____
2. Did he/she drive a motor vehicle for you? _____ Straight Truck? _____
Tractor Trailer _____
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your employee:
Discharged: ___ Resigned ___ Lay Off ___ Military duty _____
5. Was his/her general conduct satisfactory? _____
6. As per U.S. D.O.T. regulations 391.23 (C) please provide the past three years of driving history below
