



3049 Devon Drive, Windsor, ON, N8X 4L3  
Recruiting Tel: (519) 250-8008 x150  
Recruiting Fax: (519) 250-2945  
recruiting@morrice transportation.com

Hello Applicant,

Thank-you for considering the Morrice Transportation team! We welcome your application and look forward to speaking with you about the current opportunities at Morrice Transportation.

In addition to completing the following application we may require the documents below for your application to be considered.

- Provincial Drivers License (Copy - Front and Back)
- Commercial (CVOR) Abstract (within past 30 days)
- FAST Card (Copy)
- WSIB Certificate (if Owner Operator)
- Recent Drivers Abstract
- Proof of Citizenship (Copy) i.e. Passport, PR Card
- Medical Certificate
- Criminal Record Search (within past 30 days)

How To Submit Your Application

Option #1 - Deliver In Person

1. Complete the application on your computer.
2. Print the completed application using the "PRINT" button at the end of the application.
3. Deliver in person along with additional documents.

Option # 2 - Submit By Email or Fax

1. Complete the application on your computer.
2. Print the completed application using the "PRINT" button at the end of the application.
3. Sign the application and Fax, or Email as an attachment, a copy of the application with any additional documents.

*You may choose to print a blank application for manual completion when applying in person.  
THE APPLICATION CAN NOT BE SAVED TO YOUR COMPUTER.*

Please contact me if you have any questions,

Welcome,

Ravinder Kohli  
Morrice Transportation Recruiting Department  
Recruiting Tel: (519) 250-8008 x245  
Recruiting Fax: (519) 250-2945  
recruiting@morrice transportation.com

# DRIVER APPLICATION

In compliance with Federal and provincial Equal Employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Application Date	<input type="text"/>	Position	Miles Per Week
	mm/dd/yyyy	<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Regional (Avg. 2200-2500 Miles/Week)
		<input type="checkbox"/> Company Bunk	<input type="checkbox"/> Long Haul (Up to 3000 Miles/Week)
		<input type="checkbox"/> Day Cab	<input type="checkbox"/> Team (Average 5000 Miles/Week)

## PERSONAL INFORMATION

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>	Birth Date	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>	Email	<input type="text"/>		
Social Insurance Number	<input type="text"/>	Driver's License Number	<input type="text"/>	Expiry Date	<input type="text"/>		

## EMERGENCY CONTACT

Last Name	<input type="text"/>	First Name	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>

## CURRENT ADDRESS

Street Address	<input type="text"/>	City	<input type="text"/>		
Prov.	<input type="text"/>	Postal	<input type="text"/>	How Long?	Years <input type="text"/> Months <input type="text"/>

## PREVIOUS ADDRESSES 49 CFR 391.21(b)(3)

The addresses at which the applicant has resided during the **3 years** preceding the date on which the application was submitted.

Street Address	<input type="text"/>	City	<input type="text"/>		
Prov.	<input type="text"/>	Postal	<input type="text"/>	How Long?	Years <input type="text"/> Months <input type="text"/>

Street Address	<input type="text"/>	City	<input type="text"/>		
Prov.	<input type="text"/>	Postal	<input type="text"/>	How Long?	Years <input type="text"/> Months <input type="text"/>

Street Address	<input type="text"/>	City	<input type="text"/>		
Prov.	<input type="text"/>	Postal	<input type="text"/>	How Long?	Years <input type="text"/> Months <input type="text"/>

**QUALIFICATIONS**

Is your current age 21 or over? YES  NO

Do you currently possess an AZ license? YES  NO

Are you legally eligible to work in Canada? YES  NO

Has any license, permit or privilege ever been revoked or suspended? YES  NO

Can you lawfully cross the US/Canada Border? YES  NO

Do currently have a clean driver record and CVOR abstract? YES  NO

Have you ever been convicted of a crime for which a pardon has not been granted? YES  NO

Do you current posses a FAST Card? YES  NO

Do you current possess a Canadian Passport or Permanent Resident Card? YES  NO

Will you be willing to work unpredictable schedules and work conditions? YES  NO

Are there any limitations with respect to lifting up to 50lbs? YES  NO

Does your family support you being on the road 5-6 days consistently? YES  NO

Are there any physical of medical limitations we should be aware of? YES  NO

Do you anticipate any issues keeping a legal log book within Hours of Service Regulations? YES  NO

Are you willing to be tested for drug and alcohol use on a random basis? YES  NO

Can you commit to working a minimum of one year with Morrice Transportation? YES  NO

**DRIVING EXPERIENCE**

Have you ever attended a Driver Training Institution? YES  NO

School Name  City  Year

List additional Driver training or courses, related experience or technical skills:

**Equipment Experience**

Indicate experience in each category.

Straight Truck	Years <input type="text"/>	Months <input type="text"/>	Van	Years <input type="text"/>	Months <input type="text"/>	Trains	Years <input type="text"/>	Months <input type="text"/>
Dump Truck	Years <input type="text"/>	Months <input type="text"/>	Tank	Years <input type="text"/>	Months <input type="text"/>	Bus	Years <input type="text"/>	Months <input type="text"/>
Tractor Trailer	Years <input type="text"/>	Months <input type="text"/>	Flatbed	Years <input type="text"/>	Months <input type="text"/>	Other	Years <input type="text"/>	Months <input type="text"/>

**EDUCATION**

Last School Attended  City  Year

Grade Completed  Diploma/Degree/Certificate

Languages 49 CFR 391.11(b)(2)  
Requirement of competent level of oral and written english

List ALL languages you have verbal and written competency:

**EMPLOYMENT HISTORY**

Have you ever worked for Morrice Transportation? YES  NO

If yes, when  Reason for leaving?

Previous Employers

49 CFR 391.21(10)

Employment history for the previous 3 years. All time must be accounted for, even periods of unemployment.  
List ALL Employers, for the previous **5 YEARS**, in reverse order, starting with most recent.

Employer Name  From Date: Month  Year   
Street Address  To Date: Month  Year   
Contact Person  Phone#  Ext.   
City  Prov.  Postal  Fax#   
Position Held  Reason for leaving?

Were you subject to the U.S. Federal Motor Carrier Safety Regulations while employed? YES  NO

Was your job designated a safety sensitive function in a U.S. DOT regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? YES  NO

Employer Name  From Date: Month  Year   
Street Address  To Date: Month  Year   
Contact Person  Phone#  Ext.   
City  Prov.  Postal  Fax#   
Position Held  Reason for leaving?

Were you subject to the U.S. Federal Motor Carrier Safety Regulations while employed? YES  NO

Was your job designated a safety sensitive function in a U.S. DOT regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? YES  NO

Employer Name  From Date: Month  Year   
Street Address  To Date: Month  Year   
Contact Person  Phone#  Ext.   
City  Prov.  Postal  Fax#   
Position Held  Reason for leaving?

Were you subject to the U.S. Federal Motor Carrier Safety Regulations while employed? YES  NO

Was your job designated a safety sensitive function in a U.S. DOT regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? YES  NO

**EMPLOYMENT HISTORY (CONTINUE...)**

Previous Employers

49 CFR 391.21(10)

Employment history for the previous 3 years. All time must be accounted for, even periods of unemployment. List ALL Employers, for the previous **5 YEARS**, in reverse order, starting with most recent.

Employer Name  From Date: Month  Year   
Street Address  To Date: Month  Year   
Contact Person  Phone#  Ext.   
City  Prov.  Postal  Fax#   
Position Held  Reason for leaving?

Were you subject to the U.S. Federal Motor Carrier Safety Regulations while employed? YES  NO

Was your job designated a safety sensitive function in a U.S. DOT regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? YES  NO

Employer Name  From Date: Month  Year   
Street Address  To Date: Month  Year   
Contact Person  Phone#  Ext.   
City  Prov.  Postal  Fax#   
Position Held  Reason for leaving?

Were you subject to the U.S. Federal Motor Carrier Safety Regulations while employed? YES  NO

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Employer Name  From Date: Month  Year   
Street Address  To Date: Month  Year   
Contact Person  Phone#  Ext.   
City  Prov.  Postal  Fax#   
Position Held  Reason for leaving?

Were you subject to the U.S. Federal Motor Carrier Safety Regulations while employed? YES  NO

Was your job designated a safety sensitive function in a U.S. DOT regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? YES  NO

**DRIVING HISTORY** 49 CFR 391.21(7)  
All Motor Vehicle accidents previous 3 years.

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List ALL collisions - commercial and personal, preventable and non-preventable for previous 3 years.

Date	<input type="text"/>	Details	<input type="text"/>	<input type="checkbox"/> Preventable	<input type="checkbox"/> Injuries
				<input type="checkbox"/> Charged	<input type="checkbox"/> Fatalities
Date	<input type="text"/>	Details	<input type="text"/>	<input type="checkbox"/> Preventable	<input type="checkbox"/> Injuries
				<input type="checkbox"/> Charged	<input type="checkbox"/> Fatalities
Date	<input type="text"/>	Details	<input type="text"/>	<input type="checkbox"/> Preventable	<input type="checkbox"/> Injuries
				<input type="checkbox"/> Charged	<input type="checkbox"/> Fatalities
Date	<input type="text"/>	Details	<input type="text"/>	<input type="checkbox"/> Preventable	<input type="checkbox"/> Injuries
				<input type="checkbox"/> Charged	<input type="checkbox"/> Fatalities
Date	<input type="text"/>	Details	<input type="text"/>	<input type="checkbox"/> Preventable	<input type="checkbox"/> Injuries
				<input type="checkbox"/> Charged	<input type="checkbox"/> Fatalities

List all Provinces, States or Territories operated in the past five years.

**TRAFFIC VIOLATIONS** 49 CFR 391.21(8)  
All Motor Vehicle violations previous 3 years.

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List ALL convictions or forfeitures - commercial and personal, other than parking, for previous 3 years.

Date	<input type="text"/>	Location	<input type="text"/>	Violation	<input type="text"/>
Date	<input type="text"/>	Location	<input type="text"/>	Violation	<input type="text"/>
Date	<input type="text"/>	Location	<input type="text"/>	Violation	<input type="text"/>
Date	<input type="text"/>	Location	<input type="text"/>	Violation	<input type="text"/>
Date	<input type="text"/>	Location	<input type="text"/>	Violation	<input type="text"/>

Have you ever been denied a License or Permit to operate a Motor Vehicle? YES  NO

If yes, provide details:

Has any License or Permit ever been suspended or revoked? YES  NO

If yes, provide details:

**OTHER**

Why are you choosing Morrice Transportation as a potential employer?

If you were referred, list the employee or Owner Operator.

How did you learn about Morrice Transportation's current open positions?

Driver Link

Job Fair

Newspaper

Other

Drivers Choice

Trade Publication

Radio

Google Ad

Truck World

Referral

**OWNER OPERATOR**

Vehicle Year

Vehicle Make

Current Millage

Years being O/O

List major repairs within past 3 years.

TO BE READ AND SIGNED BY THE APPLICANT.

I certify 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 and 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 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 my application.

In the event of my 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 the rules and regulations of the Company.

I understand that the information I provide regarding my current and previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance as required by 49 CFR 391.23(d) and (e).

I understand that I have the following rights including but not limited to: (49 CFR 391.23(i))

- review the information provided by previous employers,
- have errors found in the information corrected by previous employers and for those previous employers re-send the corrected information to the prospective employer; and
- have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_

Date

mm/dd/yyyy

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