**NEW DRIVER APPLICATION CHECKLIST**

**BELOW ARE THE FOLLOWING REQUIREMENTS TO PROCESS A NEW DRIVER APPLICANT.**

1. COMPLETED KEEN TRANSPORT & LOGISTICS INC. APPLICATION (MUST BE COMPLETED IN FULL)
2. CLEAR PHOTOCOPY OF COMMERCIAL DRIVER’S LICENSE
3. RECENT COPY OF DRIVER’S ABSTRACT
4. RECENT COPY OF CERTIFICATE OF VIOLATIONS
5. RESUME (OPTIONAL)
6. CAN THEY LEGALLY WORK IN CANADA – PROVIDE PROOF.
7. COPY OF US TRAVEL VISA, FAST CARD, PASSPORT OR ANY US TRAVEL DOCUMENT

**ALL APPLICANTS WILL FOLLOW THE FOLLOWING PRIOR TO DRIVING**

1. ROAD TEST WITH SCORES RECORDED
2. VERIFICATION OF PREVIOUS DRIVING EXPERIENCE IN WRITING FROM PAST EMPLOYERS
3. KEEN TRANSPORT & LOGISTICS INC. DRIVER ORIENTATION
4. SIGN AUTHORIZATION TO BE HELD LIABLE FOR FINES, TICKETS, AT FAULT ACCIDENTS ETC.
5. SIGN KEEN TRANSPORT & LOGISTICS INC. POLICIES AND PROCEDURES
6. IF US CAPABLE – GO FOR A US DOT DRUG/ALCOHOL TEST
7. SIGN FOR FUEL CARD, PPE, COMPANY PROPERTY ETC.

**APPLICATION FOR EMPLOYMENT**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date available to begin work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include: Drivers License US Travel Drivers Abstract Criminal Search**

What Position Are You Applying For?

Owner-Operator Truck year and make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver for Owner-Operator Truck Owner / Unit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Driver Peddle / Local Long Haul / US

Do You Want to Run: Single Team Co-driver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to operate in the US? Yes No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YY) SIN No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If your Cell Phone is your Primary Phone, please fill both lines in with the same number*

**We are required to have your previous 3 years of address history**

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street No. & Name City, Town, Village, RR Province Postal Code

How long have you lived at your current address? \_\_\_\_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_\_\_\_\_ Months

Past Three Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_

Street No. & Name or Lot City, Town, Village, RR Province Postal Code

Past Three Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_

Street No. & Name or Lot City, Town, Village, RR Province Postal Code

Do you have the legal right to work in Canada? \_\_\_\_\_\_\_\_\_\_ SIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you now employed? \_\_\_\_\_\_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT HISTORY**

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

If this is your current employer, may we contact them? Yes No

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leaving Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. \_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

May we contact them? Yes No

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leaving Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. \_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

May we contact them? Yes No

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leaving Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. \_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

May we contact them? Yes No

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leaving Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. \_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

***\* FMCSRs Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a U.S. highway with a GVWR or weighs 10,001 lbs or more***

**Education - Circle highest grade completed**

Elementary: 1 2 3 4 5 6 7 8 High School: 10 11 12 13 College: 1 2 3 4 University: 1 2 3 4 Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver courses or training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualifications**

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has any license or driving permit been suspended or revoked? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you meet Canadian and U.S. medical standards? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you bondable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All prospective employees/contractors must provide:

1. Original and current “Commercial Driver Abstract”
2. Criminal Record Check
3. FAST Card (if applicable)
4. Copies of current driver’s license and passport
5. Authorization to complete reference checks

Have you received any safe driving awards? \_\_\_\_\_\_\_\_\_\_ If yes provide details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT  (Van, Reefer Tank, Flat, etc.) | DATE  (MM/DD/YY) | APPROX. NUMBER OF MILES (TOTAL) |
| Straight Truck |  |  |  |
| Tractor and Semi-Trailer |  |  |  |
| Tractor - Two Trailers |  |  |  |
| Motor coach - School Bus |  |  |  |

List States & Provinces operated in for last five years (use 2 letter abbreviations) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVING QUALIFICATION**

Record ALL accidents in which you were involved, for the past 3 years including non-commercial vehicles

|  |  |  |  |
| --- | --- | --- | --- |
| Dates  Day/Month/Year | Nature of Accident  (Head-on, Rear End, Etc.) | Fatalities? | Injuries? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If you have had NO accidents in the past 3 years, please check here

A list of all violations of motor vehicle laws or ordinances (other than parking) where the applicant was convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted

|  |  |  |  |
| --- | --- | --- | --- |
| Dates  Day/Month/Year | Moving Violation | Fine? | Personal/CMV? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If you have had NO violations in the past 3 years, please check here

**TO BE READ AND SIGNED BY APPLICANT**

I understand that successful completion of a road test in the type of equipment to be operated will be a condition of employment/contractor agreement. I hereby fully acknowledge and understand that a contractor agreement with Keen Transport & Logistics Inc. constitutes solely and entirely, a fully independent contractor business relationship in all respects. I authorize Keen Transport to make such investigations and inquiries of my personal employment or medical history as may be necessary in arriving at a decision of my employment/contract. I hereby release employers, schools or person from all liability in responding to inquiries about my application. I understand that false or misleading information given in my application or interview(s) may result in an immediate termination of employment or contract between me and Keen Transport & Logistics Inc. I understand that I am required to abide by all rules and regulations of the company, as permitted by law.

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

Driver Signature Date (MM/DD/YY)