



# Driver Application

(Please complete all sections)

Date of Application:	Date available to begin work:		
What position are you applying for:	Company	Owner Operator Please fill out owner operator info on page 2	
Preferred time spent on the road:	5-7 days	7 - 10 days	10+ days
			Other:

## Applicants Information

Name:			
(First)	(Middle)	(Last)	
Email:			
Primary Phone:			
Current Address:			
City:	Province:	Postal Code:	
Please list your address for the past 3 years			
Full Address:			From: To:
Full Address:			From: To:

## General Information

Are you compliant with Federal regulations for COVID-19 vaccination requirements?	Yes	No
Do you have a valid class 1/A License?	Yes	No
Are you FAST approved?	Yes	No
Do you hold a valid T.W.I.C card?	Yes	No
Do you have any limitations with respect to lifting up to 70LBS?	Yes	No
Do you have any other limitations that would prevent you from performing any/all duties of a commercial Driver?	Yes	No
If yes please list your limitations:		
Have you ever been convicted of a crime for which a pardon has not been granted?	Yes	No
Are you willing to be tested for drugs and alcohol on a random basis?	Yes	No
Are you able to cross the border?	Yes	No
Are you registered with FMCSA Drug and Alcohol Clearinghouse?	Yes	No
Do you have any travel restrictions? If so please list.		



### Owner Operator Section Truck & Trailer Information

Truck Make:	Model:	Year:
Truck Color:	Tire Size:	Wheel Base:
Is your truck governed?	Is your truck emissions deleted?	
What is the weight of truck: (No more than 22, 500lbs with 1/2 tank of fuel)	Do you have your own trailer?	Yes      No
Trailer Make:	Model:	Year

### Driver License

Province:	License Number:	Class:	Expiration:
1. Have you ever been denied a permit, privilege or license?			
2. Has any license, permit or privilege ever been suspended or revoked?			
If you answered "yes" to 1 or 2 give details:			

**Record all accidents in which you were involved, for the past 3 years, for personal or commercial**

Date Day/Month/Year	Nature of accident (head-on/rear end/ etc.)	Were you deemed 50% or more at fault?	Personal/ Commercial?

**Record all violations in which you were involved, for the past 3 years, for personal or commercial**

Date Day/Month/Year	Violations (Seatbelt/Stop Sign/ Hand Held Device)	Personal/ Commercial



### Qualifications

Please complete the section below. If you do not have experience, please circle "none".

Class 1		Years	None
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Please indicate your experience level			
Van		Years	None
Super B		Years	None
Flat Deck		Years	None
Step Deck		Years	None
RGN		Years	None
Multi-Axle		Years	None
Double Drop		Years	None
Highway		Years	None
Mountain		Years	None
Other Equipment			

### Employment History

Please list your employment for the past ten (10) years. All previous employers may be contacted. All unemployment gaps must be accounted for and the reason provided.

List employers in reverse order starting with the most recent

Last / Current Employer :	From:	Date	To:
	DD/MM/YY		DD/MM/YY
Address:			
Contact Name:		Position held:	
City:	Prov:	Postal Code:	Reason for Leaving:
Email:		Phone:	

Was your job designated as a safety function subject to drug and alcohol testing?	Yes	No
May Searcy contact your present employer to verify your work record?	Yes	No
Period of unemployment (if any)	Dates:	From: To:

### Previous Employer

Name:			From: DD/MM/YY	Date	To: DD/MM/YY
Address:					
Contact Name:			Position held:		
City	Prov	Postal Code	Reason for Leaving:		
Email:		Phone:			

Was your job designated as a safety function subject to drug and alcohol test under 49			Yes	No
Period of unemployment (if any)	Dates:	From:	To:	

### Previous Employer

Name:			From: DD/MM/YY	Date	To: DD/MM/YY
Address:					
Contact Name:			Position held:		
City	Prov	Postal Code	Reason for Leaving:		
Email:		Phone:			

Was your job designated as a safety function subject to drug and alcohol testing?			Yes	No
Period of unemployment (if any)	Dates:	From:	To:	

### Previous Employer

Name:			From: DD/MM/YY	Date	To: DD/MM/YY
Address:					
Contact Name:			Position held:		
City	Prov	Postal Code	Reason for Leaving:		
Email:		Phone:			

Was your job designated as a safety function subject to drug and alcohol testing?			Yes	No
Period of unemployment (if any)	Dates:	From:	To:	

### Previous Employer

Name:			From: DD/MM/YY	Date	To: DD/MM/YY
Address:					
Contact Name:			Position held:		
City	Prov	Postal Code	Reason for Leaving:		
Email:		Phone:			

Was your job designated as a safety function subject to drug and alcohol test under 49			Yes	No
Period of unemployment (if any)	Dates:	From:	To:	

### Previous Employer

Name:			From: DD/MM/YY	Date	To: DD/MM/YY
Address:					
Contact Name:			Position held:		
City	Prov	Postal Code	Reason for Leaving:		
Email:		Phone:			

Was your job designated as a safety function subject to drug and alcohol testing?			Yes	No
Period of unemployment (if any)	Dates:	From:	To:	

### Previous Employer

Name:			From: DD/MM/YY	Date	To: DD/MM/YY
Address:					
Contact Name:			Position held:		
City	Prov	Postal Code	Reason for Leaving:		
Email:		Phone:			

Was your job designated as a safety function subject to drug and alcohol testing?			Yes	No
Period of unemployment (if any)	Dates:	From:	To:	

## Previous Employer

Name:			From: DD/MM/YY	Date	To: DD/MM/YY
Address:					
Contact Name:			Position held:		
City	Prov	Postal Code	Reason for Leaving:		
Email:		Phone:			

Was your job designated as a safety function subject to drug and alcohol testing?			Yes	No
Period of unemployment (if any)	Dates:	From:	To:	

## Previous Employer

Name:			From: DD/MM/YY	Date	To: DD/MM/YY
Address:					
Contact Name:			Position held:		
City	Prov	Postal Code	Reason for Leaving:		
Email:		Phone:			

Was your job designated as a safety function subject to drug and alcohol testing?			Yes	No
Period of unemployment (if any)	Dates:	From:	To:	

## Previous Employer

Name:			From: DD/MM/YY	Date	To: DD/MM/YY
Address:					
Contact Name:			Position held:		
City	Prov	Postal Code	Reason for Leaving:		
Email:		Phone:			

Was your job designated as a safety function subject to drug and alcohol testing?			Yes	No
Period of unemployment (if any)	Dates:	From:	To:	

## Additional Information

What is your reason for choosing us as your potential employer?

Referral	Facebook Instagram	Google Search	Indeed	Other please list:	
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Referred by Searcy Employee:

### To be read and signed by Applicant

This certifies that I have completed this application form myself, and that all entries on it and information in it are true and completed to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge of application.

I authorize the Company (Searcy Trucking Ltd.) and/or its agent to make such investigations and inquires as may be necessary to arrive at an employment decision. This includes my personal history, employment history, driving record, criminal record, drug and alcohol test results from previous employers (or their consortium) and other related matters. Generally, inquiries regarding medical history will be made only if required, 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 my application.

If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment or contract period. Furthermore, I understand that the Company (Searcy Trucking Ltd.) and/or its agents may keep information on file (including work performance) as related to my employment, and make it available to any second party with my written consent.

Applications Signature:

Date: