



## **LOOKING FOR WORK AS A LONG HAUL DRIVER or AS A LONG HAUL OWNER OPERATOR ?**

*Unfortunately: WE DO NOT HAVE ANY LOCAL DRIVING JOBS*

*BEFORE YOU SUBMIT AN APPLICATION PLEASE CONSIDER THE FOLLOWING:*

- *We are looking for a driver with a minimum of 2 years verifiable driving experience.*
- *Typically our drivers are out for two weeks and then off for a couple of days.*
- *We require our drivers to adhere to company speed limits.*
- *All our drivers are drug tested prior to final acceptance (applicants expense) and when hired entered into our random pool.*
- *We require that our drivers are willing and able to go anywhere in Canada or the USA.*

### *Application Procedure*

1. Complete the attached job application.
  - State if you are looking for a job as a driver or as an owner operator
  - If owner operator state the year, make model and weight of your truck.
2. Attach a current drivers abstract.
3. Attach a criminal search record.

Completed application and supporting documents can be faxed to (902) 538-5924 or mailed to or dropped off at : Eassons Transport 151 Foster Street, Berwick, NS B0P 1E0

*Please make sure all information is correct with current phone and fax numbers for your references.*

*Applicants that meet the requirements will have their application held on file for six months and you **will be contacted** for an interview if a position becomes available.*

Thank you for your interest.



# Employment History & References

Please indicate with a "Y" next to the employers it is OK to contact, if for some reason you do not want us to contact the employer IE: you are currently employed there, please mark an "X" by the employer.

## Employer

	Date	
Name	From	To
_____	_____	_____
Address	Position	_____
_____	_____	_____
City	Wage	_____
_____	_____	_____
Contact Person	Reason for leaving	_____
_____	_____	_____
Phone ( )	Fax ( )	_____
_____	_____	_____

## Employer

	Date	
Name	From	To
_____	_____	_____
Address	Position	_____
_____	_____	_____
City	Wage	_____
_____	_____	_____
Contact Person	Reason for leaving	_____
_____	_____	_____
Phone ( )	Fax ( )	_____
_____	_____	_____

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	Date	
Name	From	To
_____	_____	_____
Address	Position	_____
_____	_____	_____
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_____	_____	_____
Contact Person	Reason for leaving	_____
_____	_____	_____
Phone ( )	Fax ( )	_____
_____	_____	_____

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	Date	
Name	From	To
_____	_____	_____
Address	Position	_____
_____	_____	_____
City	Wage	_____
_____	_____	_____
Contact Person	Reason for leaving	_____
_____	_____	_____
Phone ( )	Fax ( )	_____
_____	_____	_____

## Personal Reference

Name	_____
Address	_____
City	_____
Phone	_____

## Personal Reference

Name	_____
Address	_____
City	_____
Phone	_____

# Accident Record

	Date	Nature of Accident	Fatalities	Injuries
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

If none, please write "NONE"

## Traffic Convictions and Violations

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____

If none, please write "NONE"

## Education

Circle last grade completed    1 2 3 4 5 6 7 8 9    High School    10 11 12    College 1 2 3

Last School attended \_\_\_\_\_

Name	City
_____	_____

## Experience and Qualification - Driver

Drivers License Master Number \_\_\_\_\_ Province Issued \_\_\_\_\_  
Type / Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle ? Yes \_\_\_ NO \_\_\_
- B) Has any license, permit or privilege ever been suspended or revoked ? Yes \_\_\_ NO \_\_\_
- C) Have you ever refused or failed a drug or alcohol test under section 382 ? Yes \_\_\_ NO \_\_\_
- D) Have you received a fine or ticket for another carrier that you you believe might not be satisfied, and still be outstanding against your license ? Yes \_\_\_ NO \_\_\_

If the answer is yes to A B C or D. please attach a statement giving details.

## Driving Experience

Class of Equipment	Trailer Type	Dates	Approx. # of Miles
Straight Truck	_____	_____	_____
Tractor Trailer	_____	_____	_____
Tractor-Trains	_____	_____	_____
Other	_____	_____	_____

### Areas that you have operated the above equipment in:

USA: List Sates \_\_\_\_\_

Canada : List Provinces \_\_\_\_\_

## Special Courses - Achievements - Awards

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### To be read by the 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 my 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.

In addition I hereby authorize Eassons Transport Ltd, or it's designates to obtain copies or updates of my drivers abstract as required by various regulations.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

### OFFICE USE ONLY

#### Process Record

Applicant Hired \_\_\_\_\_

Rejected \_\_\_\_\_

Date Employed \_\_\_\_\_

Point Employed \_\_\_\_\_

Department \_\_\_\_\_

Classification \_\_\_\_\_

#### Review of Applicant

Superior   Good   Fair   Below Average   Poor   Written Record on File

1. Application \_\_\_\_\_
2. Interview \_\_\_\_\_
3. Past Employment \_\_\_\_\_
4. Road Test \_\_\_\_\_
5. Criminal and traffic Convictions \_\_\_\_\_