



APPLICATION FORM

- All information within this application will be held in strict confidence, subject to applicable law
- Please complete all applicable sections and sign the last page.
- Substance and Alcohol Testing is required of United States driver applicants
- PLEASE PRINT CLEARLY.

1 NAME AND ADDRESS

Date: _____ Email Address: _____ Date of Birth _____

First Name: _____ Last Name: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone: _____ - _____ - _____ How Long _____

Previous Residence (Past Three Years) if different from the address above.:

_____ Dates: _____

_____ Dates: _____

(Street)

(City)

(Province)

(Postal Code)

(From)

(To)

 Position(s) applied for: Driver Other if Other list positions _____

 Yes No Have you ever worked for Diamond Shuttle Services Ltd. before? If yes, when? _____

 Yes No Do you have a valid passport allowing you to enter the United States?

 Yes No Do you have a criminal record?

 Yes No Do you have WCB Coverage already? If yes, what Province? _____

2 EDUCATIONAL BACKGROUND (Relevant to the position applied for) Highest Level

of Education Completed: _____

Name of Educations Institute: _____

Are there any skills, experience, or other qualifications which you feel would assist you in performing the duties of the position you have applied for?

3 DRIVING EXPERIENCE

 Are you able to drive a vehicle equipped with: Automatic Transmission Standard Transmission

Class of Equipment	Type of Equipment (Van, Tank, Flat, School Bus Etc.)	Dates		Approx # or KMs (Totals)
		From	To	
Car & Light Truck Up to 4500 Kg				
Straight Truck More Than 4500 kg				
Tractor & Semi Trailer				
Bus or Motor Coach				
Other				



4 List below any safety training courses you have taken

Safety Course	Training Obtained	Expiry Date

5(a) INQUIRY TO PREVIOUS EMPLOYERS

List your employers for the last 3 years, starting with the most recent. For United States drivers of vehicles that are rated for or weigh over 11,793 kg (26,000 lbs) list employers for additional 7 years.(total of 10 years)

Employer: _____ Start/Finish Date: _____ / _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: _____

Position(s) Held: _____

Duties: _____

** Yes No Were you subject to the United States Federal Motor Carrier Safety Regulations while employed?

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

5(b) INQUIRY TO PREVIOUS EMPLOYERS

Employer: _____ Start/Finish Date: _____ / _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: _____

Position(s) Held: _____

Duties: _____

** Yes No Were you subject to the United States Federal Motor Carrier Safety Regulations while employed?

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

5(c) INQUIRY TO PREVIOUS EMPLOYERS

Employer: _____ Start/Finish Date: _____ / _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: _____

Position(s) Held: _____

Duties: _____

** Yes No Were you subject to the United States Federal Motor Carrier Safety Regulations while employed?

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

**6**
If you are applying for a position that requires driving, please complete this section:

 Yes No Do you have a valid driver's license?

License #: _____ Province.: _____

Class: _____ Restrictions / Endorsements: _____

Note: If you are selected for an interview, you are required to present a copy of your driving record that is not more than 4 weeks old and sign a consent form that allows Diamond Shuttle Services Ltd to obtain your drivers abstract in the future. After being hired, a copy of this driving record will be placed into your personnel file.

List all collisions involving a motor vehicle operated by you that are required to be reported to a peace officer under any enactment of Alberta or a jurisdiction outside Alberta (If none, write NONE);

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

List all of your convictions of safety laws in the current year and in each of the 4 preceding years or None;

Yes No

Date _____ Violation _____ Prov. _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ Prov. _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ Prov. _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ Prov. _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ Prov. _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ Prov. _____ Commercial Vehicle: Yes / No

A record of any administrative penalty imposed on you under safety laws;

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing Province agency?

Yes No If yes indicate; Province of issuance, date, charge and penalty:

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INFORMATION RELEASE FORM - False information given or implied on an application form is grounds for immediate dismissal.

This certifies that I, _____ completed the above application, and that all entries on 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, 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.

Date: _____ Applicant Signature: _____