



DOCUMENTS TO BE SUBMITTED

Full Name		
Contact & Emergency Contact		
Email ID		
DOCUMENTS	SUBMITTED	NOTES
Driver's License		
Driver's Abstract		
STATUS IN CANADA: Student (Study permit), Worker (Work Permit), Refugee (Refugee Proof), PR Card		
Corporation Documents & GST, QST(QC) / HST(ON) Numbers		
Employment Contract		
Application Sub - Contractor		

PLEASE EMAIL ALL THE ABOVE DOCUMENTS AND FILLED SUBCONTRACT APPLICATION AT DISPATCH@HIGHENDTRANSPORT.CA



APPLICATION FOR SUBCONTRACTORS

Position(s) you are applying for _____

Date available for work _____

PERSONAL INFORMATION			
Last Name _____	First Name _____	Middle Name _____	
Address _____	City _____	Prov _____	Postal Code _____
Home Phone: _____		Cell Phone: _____	Email address: _____
Do you have the legal right to work in Canada and the United States? _____			
Date of Birth: _____	<div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>	Can you provide proof of age? _____	
<small>(Required for Commercial Drivers)</small>			
Are you now employed? _____ If not, how long since leaving last employment? _____			

EMPLOYMENT
Employer: _____ Date Employed: _____
Work Phone: _____ Pay Rate _____
Address: _____
City: _____ Prov.: _____ Poste Code: _____
Position: _____
Duties Performed: _____
Supervisors Name and Title: _____
Reason for leaving: _____
May we contact them? () Yes () NO

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE
(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT <small>(Head-on, Rear-end, Upset, etc.)</small>	CHARGES	INJURIES/FATALITIES
Last Accident:			



Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS, CITATIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
 (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENCES	PROV / STATE	LICENCE NO.	TYPE	EXPIRATION DATE

A: Have you ever been denied a licence, permit or privilege to operate a motor vehicle? YES [] NO []

B: Has any licence, permit or privilege ever been suspended or revoked? YES [] NO []

If the answer to either A or B is YES, attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX # OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

REFERENCES

Name	Title	Company	Phone

Acknowledgement and Authorization

I certify that all answers given herein are true and complete to the best of my knowledge.

I Will never operate the vehicle in the influence of drugs and alcohol.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date