



Rai Express Lines Ltd.

#125 7475 135 Street, Surrey, BC, V3W 0M8
Ph. (604) 503-6900 | Fax: (604) 503-6966 | Email: kal@raiexpresslines.com

DRIVER EMPLOYMENT APPLICATION

Personal Information

Date	<input type="text"/>		
Name (F/M/L)	<input type="text"/>	SIN	<input type="text"/>
Date of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
Nationality	<input type="text"/>	Passport No.	<input type="text"/>
Phone (Daytime)	<input type="text"/>	Phone (Emergency)	<input type="text"/>
Email	<input type="text"/>	WCB Account No.	<input type="text"/>
GST No.	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Postal Code	<input type="text"/>
If not longer than three years at the above address, please provide your previous address			
Address	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Postal Code	<input type="text"/>

Have you previously worked for this company?

No Yes ▶ from to Position

Are you presently employed? Yes No ▶ for how long since your last position

Where did you hear about us What rate of pay did you expect

Driver License No.	<input type="text"/>	Class	<input type="text"/>	Issuing Prov.	<input type="text"/>
Issue Date	<input type="text"/>			Expiry Date	<input type="text"/>

Have you ever been denied a license, permit or privilege to operate a motor vehicle? No Yes

Has your License, permit or privilege to drive ever been suspended or revoked? No Yes

Have you ever applied for a license in a different province?

No Yes ▶ which province Do you still hold that license? No Yes



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Education

What is the highest education level you completed?

School/ College/University (last attended)

Driving Training School

Medical History

Do you have any physical limitations, which would impair your ability to perform the position you have applied for?
 No Yes ► What

Are you physically capable of heavy lifting and manual work? Yes No

How much time have you lost from work in the last three years due to sickness or injury?

Are you willing to take a physical examination? Yes No

Have you ever been tested for drugs? No Yes ► have you ever-tested positive? No Yes

Do you permit us to contact your previous employers in regard your results? No Yes

Driving Experience

Class of equipment	Type of equipment (Truck, Van, Tank, Grain)	For how long	Total Miles Driven
Straight Truck	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor/Trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bus	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

List provinces and states operated in for the past ten years

Describe any other trucking/ transportation experience that will assist you in working for this work

Accident Record

Mention all records of the last three (3) years

Date	Type of accident	Fatalities	Injuries
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Traffic Violation Record

Mention all records of the last three (3) years

Date	Nature of Violation	Location	Fine

Employment History

Current Employer

Name	<input type="text"/>	Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>	Postal Code	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>	Fax	<input type="text"/>

Period

Position	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
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Reason for Leaving

Were you subject to the NSC/FMCSRs while employed? 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

Period of unemployment (if any) (M/D/Y)	From	<input type="text"/>	To	<input type="text"/>
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Previous Employer

Name	<input type="text"/>	Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>	Postal Code	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>	Fax	<input type="text"/>

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I certify that this application was completed by me, and all the entries and information contained in it are true and complete to the best of my knowledge.

I authorize you to make any investigations or inquire into my personal, medical history and other related matters that may be necessary to reach a decision regarding my employment.

I release all persons from all liability in responding to inquiries made in connection with this application.

If I am hired, I understand that false or misleading information given in this application or subsequent interview(s) may result in the termination from the employment.

I also understand that I am required to abide by the rules, regulations, policies and procedures as laid down in the company's safety plan and policies.

I understand and agree that, if hired, I will have to sign an employment agreement with the company.

Date

Signature of Applicant