



"Let Your Success Ride With Us"

2160 Peardonville Road, Abbotsford BC V2T 7C4

Ph: 604.743.1008 Fax: 604.746.1086

Website : www.highwayking.ca

Email: safety@highwayking.ca

APPLICATION FOR DRIVERS AND OWNER OPERATORS FOR EMPLOYMENT

Note: Please attach original or copies of the following documents:

- Copy of your Driver's License
• Current Commercial Drivers Abstract (no older than 7 days).

Position Applied For: Owner Operator: _____ Driver: _____

DATE of Application: _____

PERSONAL INFORMATION

First Name _____

Middle Name _____

Last Name _____

Date of Birth ____/____/____ Gender _____

Address _____

City _____ Province _____

Country _____ POSTAL CODE _____

Cellular _____

Telephone _____

Email _____

SIN # _____ WCB FIRM # _____

Hours looking for: [] Full Time [] Part Time

Starting Date _____

WORK EXPERIENCE INFORMATION

Have you worked for Highway King Transport before

[] Yes [] No

If Yes:

Start Date _____ End Date _____

Position _____

Reason for Leaving _____

Last 3 years of residence

Address _____

City _____ Province _____

Country _____ Postal Code _____

Are you employed now ?

Yes [] No []

If No, how long since leaving last employment ? _____

Is there any reason you might be unable to perform the job you are applying for ?

[] Yes [] No

If Yes, check the appropriate boxes

- [] WCB CLAIM [] DISABILITY CLAIM [] CRIMINAL RECORD [] LICENCE SUSPENSION [] POSITIVE DRUG TEST [] OTHER

If OTHER, explain _____

How did you hear about Highway King Transport ? _____

LICENSE INFORMATION

License No. _____ Province _____

Expiration Date _____

Type

1. When did you first receive your class 1(AZ) License ?

_____ Province _____

2. Have you ever been denied a license, permit or privilege to operator a motor vehicle ?

[] Yes [] No

I certify that my driver's license is in good standing and is not suspended by any jurisdiction.

_____ Date _____

3. Has any license, permit or Driving privilege ever been suspended or Revoked

[] Yes [] No

4. Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which applied for, but did not obtain, safety-sensitive transportation work covered by US DOT agency drug and alcohol testing rules during the past three years?

[] Yes [] No

6. What is your current Citizenship _____

7. Do you have a work Visa: YES _____ NO _____

8. Do you have a resident card: YES _____ NO _____

IF THE ANSWER TO EITHER 2, 3, or 4 IS YES, PLEASE GIVE DETAILS INCLUDING DATE



**Insurance
Corporation of
British
Columbia**

**151 West Esplanade
North Vancouver,
British Columbia
V7M 3H9**

**Telephone:
604.661.2800
Fascimile:
604.464.7400**

AUTHORIZATION FOR CLAIMS HISTORY

To assist the **HIGHWAY KING TRANSPORT LTD**, fleet number **303065**, in analyzing my application for insurance/employment, I hereby authorize the Customer Contact Department, Insurance Corporation of British Columbia, to permit the above named company to be given a full copy of all claim history information concerning:

**** Name (Last Name, First Name) :** _____

Address : _____

BC Driver's Licence Number _____ **Date of Birth** _____
MM / DD / YYYY

**Name must be that of the registered owner or holder of a valid BC Driver's License.

Please mail or fax the claim history to:

ATTN: Safety & Compliance Department

Highway King Transport Ltd.
2160 Peardonville Rd
Abbotsford BC V2T 7C4

Email: safety@highwayking.ca
Fax: 604.746.1086
Ph: 604.743.1008

Applicant Signature _____

Date _____
MM / DD / YYYY

Send to:

**ICBC - Customer Contact
151 West Esplanade
North Vancouver, BC
V7M 3H9**

Fax: 604.646.7400
Ph: 604.661.2800 or 1-800-663-3051

EMPLOYMENT HISTORY

All driver applicants to drive in commercial transport must provide the following information on all employees during the preceding 3 years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional **10 years information on those employees** for whom the applicant operated such vehicle.

EMPLOYER				DATE	
Company Name		Supervisor	Phone #	Start Date Mo. Yr.	End Date Mo. Yr.
Full Address		City	Province	Position Held	
Postal Code	Salary / Wage	Truck Contracted / Worked at :		Reason for Leaving	
Were you subjected to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT) ? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYER				DATE	
Company Name		Supervisor	Phone #	Start Date Mo. Yr.	End Date Mo. Yr.
Full Address		City	Province	Position Held	
Postal Code	Salary / Wage	Truck Contracted / Worked at :		Reason for Leaving	
Were you subjected to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT) ? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYER				DATE	
Company Name		Supervisor	Phone #	Start Date Mo. Yr.	End Date Mo. Yr.
Full Address		City	Province	Position Held	
Postal Code	Salary / Wage	Truck Contracted / Worked at :		Reason for Leaving	
Were you subjected to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT) ? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYER				DATE	
Company Name		Supervisor	Phone #	Start Date Mo. Yr.	End Date Mo. Yr.
Full Address		City	Province	Position Held	
Postal Code	Salary / Wage	Truck Contracted / Worked at :		Reason for Leaving	
Were you subjected to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT) ? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYER				DATE	
Company Name		Supervisor	Phone #	Start Date Mo. Yr.	End Date Mo. Yr.
Full Address		City	Province	Position Held	
Postal Code	Salary / Wage	Truck Contracted / Worked at :		Reason for Leaving	
Were you subjected to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT) ? <input type="checkbox"/> Yes <input type="checkbox"/> No					

* Includes vehicles having a GVWR of 26,001 Lbs. or more, vehicles designated to transport 15 or more passengers or any size vehicle used to transport hazardous material in a quantity requiring placarding.



National Safety Code Abstract Personal Request Form

Licensing Support Services
PO Box 3750
Victoria BC
V8W 3Y5

Telephone:
250.414.7732
Fascimile:
250.978.8012

Please type or print clearly, illegible information cannot be processed.

Last Name _____

Middle Name _____

First Name _____

License No. _____

Date of Birth _____
DD / MM / YYYY

SIGNATURE OF DRIVER
(REQUEST WILL NOT BE PROCESSED IF SIGNATURE MISSING)

Date (DD / MM / YYYY)

Return abstract by:

<input type="checkbox"/> MAIL	2160 Peardonville Road ABBOTSFORD BC V2T 7C4	_____ or _____

<input type="checkbox"/> FAX	604.746.1086	_____ or _____

<input checked="" type="checkbox"/> EMAIL	safety@highwayking.ca	_____ or _____

A National Safety Code Driver's Abstract is also available by attending any Insurance Corporation of British Columbia Driver Services Centre or by calling Customer Contact at 250-978-8300 (in Victoria) or toll free at 1-800-950-1498.



"Let Your Success Ride With Us"

2160 Peardonville Road, Abbotsford BC V2T 7C4

Ph: 604.743.1008 Fax: 604.746.1086

Website : www.highwayking.ca

Email: safety@highwayking.ca

TO BE READ AND SIGNED BY APPLICANT

I authorize **HIGHWAY KING TRANSPORT LTD:** to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at a final decision to allow myself to become an approved broker/driver, including, retaining the Criminal Record Search that I have provided as a condition of becoming an approved broker / Owner Operator/ Driver within the HIGHWAY KING TRANSPORT LTD. scope of Operations. I hereby release employers, schools and other persons from all liability in responding to inquiries and releasing information in connection with my application. I agree to furnish such additional information and complete such examinations as may be required by the Company in order to complete the approval process.

Information provided to Highway King Transport Ltd. will be held in accordance with The Personal Information Protection and Electronic Document Act. The company will take appropriate steps to ensure the security of your information and will not provide information to another party except as approved by you, or to meet legal or legislated requirements.

If approved as a Broker / Owner Operator / Driver, I understand that false or misleading information given in my application or interview(s)) may result in termination of my driving privileges and/or contract now or in the future. I understand that I am required to abide by all rules and regulations of the Company.

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.

Applicant's Name (Print)

Applicant's Signature



"Let Your Success Ride With Us"

2160 Peardonville Road, Abbotsford BC V2T 7C4
 Ph: 604.743.1008 Fax: 604.746.1086
 Website : www.highwayking.ca
 Email: safety@highwayking.ca

ACCIDENT & INCIDENT RECORD

Accident record for past 5 years (include all at-fault, not at-fault, personal vehicle & commercial vehicle, and minor accidents in Canada & U.S. which you were involved as a driver. Attach an additional sheet if more space is needed)

	#1	#2	#3
Dates			
Nature of accident (Head-on, rear-end, upset, etc.)			
Fatalities			
Injuries			
Personal or Commercial vehicle			
Preventable or non-preventable			
Road Conditions			
Damage Amount \$			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS
 (personal & commercial, other than parking)**

Location	Date	Charge	Personal or Commercial	Penalty

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, TANK, ETC.)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	

_____ Date

_____ Applicant's Signature

