7954 Webster Rd, Delta, BC V4G 1G6
Ph: (604) 952-0952 Website: hapgroup.com
Email: hiring@hapgroup.com

APPLICATION FOR DRIVERS AND OWNER OPERATORS FOR EMPLOYMENT

Position applying for: _____ **Date:** _____

Company: _____

PERSONAL INFORMATION

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____ **Gender** _____
MM / DD / YYYY

Address _____

City _____ **Province** _____

Country _____ **Zip Code** _____

Cellular _____

Telephone _____

Email _____

SIN # _____ **WCB FIRM #** _____
If applicable

Hours looking for: ☐ **Full Time** ☐ **Part Time**

Starting Date _____
MM / DD / YYYY

Emergency Contact: _____

Emergency Number: _____

WORK EXPERIENCE INFORMATION

Have you worked for Hap Group before?

☐ **Yes** ☐ **No**

If yes,
Start Date _____ **End Date** _____
MM / DD / YYYY MM / DD / YYYY

Position _____

Reason for Leaving _____

_____

Last 3 years of residence

Address _____

City _____ **Province** _____

Country _____ **Zip 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 _____

_____

Who referred you? _____

LICENSE INFORMATION

License No. _____ **Province** _____

_____ **Expiration Date** _____
MM / DD / YYYY

Type

1. **When did you first receive your class 1(AZ) License?**
_____ **Province** _____
MM / DD / YYYY

2. **Have you ever been denied a license, permit or privilege to operator a motor vehicle?**
☐ **Yes** ☐ **No**

3. **Has any license, permit or 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**

5. **Are you currently legally authorized to work in the country to which you are applying?**
☐ **Yes** ☐ **No**

6. **Port Pass No.** _____ **Total Port hours:** _____

IF THE ANSWER TO EITHER 2, 3, 4 OR 5 IS YES, PLEASE GIVE DETAILS INCLUDING DATE

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

_____ **Date** _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce 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) ? ☐ **Yes** ☐ **No**					

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Company Name		Supervisor	Phone #	Start Date Mo. Yr.	End Date Mo. Yr.
Full Address		City	Province	Position Held	
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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)? ☐ **Yes** ☐ **No**					

* Includes vehicles that have 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.