

Beacon Transit Lines Inc.  
 11 Blair Drive  
 Brampton, ON  
 L6T 2H4



**Driver Application** Please print or type.

Surname \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Work History (Most recent employer first)**

Note: We require employment for at least 3 years and or Commercial Driving Experience for a minimum of 2 years

**Company Name/Address** \_\_\_\_\_ **Employed From/To** \_\_\_\_\_ **Position** \_\_\_\_\_  
 \_\_\_\_\_  
 Responsibilities/Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Company Name/Address** \_\_\_\_\_ **Employed From/To** \_\_\_\_\_ **Position** \_\_\_\_\_  
 \_\_\_\_\_  
 Responsibilities/Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Company Name/Address** \_\_\_\_\_ **Employed From/To** \_\_\_\_\_ **Position** \_\_\_\_\_  
 \_\_\_\_\_  
 Responsibilities/Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Driving Experience				
Class of Equipment	Type of Equipment (Van, Reefer, Tank ,etc.)	Dates		Approx. # of Miles (Total)
		From	TO	
Straight Truck				
Tractor - Semi Trailer				
Tractor – Two Trailers				
Other				

Beacon Transit Lines Inc.  
 11 Blair Drive  
 Brampton, ON  
 L6T 2H4

**ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE (Attach sheet if more space is required)**

Dates	Nature of Accident (Head-on, Rear –end, Upset, etc.)	Fatalities	Injuries

**TRAFFIC CONVICTIIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (Other than parking tickets)**

Location	Date	Charge	Penalty

- |   |     |    |
|---|-----|----|
| 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 |
| C) Are you legally eligible to work in Canada?  | YES | NO |
| D) Are you willing to work  |     |    |
| - Weekends?   | YES | NO |
| - Late or irregular hours?  | YES | NO |

**Driver Licences**

Province	Type	Expiry Date	Licence Number

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT OR OPPORTUNITY OF A BROKER CONTRACT OR MAY CAUSE TERMINATION. I FURTHER UNDERSTAND THAT THE POSITION REQUIRES A VALID DRIVERS LICENCE, PROOF THEREFORE WILL BE REQUIRED BEFORE HIRE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_