

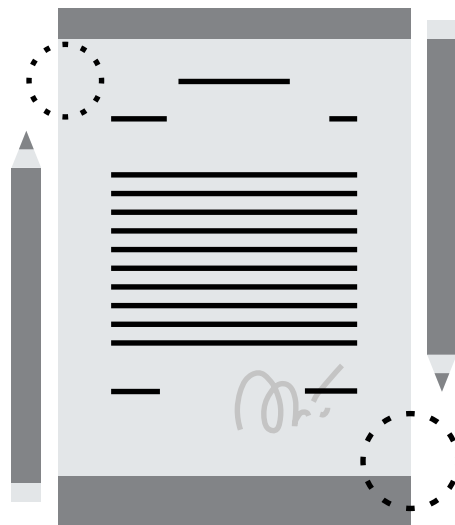
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JOLLY FARMER

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# TRANSPORT APPLICATION

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INTEGRITY, QUALITY & RELIABLE SERVICE



56 CRABBE ROAD  
NORTHAMPTON, NB E7N 1R6  
TEL: 800 695 8300  
FAX: 800 863 7814  
JOLLYFARMER.COM

T R A N S P O R T

Date Of Application: \_\_\_\_\_ S.I.N. # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Years At Above Address: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ADDRESSES FOR THE PAST 3 YEARS | Add a separate page if more space is needed.**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Years At Above Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Years At Above Address: \_\_\_\_\_

**DRIVING QUALIFICATION**

License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Province: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

YES NO

Have you ever been denied a drivers license? \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_\_

**DRIVING EXPERIENCE**

<b>Class Of Equipment</b>	<b>Type Of Equipment (van, tank, flat, etc.)</b>	<b>Date From</b>	<b>Date To</b>	<b>Approx # Of Miles</b>
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor – 2 trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

Position applying for: _____	<b>Full Time</b>	<b>Part Time</b>
Have you worked for this company before? _____	<b>Yes</b>	<b>No</b>
If yes date from: _____	Date to: _____	
Are you currently employed? _____	<b>Yes</b>	<b>No</b>
If not, how long since last employment? _____		
Have you ever been bonded? _____	<b>Yes</b>	<b>No</b>
If yes, which company? _____		

**EDUCATIONAL BACKGROUND**

Highest grade level completed: _____	Post Secondary: _____
Last school attended: _____	
City: _____	Province: _____

**PLEASE ANSWER THE FOLLOWING**

List provinces and states operated during last 5 years: \_\_\_\_\_  
\_\_\_\_\_

Courses or training that will help you as a driver: \_\_\_\_\_

**EMPLOYMENT HISTORY**

The DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown. Please list your past jobs below starting with the most recent.

**EMPLOYER 1 | Most Recent**

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

YES NO

Were you subject to FMCSR while working for this company? \_\_\_\_\_

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR part 40? \_\_\_\_\_

**EMPLOYER 2**

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

YES NO

Were you subject to FMCSR while working for this company? \_\_\_\_\_

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR part 40? \_\_\_\_\_

**EMPLOYER 3**

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

YES NO

Were you subject to FMCSR while working for this company? \_\_\_\_\_

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR part 40? \_\_\_\_\_

**ACCIDENT RECORD | Attach a second sheet if more space is needed. If none, write NONE**

Date of Accident	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries	Hazardus Material Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TRAFFIC CONVICTIONS | and forfeitures for the past 3 years (other than parking violations) If none, write NONE**

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE READ BEFORE SIGNING:**

I declare that, to the best of my knowledge and belief, the answers given in this application are true and accurate.

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

# Applicant's Statement Of Health

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position applying for: \_\_\_\_\_

**Note: This statement of health is to be completed by the applicant. If answering "yes" to any question, please give details on the lines provided.**

1. When was your last physical examination? \_\_\_\_\_

2. Have you, in the past three years, consulted a doctor or sought advice for any of the following:

**YES**                      **NO**

\*if yes, please explain below.

Dizzy spells, epilepsy, or nervous disorders? \_\_\_\_\_

Asthma, bronchitis, or lung problems? \_\_\_\_\_

High blood pressure, chest pains, heart or blood difficulty? \_\_\_\_\_

Arthritis, rheumatism, back problems, disc disease, joint or bone disorder? \_\_\_\_\_

Urine, kidney, or bladder disorder? \_\_\_\_\_

Difficulty with eyes? \_\_\_\_\_

Difficulty with ears? \_\_\_\_\_

Do you have diabetes? \_\_\_\_\_

\*How is it controlled? \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:**

I declare that, to the best of my knowledge and belief, the answers given in this Statement of Health are true and accurate.

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