

David Brown United Ltd.

761 Cambridge Road, RR #2 Cambridge, NS B0P 1G0

Phone: 902-538-8088 Fax: 902-538-8500

www.dbrownstransport.com

ARE YOU LOOKING FOR LOCAL or LONG HAUL DRIVING?

Our local driving jobs are distribution in NS, NB & PEI

Our long haul driving jobs are distribution in ON & PQ

Before you submit an application, please consider the following:

You must be at least 21 years old

APPLICATION PROCEDURE

1. Complete the attached application
2. Attach a current drivers abstract
3. Attach a RCMP criminal search record

Make sure all information is correct with current phone and fax numbers for your references

When your application is reviewed, you will be contacted. Applicants that meet the requirements will have their application held on file for six months and you **will be contacted** for an interview if a position becomes available.

Thank you for your interest.

David Brown United Ltd.

761 Cambridge Road, RR #2 Cambridge, NS B0P 1G0

Phone: 902-538-8088 Fax: 902-538-8500

www.dbrownstransport.com

Application for Employment

In compliance with Federal and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Position Applied For: Local Driver: _____ Long Haul Driver: _____

Name: _____
Last First Middle

Social Insurance #: _____

List your current address:

Current Address: _____
Street/Post Office Box

Province _____ Postal Code _____ Home Long: _____ Phone: _____

Date of Birth: _____ Can you provide proof of age? _____

Have you worked for David Browns before? _____ When: _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

This job requires hard physical labor. Is there any reason you might be unable to perform the functions of the job for which you have applied? If so, please state them here:

Yes: _____ No: _____

If yes, please explain if you wish: _____

Employment History & References

Please indicate with a "Y" next to the employers it is **OK** to contact, if for some reason you do not want us to contact the employer IE: you are currently employed there, please make "X" by the employer.

Employer

Name: _____
Address: _____
City: _____
Contact Person: _____
Phone: _____

From: _____ To: _____
Position: _____
Wage: _____
Reason for leaving: _____
Fax: _____

Employer

Name: _____
Address: _____
City: _____
Contact Person: _____
Phone: _____

From: _____ To: _____
Position: _____
Wage: _____
Reason for leaving: _____
Fax: _____

Employer

Name: _____
Address: _____
City: _____
Contact Person: _____
Phone: _____

From: _____ To: _____
Position: _____
Wage: _____
Reason for leaving: _____
Fax: _____

Employer

Name: _____
Address: _____
City: _____
Contact Person: _____
Phone: _____

From: _____ To: _____
Position: _____
Wage: _____
Reason for leaving: _____
Fax: _____

Personal References

Name: _____
Address: _____
City: _____
Phone: _____

Name: _____
Address: _____
City: _____
Phone: _____

Accident Record

Date	Nature of Accident	Fatalities	Injuries
Last Accident _____			
Next Previous _____			
Next Previous _____			

Traffic Convictions and Violations

Location:	Date:	Charge:	Penalty

Education

Circle last grade complete: 1 2 3 4 5 6 7 8 9 High School 10 11 12 College 1 2 3

Last School Attended: _____

Name	City

Experience and Qualification – Driver

Drivers License Master Number _____ Province Issued _____
Type/Class _____ Expiration Date _____

- A) Have you been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
B) Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
C) Have you received a fine or ticket for another carrier that you believe might not be satisfied, and still be outstanding against your license? Yes ___ No ___

If the answer is yes to A B or C, please attach a statement giving details.

Driving Experience

Class of Equipment	Trailer Type	Date	Approx. # of Miles
Straight Truck _____			
Tractor-Trailer _____			
Tractor-Trains _____			
Other _____			

Areas that you have operated the above equipment in:

Canada: List Provinces: _____

Special Courses – Achievements – Awards

To be read by the Applicant

This certifies that this application was completed by me and that entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended).

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

In addition, I hereby authorize David Brown United Limited to obtain copies or updates of my drivers abstract as required by various regulations.

Date: _____ Signature of Applicant: _____

OFFICE USE ONLY

Proceed Record

Applicant Hired: _____ Rejected: _____

Date Employed: _____ Point Employed: _____

Department: _____ Classification: _____

Review of Applicant

Superior Good Fair Below Average Poor Written Record on File

1. Application _____
2. Interview _____
3. Past Employment _____
4. Road Test _____
5. Criminal and
Traffic convictions _____