



## **SPADY TRANSPORT LTD.**

Unit# 159, 17735 1<sup>st</sup> Ave  
 Surrey, BC V3S 9S1  
 Tel. 604-535-1825 / 877-535-1825  
 Fax. 604-542-4605 / 866-367-6212

### **OWNER OPERATOR APPLICATION**

DATE: \_\_\_\_\_

#### **OWNER INFORMATION**

Name:	FIRST:	LAST:
Date of Birth:	Month :	Day :                      Year:
Cell phone:	Home:	
Email address:		
Sin:		
WCB#	ACTIVE AND PAID TO CURRENT:	
Emergency Contact:	Name:	Phone:

#### **CORPORATION INFORMATION**

COMPANY NAME	
COMPANY ADDRESS	
CORPORATION NUMBER	
PROVINCE OF REGISTRATION	

**TRUCK INFORMATION**

MAKE:		MODEL:	
YEAR:		VIN:	
COLOR:		HAS THIS TRUCK BEEN IN AN ACCIDENT:	
TARE WEIGHT: FULL OF FUEL		LAST MVI / EXPIRY	
REAR ENDS WEIGHT		GEAR	

**AREAS OF OPERATION:**

Are you willing to operate anywhere in North America:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what are your restrictions and why?	

Applicants initials \_\_\_\_

## DRIVER INFORMATION (A)

Name:			
Date of Birth:	Month	Day	Year
Cell phone:			
Home phone:			
Email address:			
Drivers License	Number:	Province:	Expiry:
SIN:			
Emergency Contact:	Name:	Phone:	

## RESIDENCE (provide addresses for the last three years, starting with the most current)

<b>Current Address</b> (Month/Year)		Street Address:	
As of: ___ / _____			
City:	Province/State:	Postal / Zip Code:	Country:
<b>Previous Addresses if current residence is less than three years (attach a separate sheet if necessary)</b>			
From: ___ / _____		Street Address:	
To: ___ / _____			
City:	Province/State:	Postal / Zip Code:	Country:
<b>Address</b> (Month/Year)		Street Address:	
As of: ___ / _____			
City:	Province/State:	Postal / Zip Code:	Country:

## EDUCATION

Highest level of education obtained:	
School/College/University last attended:	
Credential received:	

Driving training school:	
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### MEDICAL HISTORY

Do you have any physical limitations that would impair your ability to perform the work you have applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.		
Are you physically capable of heavy lifting and manual work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last three years, have you lost any time from work due to sickness or injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much time was lost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to take a physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been tested for drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you ever tested positive? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you permit us to contact your previous employer about your results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### DRIVING EXPERIENCE

Please check which of the following you have operated and for how long

	How long		How long
<input type="checkbox"/> Straight Truck		<input type="checkbox"/> Bus	
<input type="checkbox"/> Super B		<input type="checkbox"/> Reefer	
<input type="checkbox"/> Dry Van		<input type="checkbox"/> Flat Deck	
<input type="checkbox"/> Tanker		<input type="checkbox"/> Car	
<input type="checkbox"/> Container		<input type="checkbox"/> Other	

Have you ever driven a semi-truck or passenger bus in the mountains?	
If yes, where:	

Have you ever driven the mountains in a semi-truck or passenger bus in the snow :	
Have you ever put chains on a semi-truck?:	
Have you ever driven commercially in the winter	
If yes, where:	
In the event that your truck started to jack knife, what would you do? :	
Have you ever driven team?	
If yes, for how long?	
If yes, where did you mainly drive:	
If yes, have you ever been in an accident as a team? :	
If you have been in an accident as a team, who was driving ?	
Injuries sustained if any	

### **ACCIDENT / TRAFFIC VIOLATION RECORD**

Please provide accident and traffic violation history for the previous **5 years**.

Date	Type of accident/violation	At fault		Fine
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### **TO BE READ AND SIGNED BY THE APPLICANT**

I hereby certify that the information contained in this application is true and correct to the best of my knowledge

I understand that false or misleading information reported in my application and or interview may result in termination of employment if received.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**PLEASE FILL OUT BELOW IF YOU ARE A TEAM. DRIVER INFORMATION (B)**

Name:			
Date of Birth:	Month	Day	Year
Cell phone:			
Home phone:			
Email address:			
Drivers license	Number:	province:	expiry:
SIN:			
Emergency Contact:	Name:	Phone:	

**RESIDENCE** (provide addresses for the last three years, starting with the most current)

<b>Current Address</b> (Month/Year)		Street Address:	
As of: ___ / _____			
City:	Province/State:	Postal / Zip Code:	Country:
<b>Previous Addresses if current residence is less than three years (attach a separate sheet if necessary)</b>			
From: ___ / _____		Street Address:	
To: ___ / _____			
City:	Province/State:	Postal / Zip Code:	Country:
<b>Address</b> (Month/Year)		Street Address:	
As of: ___ / _____			
City:	Province/State:	Postal / Zip Code:	Country:

**EDUCATION**

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School/College/University last attended:	
Credential received:	

Driving training school:	
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		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

## **CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License #: \_\_\_\_\_

State/Province: \_\_\_\_\_ Expiry: \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's  
Name: \_\_\_\_\_

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

**Please list any prior driver's license**

DL#: \_\_\_\_\_ State/Province: \_\_\_\_\_