



19470 – 94th AVENUE, SURREY, BC V4N 4E5
 TELEPHONE: 800-371-0094 ■ FAX: 204-697-0275

OWNER-OPERATOR'S APPLICATION

Date: _____

Please select your preferred area of operation:

AB Regional

Eastern Regional

Western Canada

All Canada

All Canada/US

Name			
Address	Last	First	Middle
	Number and Street		Apt
Phone	City	Province	Postal Code
	Home	Cell	
Email			

Company Name

DRIVERS LICENSE			
Province	Class	Number	Expiry

ADDRESS FOR LAST THREE YEARS (if different from above)			
Number and Street			Apt
City	Province	Postal Code	

Emergency Contact:			
Name	Relationship	Phone	

Have you worked for this company before?		Yes	No
From	To		
Reason for leaving:			

Is there any reason you may be unable to perform the functions of this position?	Yes	No
Explain, (if you wish)		
Do you have a FAST card?	Yes	No

EMPLOYMENT HISTORY

Employment history must cover a total of <i>ten uninterrupted years</i> . List employers starting with the most recent and going back in chronological order. Provide an explanation for any gaps.

Company Name	Position
Start Date	End Date
Address	
Street	City Prov
Contact	Phone
Reason for leaving	
Was this position subject Federal Motor Carrier Safety Regulations (US)?	Yes No
Was this position subject to a DOT alcohol and controlled substance testing program?	Yes No

Company Name	Position
Start Date	End Date
Address	
Street	City Prov
Contact	Phone
Reason for leaving	
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Was this position subject to a DOT alcohol and controlled substance testing program?	Yes No

Each of the above entries **MUST** be complete and accurate. The information contained in this section may be used, and previous employers contacted, for the purpose of investigating your safety performance history, as required by FMCSR 391.23 (d) and (e). You have the right to review; have errors corrected by previous employers and resubmitted; and/or have a rebuttal statement attached to your application.

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Start Date		End Date	
Address			
Street		City	Prov
Contact		Phone	
Reason for leaving			
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Was this position subject to a DOT alcohol and controlled substance testing program?		Yes	No

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ACCIDENT RECORD FOR THE PAST 3 YEARS

	Date	Type of Accident	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

MOTOR VEHICLE CONVICTIONS FOR THE PAST 3 YEARS (excepting parking)

Location	Date	Charge	Penalty

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle in Canada or the United States? Yes No
- B. Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked in Canada or the United States? Yes No
- C. Have you been placed out of service in Canada or the United States because of violations regarding hours of service or vehicle condition – past 2 years? Yes No

If the answer to question A, B or C. above is yes, please give explanation below:

DRIVING EXPERIENCE

	Type of Equipment	Date From	Date To	Miles or Years
Straight Truck				
Tractor/Trailer				
A or B Trains				
Other				

List areas of operation for the last 5 years:

OTHER EXPERIENCE AND QUALIFICATIONS

LIST SAFE DRIVING AWARDS AND FROM WHOM:

EDUCATION

Highest grade completed	College/University
Last school attended	City

TRUCK INFORMATION

Make		Year		Color		Tare Wt	
Cab Over	<input type="checkbox"/>	Conventional	<input type="checkbox"/>	Wheelbase			
Date of Purchase or Lease Start				Purchase Price			
Own Trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Type				

TENOLD TRANSPORTATION’S REQUIREMENTS:

1. All Owner Operators and/or their drivers guarantee they have no outstanding tickets
2. All Owner Operators and/or their Drivers agree to drug testing as a condition of employment.
3. All Owner Operators and/or their Drivers must provide a list of all Drug and Alcohol programs they have participated in during the past three years and sign a release of information form for each previous employer.
4. All Owner Operators and/or their Drivers will be required to join CLAC.
5. This certifies that I completed this application form and that all entries on it and information in it are true and complete to the best of my knowledge. I further agree to submit to a Drug and/or Alcohol Test if required by law or company policy.

How did you hear about Tenold Transportation? _____

Signature: _____ **(*Type your full name here as a signature*)**

Date: _____

Access to personal information:

Tenold Transportation recognizes the potentially sensitive nature of the information requested and seeks to protect the privacy rights of all individuals about whom we hold personal data. Access to personal information will only be used for purposes directly related to an individual’s employment with Tenold Transportation. Any access, use, dissemination and/or disclosure of the information in a manner contrary to federal and provincial privacy laws constitutes an offence punishable by fine and/or imprisonment.