

DEC EXPRESS

INDEPENDENT CONTRACTOR APPLICATION

Date of Application: _____ Preferred Position: _____
Month/Day/Year

Name: _____ Social Insurance Number: _____

Address: _____

Previous Address: (if less than three years at present address): _____

Phone Number: (____) _____ - _____ Date of Birth: _____
Month/Day/Year

Driver License Number: _____ Prov: _____ Class: _____ Expiry Date: _____

Have you ever held a driver's license in any other province/state? Yes No

If yes, where and what is the status of that license? _____

Can you legally cross the U.S. Border? Yes No (*criminal search/passport is required*)

Are you presently employed/under contract with another company? Yes No

If no, how long since leaving last employer/termination of contract? _____

When are you available to start? _____

List any restrictions you would have working an irregular schedule: _____

VEHICLE INFORMATION

If contracted, what type of vehicle will you be driving? _____

Year: _____ Make: _____ Model: _____

Give details of vehicle {*type of fuel, equipment, modifications etc.*} _____

Name of Insurance Company: _____ Policy # _____

Do you carry Commercial Insurance? Yes No

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PHYSICAL HISTORY

Would you be willing to submit to a pre-employment medical examination: Yes No

Would you be willing to submit to a pre-employment urinalysis (substance abuse) test?

Yes No

Do you have any physical limitations which may limit your ability to perform the job applied for? _____

Are you physically capable of performing heavy manual labour? Yes No

If no to above, please explain: _____

How much lost time due to injury have you suffered in the past three years? _____

EMERGENCY RESPONSE

Emergency contact: _____ Relationship: _____

Phone (Days): _____ Evenings: _____

Do you have any medical conditions we should be aware of? _____

If unable to contact the above person, may we contact your personal doctor? Yes No

Name: _____ Telephone Number: _____

MEDICAL COVERAGE

As we are a Transborder Carrier, we require all of our drivers to be covered by out of province medical coverage. As well, you must be covered by W.S.I.B. or private medical/disability coverage.

Are you covered by W.S.LB.? Yes No

If yes, please give your account number: _____ (Please attach a copy of your certificate)

If no, are you covered under a private medical insurance policy? Yes No

Please specify name of Insurance Company: _____ Policy Number: _____

Please list coverages provided by this policy: _____

Does this program cover out-of -province medical emergencies? Yes No

**IF YOU ARE NOT COVERED BY W.S.LB. OR A PRIVATE INSURANCE POLICY YOU WILL
BE REQUIRED TO GET COVERAGE BEFORE STARTING WORK WITH DEC EXPRESS**

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EXPERIENCE, EDUCATION AND QUALIFICATIONS

All driver applicants to drive a commercial motor vehicle in interstate commerce shall provide information on all employers during the preceding 10 years. Please list all employers in reverse order, starting with the most recent.

Employer	Date
Name:	From To:
Address:	Position Held:
City: Province: Postal Code:	Salary/Wage:
Contact Person:	Phone: Reason for Leaving:

Employer	Date
Name:	From To:
Address:	Position Held:
City: Province: Postal Code:	Salary/Wage:
Contact Person:	Phone: Reason for Leaving:

Employer	Date
Name:	From To:
Address:	Position Held:
City: Province: Postal Code:	Salary/Wage:
Contact Person:	Phone: Reason for Leaving:

Employer	Date
Name:	From To:
Address:	Position Held:
City: Province: Postal Code:	Salary/Wage:
Contact Person:	Phone: Reason for Leaving:

Employer	Date
Name:	From To:
Address:	Position Held:
City: Province: Postal Code:	Salary/Wage:
Contact Person:	Phone: Reason for Leaving:

Employer	Date
Name:	From To:
Address:	Position Held:
City: Province: Postal Code:	Salary/Wage:
Contact Person:	Phone: Reason for Leaving:

Employer	Date
Name:	From To:
Address:	Position Held:
City: Province: Postal Code:	Salary/Wage:
Contact Person:	Phone: Reason for Leaving: