

Owner-Operator Application

**Please Print Clearly – All Sections Must Be Completed.
Incomplete Applications Will Not Be Processed!**

Position

Owner Operator Single
 Owner Operator Team
 Driver for Owner Operator

Personal Information

Surname:		First:		Initial:
Street Address:				
City:	Province:	Postal Code:		
Phone:	Cell:	Email:		
Drivers Licence #:		Expiry Date:	Licence Class:	
S.I.N.:				
Emergency Contact:			Phone:	
Is there any reason you might be unable to perform the functions of the job for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				
Have you ever been convicted of a crime? (Not necessarily a bar to employment) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a FAST card? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when are you available for work?		

Accidents & Convictions

Have you ever had any accidents in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates	Nature of Accident	Fatalities	Injuries
List particulars of all convictions arising out of the use, ownership or operation of any motor vehicle during the past three (3) years.			

Please rate your experience on the following listed situations:

	None	Limited	Considerable
• Flatbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Time Sensitive (Courier) Freight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Freight running under I.T. or T&E Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reefer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• P.A.R.S. clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A8A Manifests (Canadian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Inward Cargo Manifests (U.S.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Line Releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Satellite Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 OAC	College: 1 2 3 4
Last School Attended (Name):	City:

Employment History

By US DOT law we must confirm the last 3 years of employment and have knowledge of the last 10 years of employment. All time gaps must be accounted for and the reason provided (IE unemployed/self employed/military service).

Begin with your most recent employer:

1. Last/Current Employer:		Employment Dates:
Street Address:		
City:	Province:	Postal Code:
Contact:	Phone:	Fax:
Position Held:	Pay Rate: <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Mileage Rate	
Equipment Operated: <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Twin-Trailers <input type="checkbox"/> Reefer <input type="checkbox"/> Decks <input type="checkbox"/> Super B's <input type="checkbox"/> Bus <input type="checkbox"/> Vans <input type="checkbox"/> Other		
Reason for Leaving:		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Previous Employer:		Employment Dates:
Street Address:		
City:	Province:	Postal Code:

Contact:	Phone:	Fax:
Position Held:	Pay Rate: <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Mileage Rate	
Equipment Operated: <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Twin-Trailers <input type="checkbox"/> Reefer <input type="checkbox"/> Decks <input type="checkbox"/> Super B's <input type="checkbox"/> Bus <input type="checkbox"/> Vans <input type="checkbox"/> Other		
Reason for Leaving:		
3. Previous Employer:	Employment Dates:	
Street Address:		
City:	Province:	Postal Code:
Contact:	Phone:	Fax:
Position Held:	Pay Rate: <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Mileage Rate	
Equipment Operated: <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Twin-Trailers <input type="checkbox"/> Reefer <input type="checkbox"/> Decks <input type="checkbox"/> Super B's <input type="checkbox"/> Bus <input type="checkbox"/> Vans <input type="checkbox"/> Other		
Reason for Leaving:		
4. Previous Employer:	Employment Dates:	
Street Address:		
City:	Province:	Postal Code:
Contact:	Phone:	Fax:
Position Held:	Pay Rate: <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Mileage Rate	
Equipment Operated: <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Twin-Trailers <input type="checkbox"/> Reefer <input type="checkbox"/> Decks <input type="checkbox"/> Super B's <input type="checkbox"/> Bus <input type="checkbox"/> Vans <input type="checkbox"/> Other		
Reason for Leaving:		
5. Previous Employer:	Employment Dates:	
Street Address:		
City:	Province:	Postal Code:

Contact:	Phone:	Fax:
Position Held:	Pay Rate: <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Mileage Rate	
Equipment Operated: <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Twin-Trailers <input type="checkbox"/> Reefer <input type="checkbox"/> Decks <input type="checkbox"/> Super B's <input type="checkbox"/> Bus <input type="checkbox"/> Vans <input type="checkbox"/> Other		
Reason for Leaving:		

Vehicle Description

Year:	Make:	Model:	Colour:
Vehicle Mileage: <input type="checkbox"/> KMS <input type="checkbox"/> Miles			

At Atlantis you will be required to run legal log book, keep an up-to-date re-cap and satellite your hours of service in every morning by 7:00 am. Do you anticipate any problems complying with this requirement? Yes No

If yes, please describe.

What is your reason for choosing Atlantis as your place of employment?

Where did you hear about this position?

Newspaper Ad Truck Magazine Atlantis Driver Referral Web Page

This certifies that this application was completed by the undersigned, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries 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 had 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. I understand that the collection of any information is confidential and will not be used for any other purposes.

_____ Date

_____ Applicant's Signature

Internal Only Process Record

<input type="checkbox"/> Applicant Hired <input type="checkbox"/> Rejected	Start Date	Department
Approved By	Signature	Date

* If rejected, summary report of reasons should be placed in file.
