

## **REQUIRED DOCUMENTS FOR APPLICATION PROCESS:**

- Commercial Driver Abstract – obtain from MPI (not older than 30 days)
- Criminal Record Check
- Driver's license
- Valid Passport
- US Visa
- Void check
- Permanent Resident Card – if not a Canadian citizen
- SIN# - should be on application
- FAST card – if available
- Application \*please fill in all information on application form (Cell phone, email etc.)\*

**PLEASE BRING ALL DOCUMENTS TO THE OFFICE ALONG WITH  
BARTEL EMPLOYMENT APPLICATION**



| Box 669 | 405 Stampede Drive | Morris Manitoba | R0G 1K0  
| Ph. 204-746-2053 Ext. 1001 | Fax: 204-746-2892

### Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".  
This is important!

Date: \_\_\_\_\_

Check One

Contracted Driver

Company Driver

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Email address: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM / DD / YYYY)

Cell Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

#### Current & Five Years Previous Address

	Month/Year	Month/Year
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

### Employment History

Give a **Complete Record** of all employment for the past **five** years, including any unemployment or self employment.

Month/ Year	Month/ Year	Present Employer:
From: _____	To: _____	Name _____
Phone Number: ( _____ ) _____		Address _____
Position Held _____	Salary _____	Reason for Leaving _____

Month / Year                      Month / Year  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Next Previous Employer:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Month / Year                      Month / Year  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Next Previous Employer:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Month / Year                      Month / Year  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Next Previous Employer:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Month / Year                      Month / Year  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Next Previous Employer:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Month / Year                      Month / Year  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Next Previous Employer:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

## Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-Trailer			
Tractor- Two Trailers			
Other			

List states operated in for the last five years \_\_\_\_\_

Show special courses or training that will help you as a driver (Include name of driving school)

What Safe Driving Awards do you hold and from whom? \_\_\_\_\_

Accident Record for past five years (attach sheet if more space is needed)

Dates	Nature of Accident (Head on, Rear End, Upset, etc.)	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last five years (other than parking violations)

Location	Date	Charge	Penalty

Driver's Licence (list each driver's license held in the past five years)

State/Province	Licence #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a licence, permit to operate a motor vehicle?    Yes     No
- B. Has any licence, permit or privilege ever been suspended or revoked?    Yes     No
- C. Have you ever been convicted of a felony?    Yes     No

If the answer to A, B, or C is YES, give details \_\_\_\_\_

Personal References

---

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

To Be Read and Signed by Applicant

---

It is agreed and understood that any misrepresentation given above shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he may be disqualified without recourse.

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

Remarks:

---

---

---

---

---

---