



EMPLOYMENT APPLICATION

Personal Information

Full Legal Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Type of Number: _____

Email Address: _____

Have you applied with Black Eagle Transport Before: Yes No

If Yes, When? _____

Position Desired: _____

Desired Pay: _____

Work Eligibility

Are you legally eligible to work in Canada Yes No

When are you available to begin working? _____

Education

High School: _____ City: _____ Province: _____

College: _____ City: _____ Province: _____

Course of Study / Major: _____ Number of Years Completed: _____

Employment History *(To be completed for the past 3 years, if more room is required attach additional sheet)*

Company Name: _____ City: _____ Province: _____

Phone Number: _____ Job Title: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Company Name: _____ City: _____ Province: _____

Phone Number: _____ Job Title: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____



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Employment History

Company Name: _____ City: _____ Province: _____
 Phone Number: _____ Job Title: _____
 Start Date: _____ End Date: _____
 Reason for Leaving: _____

Driving Experience

Insurance requirements when operating Black Eagle vehicles:

You must be over the age of 21 and maximum of 5 demerits on current driving abstract while operating Black Eagle vehicles (half ton and 1 ton).

Initial

You must be over the age of 25 and maximum of 5 demerits on current driving abstract while operating Black Eagle Tractor Trailers.

Initial

Drivers Abstracts are pulled regularly to remain in compliance with our Insurance provider. If pulled and found to be over the allowable demerits, you may be subject to disciplinary actions up to and including termination.

Initial

Equipment History

Class of Equipment	Type of Equipment	From (date)	To (date)	Approx. # of Total KM
Tractor & Trailer				
Super B Trailers				
Pneumatic Trailers				
Tankers				

Accident Record for the Past Three Years (If more space is required, attach a separate sheet)

Date	Nature of Accident	Any Injuries, if so what kind?	Cost of Damages



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Traffic Violations and Suspensions for the past 4 years (Other than parking violations)

Location	Date	Penalty/Charge

Additional Comments

Have you ever been denied a license, permit or privilege to operate a motor vehicle? If yes, please explain on a separate page. Yes No

Has any license, permit or privilege ever been suspended or revoked? If yes, please explain on a separate page. Yes No

I do not hold any other drivers license other than the one stated on this application form. Yes No

Agreement of the Transfer of Information

I declare the information that I have provided in this application is correct, complete, and accurate to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or otherwise, may result in immediate termination of employment.

I authorize Black Eagle to verify the information provided in this application.

Applicant Print

Applicant Signature

Date