



TOLL FREE: 833-227-4600

FAX: 833-227-4601

OFFICE: 905-366-0348

OWNER OPERATOR'S APPLICATION

HOW TO APPLY

1. Download the application
Please note: Incomplete application will not be processed
Your application will be used for background and security checks
2. Fill out this application form and save as a separate file on your desktop ready to email **OR** print off this application form and fill out by hand **in clear bold capitals**.
3. Email your application package to us at: careers@cargotransport.ca **OR** fax to 1-833-227-4601 **Please note: We do not accept incomplete applications**

IMPORTANT NOTICE

This notice is a reminder of your insurer's requirements for all drivers.

In order for a driver to be hired he must meet the following underwriting criteria:

1. A current (2 months or less) driver's abstract must be supplied (M.V.R.) and C.V.O.R. driver's abstract
2. The driver must have at least two (2) years driving experience within the appropriate class
3. Letters of reference for the last three (3) years detailing all accidents and claims
4. Loss run required if the driver had a policy in the last three (3) years
5. Signed driver's application

It is of utmost importance that you conform to these obligations prior to the hiring of a new driver. Please note that your application clearly states that "it is agreed and understood that the insured is obliged to advise the insurance broker of all new drivers that will be using vehicles owned by the insured"

WHAT HAPPENS NEXT?

1. Check your data, email you regarding any omissions and submit your information for stringent security and background checks
2. Once application is approved, you will be asked for road test
3. You attend a 40-minute road test, where PTI, Hwy and backing up will be conducted.
4. After passing the road test successfully, you will be asked to come and discuss the pay package
5. You receive an email at your designated primary email address informing you of your eligibility for the program. If your status is 'Rejected' you can schedule your next interview.
6. You receive your all the documents required to operate truck by hand in the office



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TRUCK(S) INFORMATION

TRUCK MAKE	MODEL	YEAR	CONDITION

DRIVER INFORMATION

First name :	<input type="text"/>	Surname :	<input type="text"/>
Address :	<input type="text"/>		
City :	<input type="text"/>	Province :	<input type="text" value="Alberta"/>
		Postal code :	<input type="text"/>
Driver's licence # :	<input type="text"/>	Date of birth : (dd/mm/yyyy)	<input type="text"/>
Current licence class and category :	<input type="text"/>	Date of receipt : (dd/mm/yyyy)	<input type="text"/>
Years of experience with current class / category :	<input type="text"/>		
Years of experience driving in the U.S.A. :	<input type="text"/>		

PRIOR INSURANCE COMPANY EXPERIENCE INFORMATION (if applicable)

List of details of the driver's prior insurer (if driver had his own insurance policy).

Effective date (dd/mm/yyyy)	Expiry date (dd/mm/yyyy)	Policy No.	Insurance company



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TRUCKING COMPANY EMPLOYMENT INFORMATION

Minimum 3 years must be provided

Current employer

Company name :

Address :

City : Province : Postal code :

Supervisor's name : Business phone :

Type of vehicle(s) driven:

Employment start date : (dd/mm/yyyy) Employment end date : (dd/mm/yyyy)

Name of insurance company & policy no. (if known) :

Previous employer

Company name :

Address :

City : Province : Postal code :

Supervisor's name : Business phone :

Type of vehicle(s) driven:

Employment start date : (dd/mm/yyyy) Employment end date : (dd/mm/yyyy)

Name of insurance company & policy no. (if known) :



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Previous employer

Company name :

Address :

City : Province : Postal code :

Supervisor's name : Business phone :

Type of vehicle(s) driven:

Employment start date : (dd/mm/yyyy) Employment end date : (dd/mm/yyyy)

Name of insurance company & policy no. (if known) :

Previous employer

Company name :

Address :

City : Province : Postal code :

Supervisor's name : Business phone :

Type of vehicle(s) driven:

Employment start date : (dd/mm/yyyy) Employment end date : (dd/mm/yyyy)

Name of insurance company & policy no. (if known) :



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Previous employer

Company name :

Address :

City : Province : Postal code :

Supervisor's name : Business phone :

Type of vehicle(s) driven:

Employment start date : (dd/mm/yyyy) Employment end date : (dd/mm/yyyy)

Name of insurance company & policy no. (if known) :

Previous employer

Company name :

Address :

City : Province : Postal code :

Supervisor's name : Business phone :

Type of vehicle(s) driven:

Employment start date : (dd/mm/yyyy) Employment end date : (dd/mm/yyyy)

Name of insurance company & policy no. (if known) :



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LIST ANY DRIVER TRAINING AND/OR SPECIAL TRAINING

(i.e. Hazardous goods training, etc.)

1.	
2.	
3.	
4.	

CLAIMS

Please list all claims in the last three (3) years (auto, cargo, commercial general liability) or

Claims free, please check: C]

Date (mm/dd/yyyy)	Circumstances	o/o Liability	Amount paid

Please provide other pertinent details:



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DRIVER'S CONSENT

I hereby authorize the insurer and its authorized agents to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud.

This consent form is valid for the policy period, all extensions and renewals of the contract, as well as any other general insurance contract required or offered to the undersigned.

X	X
_____ Owner Operator's Signature	_____ Date (dd/mm/yyyy)
_____ Print Name	