



Fast Lane Transport & Hot Shot
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CONFIDENTIAL DRIVER APPLICATION FORM

DRIVER INFORMATION

PLEASE PRINT CLEARLY

Date (M/D/Y): _____

First Name: _____

Last Name: _____

Company Name: _____

Address: _____

City: _____ Province: _____ P Code: _____

Start Date (M/D/Y): _____ Birth Date (M/D/Y): _____

Cell Phone: _____ Fax Ph: _____

Home Phone: _____ Email: _____

Emerg. Contact Name: _____ Emerg. Contact #: _____

POLICIES & LICENSES INFORMATION

Driver Unit #: _____ CRA BN or SIN if Driver is not Incorporated: _____

WCB #: _____ Driver Lic: _____ Lic Plate: _____

Insurance Co: _____ Policy #: _____

VEHICLE INFORMATION

Equipment Description: _____ Vehicle Description: _____

(box truck, deck truck, deck size, trailer size, etc)

(make, year, type, etc)

Max Weight Capacity: _____

Maximum Length Capacity: _____

HISTORY

Last Employer and location	From	YYY/MM/DD	To		YYY/MM/DD
Supervisor Contact	Position Held				

LIMITATIONS

Days of the week, or hours of the day you are unavailable for work: _____

Are you able to lift heavy weights? _____

Comments: _____