Applicant name: _____ Initials: _____

Etlas Freight USA Inc.
2314 CASSOWARY LN, APEX, NC 27523
Tel: 519-979-2888
info.usa@etlasfreight.com
MC #1490941 DOT #3981607

DRIVER'S APPLICATION FOR EMPLOYMENT

For applicants in the United States · Complete in pen and return to us

HOW TO COMPLETE THIS FORM

- Use a **black or blue pen** and please print clearly.
- Write every date as **YYYY-MM-DD** — for example, 2026-03-09 is the ninth of March, 2026.
- Account for **every month of the last 10 years** of employment. If there is a gap, say what you were doing in the gaps table.
- If a question does not apply to you, write **N/A** rather than leaving it blank.
- Sign and date **both** signature blocks — the authorization on page 3 and the certification on page 10.
- Keep the pages in order and send us all 11 pages.

WHERE TO SEND THIS FORM

Email a scan to: safety.usa@etlasfreight.com

Or mail it to: 2785 E Grand Blvd, Unit 416, Detroit, MI 48211

Questions? Call us on 519-979-2888 and we will walk you through it.

OFFICE USE ONLY

Date received	Received by	How it arrived
_____	_____	☐ Email ☐ Mail ☐ In person

Equal Employment Opportunity: Etlas Freight USA Inc is committed to providing equal employment opportunities to all individuals without regard to race, colour, religion, national origin, sex, age, disability, or any other characteristic protected by applicable law.

Applicant name: _____ Initials: _____

POSITION APPLIED FOR

☐ Company Driver ☐ Owner Operator ☐ Driver of Owner Operator

PERSONAL INFORMATION

Full Legal Name

_____

Date of Birth

_____
YYYY-MM-DD

Phone Number

_____

Email Address

_____

Social Security Number (SSN)

_____

Current Address

Unit / Apt

_____

Street Address

_____

City

_____

State

_____

ZIP Code

_____

ADDRESS HISTORY

List every address you have lived at for the **past 3 years**, most recent first. Required by 49 CFR 391.21.

	From YYYY-MM-DD	To YYYY-MM-DD	Street Address	City	State / ZIP Code
Previous Address 1					
Previous Address 2					
Previous Address 3					

WORK ELIGIBILITY

Are you legally entitled to work in the United States? ☐ Yes ☐ No

AUTHORIZATION AND RELEASE

To be read and signed by the applicant.

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 has 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 information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer.
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Authorization Signature	**Print Full Name**	**Date Signed**
_____	_____	_____ YYYY-MM-DD

EMPLOYMENT HISTORY

List every employer for the **past 10 years**, most recent first, starting with your present or last job. You must **account for every month**: any period you were not working for an employer listed here goes in the gaps table on page 8. Required by 49 CFR 391.21.

Employer 1

Employer / Company Name | **Contact Person and Phone**

Employer Address | **Position Held**

Employed From (YYYY-MM-DD) | **Employed To** (YYYY-MM-DD) | **Reason for Leaving** | **Wage / Rate**

Subject to FMCSRs? ☐ Yes ☐ No Subject to DOT Drug and Alcohol Testing? ☐ Yes ☐ No GVWR Over 26,000 lb? ☐ Yes ☐ No

Employer 2

Employer / Company Name | **Contact Person and Phone**

Employer Address | **Position Held**

Employed From (YYYY-MM-DD) | **Employed To** (YYYY-MM-DD) | **Reason for Leaving** | **Wage / Rate**

Subject to FMCSRs? ☐ Yes ☐ No Subject to DOT Drug and Alcohol Testing? ☐ Yes ☐ No GVWR Over 26,000 lb? ☐ Yes ☐ No

EMPLOYMENT HISTORY (CONTINUED)

Employer 3

Employer / Company Name | **Contact Person and Phone**

_____ | _____

Employer Address | **Position Held**

_____ | _____

Employed From | **Employed To** | **Reason for Leaving** | **Wage / Rate**

_____ YYYY-MM-DD | _____ YYYY-MM-DD | _____ | _____

Subject to FMCSRs? ☐ Yes ☐ No Subject to DOT Drug and Alcohol Testing? ☐ Yes ☐ No GVWR Over 26,000 lb? ☐ Yes ☐ No

Employer 4

Employer / Company Name | **Contact Person and Phone**

_____ | _____

Employer Address | **Position Held**

_____ | _____

Employed From | **Employed To** | **Reason for Leaving** | **Wage / Rate**

_____ YYYY-MM-DD | _____ YYYY-MM-DD | _____ | _____

Subject to FMCSRs? ☐ Yes ☐ No Subject to DOT Drug and Alcohol Testing? ☐ Yes ☐ No GVWR Over 26,000 lb? ☐ Yes ☐ No

EMPLOYMENT HISTORY (CONTINUED)

Employer 5

Employer / Company Name | **Contact Person and Phone**

Employer Address | **Position Held**

Employed From (YYYY-MM-DD) | **Employed To** (YYYY-MM-DD) | **Reason for Leaving** | **Wage / Rate**

Subject to FMCSRs? ☐ Yes ☐ No Subject to DOT Drug and Alcohol Testing? ☐ Yes ☐ No GVWR Over 26,000 lb? ☐ Yes ☐ No

Employer 6

Employer / Company Name | **Contact Person and Phone**

Employer Address | **Position Held**

Employed From (YYYY-MM-DD) | **Employed To** (YYYY-MM-DD) | **Reason for Leaving** | **Wage / Rate**

Subject to FMCSRs? ☐ Yes ☐ No Subject to DOT Drug and Alcohol Testing? ☐ Yes ☐ No GVWR Over 26,000 lb? ☐ Yes ☐ No

EMPLOYMENT HISTORY (CONTINUED)

Need more room? Please **photocopy this page** before you start writing, fill in the extra copies, and send them with the form.

Employer 7

Employer / Company Name | **Contact Person and Phone**

Employer Address | **Position Held**

Employed From (YYYY-MM-DD) | **Employed To** (YYYY-MM-DD) | **Reason for Leaving** | **Wage / Rate**

Subject to FMCSRs? ☐ Yes ☐ No Subject to DOT Drug and Alcohol Testing? ☐ Yes ☐ No GVWR Over 26,000 lb? ☐ Yes ☐ No

Employer 8

Employer / Company Name | **Contact Person and Phone**

Employer Address | **Position Held**

Employed From (YYYY-MM-DD) | **Employed To** (YYYY-MM-DD) | **Reason for Leaving** | **Wage / Rate**

Subject to FMCSRs? ☐ Yes ☐ No Subject to DOT Drug and Alcohol Testing? ☐ Yes ☐ No GVWR Over 26,000 lb? ☐ Yes ☐ No

PERIODS NOT COVERED BY AN EMPLOYER ABOVE

Every month of the last ten years has to be accounted for. If you were unemployed, at school, ill, or self-employed, say so here.

From YYYY-MM-DD	**To** YYYY-MM-DD	**What you were doing**

LICENCES HELD IN THE LAST 3 YEARS

List **every** driver's licence and permit you have held in the last three years, including ones that have expired or been replaced.

Issuing State	**Licence Number**	**Class / Type**	**Endorsements**	**Licence Expiry Date** YYYY-MM-DD

Applicant name: _____ Initials: _____

LICENCE DECLARATIONS

Have you ever been denied a licence or permit? ☐ Yes ☐ No

Details of Denial

Has any licence ever been suspended or revoked? ☐ Yes ☐ No

Details of Suspension or Revocation

ACCIDENT RECORD — LAST 3 YEARS

☐ No accidents in the last 3 years. Tick this box and leave the table empty.

Date of Accident YYYY-MM-DD	Nature of Accident	Injuries	Fatalities	Hazmat Spill

TRAFFIC CONVICTIONS — LAST 3 YEARS, EXCLUDING PARKING

☐ No traffic convictions in the last 3 years. Tick this box and leave the table empty.

Date of Conviction YYYY-MM-DD	Offence / Charge	Location	Penalty

Applicant name: _____ Initials: _____

DRIVING EXPERIENCE

Class of Equipment	Driven	Vehicle / Trailer Type	Dates Driven YYYY-MM-DD	Approx. Total Miles / Km
Straight Truck	☐			
Tractor/Semi	☐			
Two-Trailer	☐			
Three-Trailer	☐			
Motorcoach	☐			

Provinces / States Operated In

_____

Special Training / Certifications

_____

Safe Driving Awards

_____

Highest Level Completed

_____

Name of School

_____

CERTIFICATION

I certify that all information provided in this application is true, correct, and complete. I understand that false statements may be grounds for rejection of my application or, if employed, for immediate discharge.

Certification Signature

_____

Print Full Name

_____

Date Signed

_____
YYYY-MM-DD

Applicant name: _____ Initials: _____

SENDING THE FORM BACK

Please check that you have signed and dated **both** signature blocks, that every month of the last ten years is accounted for, and that all 11 pages are in the envelope or the scan.

WHERE TO SEND THIS FORM

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Or mail it to: 2785 E Grand Blvd, Unit 416, Detroit, MI 48211

OFFICE USE ONLY

Application number _____

Keyed in by _____

Date keyed _____ YYYY-MM-DD

Matched driver record _____

Scan filed on the driver profile

☐ Yes ☐ Not yet