



41 Westside Drive Tel: +1 (416) 622-2300
 Etobicoke, ON +1 (866) 400-7700
 M9C 1B3, Canada Fax: +1 (416) 622-2301

Driver Application Profile

Husky Transport Inc.

Driver Information

First Name:			Last Name:		
Street Address:				Date of Birth (mm/dd/yyyy):	
City:		Province:		Postal Code:	
Phone #:		Mobile #:		Fax #:	
Language preference (please select one or more of the following)					
English: Spoken <input type="checkbox"/> / Read <input type="checkbox"/>		French: Spoken <input type="checkbox"/> / Read <input type="checkbox"/>		Other (specify):	
Highest level of education completed					
High School <input type="checkbox"/>		College <input type="checkbox"/>		University <input type="checkbox"/> Other (specify):	
Position applied for					
Owner Operator <input type="checkbox"/>		Company Driver <input type="checkbox"/>		Student Driver <input type="checkbox"/> Other:	

Driving Experience

License #:		License Class:		Date Obtained (mm/dd/yyyy):	
Years experience under your current class of license					
Years of U.S. commercial driving experience					
Average round trip distance for the past 3 years					
States most often driven to during this time					

Employment Information (Minimum 3 year history required.)

Most recent employer					
I am currently employed with this company <input type="checkbox"/>			I grant permission to contact my current employer <input type="checkbox"/>		
Company Name:				Employment Date:	
Address:				Departure Date:	
Supervisor's Name:				Phone #:	
Commodities most often hauled for this employer:					
Reefer <input type="checkbox"/>		Dry Van <input type="checkbox"/>		Flatbed <input type="checkbox"/> Other (specify):	
Previous employer A					
Company Name:				Employment Date:	
Address:				Departure Date:	
Supervisor's Name:				Phone #:	



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Commodities most often hauled for this employer:			
Reefer <input type="checkbox"/>	Dry Van <input type="checkbox"/>	Flatbed <input type="checkbox"/>	Other (specify):
Previous employer B			
Company Name:		Employment Date:	
Address:		Departure Date:	
Supervisor's Name:		Phone #:	
Commodities most often hauled for this employer:			
Reefer <input type="checkbox"/>	Dry Van <input type="checkbox"/>	Flatbed <input type="checkbox"/>	Other (specify):
Previous Employer C			
Company Name:		Employment Date:	
Address:		Departure Date:	
Supervisor's Name:		Phone #:	
Commodities most often hauled for this employer:			
Reefer <input type="checkbox"/>	Dry Van <input type="checkbox"/>	Flatbed <input type="checkbox"/>	Other (specify):

Claims History (List all accidents you have been involved in for the past 3 years, regardless of fault.)

Date of accident	Description and Location	Percent fault	Total amount paid

I certify that I personally completed this application and that all of the information is true and correct. I authorize *Markel Insurance Company of Canada* to do a complete background investigation in accordance with provincial and federal laws. I authorize my previous employers to release any information requested by *Markel Insurance Company of Canada* and hold them harmless of all liability from the release of said information.

 Applicant's signature

 Date of application

 Please print name