

OWNER OPERATOR PROFILE FOR SERVICES



Date:	Vehicle Type	Date Available to Start Orientation
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Personal Information

Last Name	Given Name	Middle Name
Street Address	City	Province
Home Phone #	Business Phone #	Postal Code

Previous Address (if resident at current address for less than 3 years)

Street	City, Province, Postal Code	How Long?
Street	City, Province, Postal Code	How Long?

Social Insurance Number: _____

1. Are you legally eligible to work in Canada? Yes No

2. Have you provided services for this company before?..... Yes No

If Yes, Where? _____ Dates: From: _____ To: _____

Service Provided (or position held): _____

Reason for leaving: _____

3. Are you currently contracted or employed? Yes No

If not, how long since leaving last contract/employment? _____

4. Who referred you? _____

5. Are you fully capable of performing the duties required for the services you are providing? Yes No

If not, please explain: _____

6. Next of Kin: _____ Address: _____

Relationship _____ Address: _____

Phone Numbers: _____

Residential

Cellular

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Contract/Employment History

All applicants must provide the following information on all contractors/employers during the preceding 10 years. (3 years for non-regulated vehicles)
List all previous contractors/employers in reverse order, starting with the most recent. Add another sheet if necessary.

Contractor/Employer: _____

Address: _____

City _____ Province: _____ Postal Code: _____

Supervisor: _____ Phone Number: _____

Dates From: _____ To: _____

Service Provided/Position Held: _____ Salary/Payment: _____

Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Contractor/Employer: _____

Address: _____

City _____ Province: _____ Postal Code: _____

Supervisor: _____

Dates From: _____ To: _____

Service Provided/Position Held: _____ Salary/Payment: _____

Reason for Leaving: _____

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City _____ Province: _____ Postal Code: _____

Supervisor: _____ Phone Number: _____

Dates From: _____ To: _____

Service Provided/Position Held: _____ Salary/Payment: _____

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Accident Record For Past 3 Years or More (Write N/A if there were none)

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Date	Nature of Accident (Head on, Rear End, Upset, Backing, etc)	Fatalities	Injuries

Traffic Convictions and Forfeitures For Past 3 Years or More (Other than Parking Violations)

Date	Location (City, Province, State)	Charge	Penalty, Demerits Points

A. Have you ever been denied a licence, permit or privilege to operate a motor vehicle?

Yes No

B. Has any licence, permit or privilege ever been suspended or revoked?

Yes No

If yes please give details.

OWNER OPERATOR QUALIFICATIONS

Licence Information

Province	Licence Number	Class	Expiration Date

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Driving Experience

Class of Equipment Driven	Check P	Dates		Distance Traveled
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Train Trailers				
Other (Car, Pick-Up, SUV etc)				

Vehicle Information:

Please provide information regarding the vehicle/equipment you will be utilizing at Dynamex

Class of Equipment Driven	Color, Year, Make, Model	Odometer Reading

Overall Condition of the vehicle? Excellent Good Fair Poor

Please describe any modifications made to the vehicle: _____

List Provinces, States, or Territories operated in for the past 5 (five) years: _____

List special courses or training that will help you as an Owner Operator: _____

Which safe driving awards do you hold and from whom? _____

Education

List the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College/University _____ Degree/Diploma _____

PLEASE READ AND SIGN

This certifies that I have completed this Profile to provide services and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize) - _____ to make investigations and inquiries of my personal, financial, or medical history and other related matters as necessary to arrive at a decision. I hereby release contractors/employers, schools, or persons from all liability in responding to inquiries in connection with this profile to provide services. I understand that if operating a regulated Commercial Motor Vehicle in the USA affords me the right under the Federal Motor Carrier Safety Regulations to review information provided by previous employers and to correct that information. Attached is Part 391.23 of the FMCSR with the details. I understand that false or misleading information given in this profile to provide services may result in an immediate cancellation of contract. I also understand that I am required to abide by all Dynamex policies, procdures and regulations as permitted by law.

Owner Operator Signature

Date

For Internal Use Only

To be Interviewed? Yes No

Authorized Signature

Date