

DRIVER EMPLOYMENT APPLICATION



LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS		PHONE NUMBER
PREVIOUS ADDRESS (IN CANADA IN LAST 12 MONTHS)		
DRIVER'S LICENCE #	EXPIRY DATE	CLASS OF LICENCE

EDUCATION

HAS YOUR LICENCE EVER BEEN SUSPENDED? YES NO DETAILS:

HAS ANY INSURANCE COMPANY DECLINED, REFUSED TO RENEW, REQUIRED ADDITIONAL PREMIUM OR IMPOSED ANY SPECIAL TERMS? YES NO

DETAILS:

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MAY AFFECT YOUR DRIVING ABILITY (E.G., DIABETES, HEARING/VISION LOSS)? YES NO

DETAILS:

(IF APPLICABLE) ARE YOU BONDABLE? YES NO

NAME YOUR THREE PREVIOUS EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	PLACE	POSITION
1.				
2.				
3.				

STATE DRIVING EXPERIENCE

TYPE OF VEHICLE	TRANSMISSION
1.	
2.	

CAN YOU PROVIDE ABSTRACTS OF YOUR DRIVING RECORD ON REQUEST? YES NO

AUTOMOBILE COLLISIONS DURING LAST THREE YEARS

DATE	PLACE	DAMAGE	DESCRIPTION OF ACCIDENT
1.			
2.			
3.			

LIST PARTICULARS OF ALL CONVICTIONS ARISING OUT OF THE USE, OWNERSHIP OR OPERATIONS OF ANY MOTOR VEHICLE DURING THE PAST THREE YEARS.

1.
2.
3.

INTERVIEWED BY:

DATE:

SIGNATURE:

TO BE COMPLETED AFTER HIRING ONLY

DATE OF BIRTH: DD MM YYYY	HEIGHT	WEIGHT	HOSPITALIZATION #
STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWER <input type="checkbox"/> WIDOW			
PERSON TO CONTACT IN CASE OF EMERGENCY	PHONE NUMBER		

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DRIVER RECORD

COMPANY EMPLOYMENT RECORD			MEDICAL	

ROAD TESTS			SAFETY TRAINING/ENDORSEMENTS	

COLLISION AND CARGO LOSS RECORD

DATE	VEHICLE INVOLVED	TYPE OF LOSS	PREVENTABLE		DIRECT COSTS
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CUSTOMER COMPLAINTS AND COMPLIMENTS

CUSTOMER COMPLAINTS AND COMPLIMENTS			ACTIONS	

OTHER COMMENTS

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