

Position applying for:

Owner Operator (Van ___ Tandem ___ Heavy ___ or Company Driver ___)

Please Print Date: _____

NAME: _____ D/L #: _____

STREET: _____ APT: _____ S.I.N. _____

CITY: _____ PROV. /STATE: _____ POSTAL CODE: _____

PHONE: HOME: _____ MOBILE: _____ PAGER: _____

Employment History

Company Name / Address	Supervisor Name	Phone #	Start Date	Finish Date
1				

Reason for leaving:

2				

Reason for leaving:

3				

Reason for leaving

	CIRCLE	YES	OR NO
Have you participated in a random drug testing program?		Yes	No
Are you bondable?		Yes	No
Do you have cross border experience/ and familiar with Canada/ U.S. Customs Procedures?		Yes	No
Are you able to enter the USA?		Yes	No
Do you give us permission to contact your previous employer(s)?		Yes	No

If you are an owner operator please provide the following:

Truck Information	Type:	Econo	Van	Stake	Tractor
Details:	Make	Model	Year		
Trailer Type and # of axles:	Rack & Tarp		Roll Kit	Flat Bed/Drop Deck	

Signature: _____

LASER'S FAX # 519-945-4783

APPLICANT INFORMATION

# L104	Rev.	1:6	Date:	01/08/04
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**Laser Transport Inc
3380 Wheelton Dr
Windsor, Ontario.
N8W 5A7**

Please be sure to fill-out and return this release

I Hereby authorize you to release the following information to LASER TRANSPORT INC. for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicants Name: _____
(PLEASE PRINT)

X
(Date) (Applicants Signature)