

**DDADD**  
Inc.  
Drivers Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Are you legally allowed to work in Canada? Yes No

Do you have a criminal record of any kind? Yes No

Do you have valid driver insurance for your vehicle? Yes No

Do you hold a full class "G" license? Yes No

Can you drive both Standard and Automatic Transmission? Yes No

Do you have a driving partner? Yes No

What Shifts are you available for?

Sun(8pm-2:30am) \_\_\_\_\_ Mon(8pm-2:30am) \_\_\_\_\_ Tues(8pm-2:30am) \_\_\_\_\_

Wed(8pm-2:30am) \_\_\_\_\_ Thurs(8pm-2:30am) \_\_\_\_\_

Fri(8pm-3am) \_\_\_\_\_ Sat(8pm-3am) \_\_\_\_\_

The information on the application is true and correct to the best of my knowledge.

Please sign below if you would like to be considered for a position with DDADD Inc. You will be advised within five working days if a position will be offered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date