

Drive your Career Choice



**Manitoba
Public Insurance**

Entry Level Professional Truck Driver Training Program YOUR APPLICATION

Thank you for your interest in our program.
Below, you'll find out if you qualify, how to apply,
and what you'll need to do if you're accepted.

To qualify, you must:

- be a Canadian Citizen or Permanent Canadian Resident living in Manitoba
- be 18 or older, if driving only in Canada
- be 21 or older and meet medical requirements, if driving in the U.S.
- have a valid Manitoba Class 1 Learner's Licence
- not qualify for other help with your tuition (such as from a government, disability or benefit plan)

To apply, you'll need:

- a Commercial Driver Record (abstract) within the last 60 days.
Get yours from any Driver and Vehicle Licensing Service Outlet, or call (204) 985-0980, or toll-free 1-866-323-0543 for further information.
- a Criminal Record Search within the last 60 days.
Get yours from the Public Safety Building at 151 Princess Street in Winnipeg, or from any RCMP office.
- a valid Manitoba Class 1 Learner's Licence.
Find out how to get yours, by calling 985-7000 or 1-800-665-2410. Or visit mpi.mb.ca
- visit an Employment Manitoba Centre to determine your eligibility, obtain a referral letter and complete the truck driver aptitude assessment. Please bring your Manitoba driver's license with you for identification purposes.
Find out which Centre is closest to you by calling 1-866-332-5077 or visit Manitoba.ca/employment

How to apply

1. Fill out the application form.
2. Attach:
 - your original Commercial Driver Record (abstract)
 - your original *Criminal Record Search*
 - a photocopy of your Manitoba Class 1 Learner's Licence
 - your original referral letter from the Employment Manitoba Centre verifying your eligibility
3. Mail or deliver your application package in-person to:

Entry Level Professional Truck Driver Training Program

ATTN: Program Administrator
25 Bunting Street
Winnipeg, MB R2X 2P5

Ph: 204-632-6600 Toll Free: 1-866-820-1317
Fax: 204-694-7134

If you're accepted...

You'll need to confirm:

- a trucking firm insured by our Special Risk Extension Department has hired you and is providing your on-the-job training and mentoring upon successful completion of the trucking driver school training.
- you're enrolled in an approved training school for truck drivers.

Then, you must:

- agree to work for a trucking firm insured by our Special Risk Extension Department for two years
- sign an indemnity agreement to reimburse MPI tuition paid on your behalf if you do not successfully complete the program

Personal Data *(please print)*

Full legal name:

FIRST

MIDDLE

LAST

Address:

APT. #

STREET

City/Town:

Postal Code:

Res. Telephone No.:

Bus. Telephone No.:

Cell No.:

E-mail:

How do you wish to be addressed in any correspondence? Mr. Mrs. Miss MsAre you a Manitoba resident? Yes No How long: _____

Date of birth:

YEAR

MONTH

DAY

Social Insurance Number: _____

Manitoba Driver's Licence Number: _____

Customer Number *(found on your Manitoba Driver's Licence)*: _____Why are you interested in becoming a professional truck driver?

_____How did you hear about this program?

_____Have you or are you currently receiving any disability insurance benefits, Worker's Compensation benefits (WCB) or other benefits similar in nature? Yes NoIf Yes, please explain, including what type of benefits and how long you have been on them:

Do you have any condition(s) that may interfere with performing the duties of a professional long haul truck driver?

 Yes NoIf Yes, please explain:

_____**If your application is approved, please speak with your potential employer (trucking firm) to determine if you have a medical condition that may limit your ability to drive a commercial vehicle in the U.S.**

Education *(Only identify education that you successfully completed)***SECONDARY SCHOOL**

Highest grade or level completed: _____

Type of certificate or diploma received: _____

Year completed: _____

COMMUNITY COLLEGEName of program: _____

Length of program: _____

Year completed: _____

Diploma or certificate received: **Yes** **No**Other courses, workshops or seminars: _____

_____**BUSINESS, TRADE OR TECHNICAL SCHOOL**Name of course: _____

Length of course: _____

Year completed: _____

Licence, certificate of diploma awarded: **Yes** **No****UNIVERSITY**

Years attended: _____

Year completed: _____

Degree awarded: _____

Major subject: _____

Licences, certificates, degrees: _____

_____**Skills**

Please list relevant work related skills

Remember to attach:

- a copy of your Manitoba Class 1 Learner's Licence
- your (original) Commercial Driver Record (abstract)
- your *Criminal Record Search* (original)
- your referral letter from the Employment Manitoba Centre (original)

I am a Canadian Citizen or Permanent Canadian Resident living in Manitoba and I am legally entitled to work in Canada. I have completed this application voluntarily and the information provided is true and correct. If I have given any untrue information, I realize it may disqualify me from this program. To my knowledge, I am not eligible for tuition funding from any other program.

I authorize Manitoba Public Insurance to share all my program related information including this application (and its enclosures), job fit assessment reports and details, program evaluation reports, as well as other information as required for this program as deemed by Manitoba Public Insurance with:

- participating trucking firms
- approved driving schools
- The Manitoba Trucking Association

Signature: _____

Date: _____

Tuition Funding Agreement**What we will do**

- Pay all your program tuition, but no other costs.

What you must do to get—and keep—your funding

- Meet all the conditions of the truck-training program.
- Complete the truck-training program successfully: no less than 80 hours in-class, 40 hours in-lab and 120 hours in-truck.
- Complete all evaluations we ask you to complete.
- Sign a contract to drive for a trucking firm insured by our Special Risk Extension (SRE) Department, starting when you begin on-the-job training. You must meet this contract for no less than 2 years of full-time employment.

- Finish your on-the-job training, mentoring and 2 year employment commitment successfully, with a trucking firm insured by our SRE Department.
- If you're moving to another trucking firm, you've been let go, or you've resigned, tell the Program Administrator.
- Let us use any of your personal information we collect as part of the program:
 - for any reason related to your participation in the program, or
 - to help us run the program.

You must repay us all your tuition costs if...

- You don't complete the program or you otherwise fail to meet its requirements.

Signature: _____

Date: _____