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|--|--|---|
| <input type="checkbox"/> Edge Transportation Services Ltd. | <input type="checkbox"/> Kindersley Transport Ltd. | <input type="checkbox"/> STG Fleet Services             |
| <input type="checkbox"/> Harv Wilkening Transport Ltd.     | <input type="checkbox"/> PMK Logistics Inc.        | <input type="checkbox"/> Tiger Courier Inc.             |
| <input type="checkbox"/> Hi Tech Express Inc.              | <input type="checkbox"/> Quill Transport Ltd.      | <input type="checkbox"/> Triangle Freight Services Ltd. |

Corporate Human Resources Department, 2411 Wentz Avenue, Saskatoon, Saskatchewan S7K 3V6

**APPLICATION FOR EMPLOYMENT**  
(Please use ink and print all names)

**Personal Information**

Name	_____		
	Last	First	Middle
Current Address	_____		
	Street	City	Province Postal Code
	Phone ( )	How Long _____	
Previous Addresses (3 Years)	_____		
	Street	City	Province Postal Code
			How Long _____
	_____		
	Street	City	Province Postal Code
			How Long _____
	_____		
	Street	City	Province Postal Code

**Application Information**

Date of Application _____	Position(s) Applied For _____
How were you referred to the Company?	
<input type="checkbox"/> Radio	<input type="checkbox"/> Magazine <input type="checkbox"/> Sign <input type="checkbox"/> Referral <input type="checkbox"/> Jobsite - Specify _____
	<input type="checkbox"/> Other _____
Have you worked for the Company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
Are you employed now?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, how long since your last employment? _____
Is there any reason you might be unable to perform the functions of the job for which you have applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain if you wish _____	
_____	
_____	

**Emergency Contact**

Who should be contacted in case of emergency?			
Name	_____		Phone ( ) _____
Relationship To Employee _____			
Address	_____		
	Street	City	Province Postal Code

### Education and Training

Trade or Special Training	Name of Course	From (Month/Year)	To
Name of College or University Attended	From (Month/Year)	To	Standing or Degree Attended

Do you have any conditions or physical disabilities which will affect your ability to perform any of the functions of the job for which you have applied?     Yes     No

If yes, what functions can you not perform and what accommodations could be made which would allow you to do the work adequately?

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Have you ever received Worker's Compensation Benefits?     Yes     No

If yes, for what reason? \_\_\_\_\_

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Have you ever been convicted of any charge that you have not received both a Canadian and U.S. Pardon for?     Yes     No

If yes, explain. \_\_\_\_\_

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### Driver's License Information

Driver's Licenses	State/Province	License Number	Type of License	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes (attach a statement giving details)     No

Has any license, permit or privilege ever been suspended or revoked?

Yes (attach a statement giving details)     No

## Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date	To	From	Approximate Number of Miles (Total)
Straight Truck					
Tractor & Semi-Trailer					
Overlength / LCV / EEMV / Combination					
Other					
List States/Provinces operated in for the last five years. _____					
Show special courses or training that will help you as a driver. _____					
Which safe driving awards to you hold and from whom? _____					

### Please rate your experience on the below listed situations

0 – No experience in this situation

2 – Considerable experience in this situation

1 – Limited experience in this situation

3 – Have done this on a regular basis for at least 3 – 5 years

Automatic Transmission	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Standard Transmission - 18 Speed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Standard Transmission - 13 Speed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Canadian Rocky Mountain Experience	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U.S. Experience	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
International Bond Experience	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Tire Chain Experience	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Time Sensitive (Courier) Freight	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Satellite Communication	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Overlength / LCV / EEMV / Combination	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

## Accident Record

The past 3 years or more, preventable & non-preventable (attach sheet if more space is needed).

	Date	Nature of Accident	Injuries	Fatalities
Last Accident				
Next Previous				
Next Previous				

## Traffic Convictions and Forfeitures

The past 3 years (other than parking violations).

Location	Date	Charge	Penalty

Attach sheet if more space is needed

## Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and postal codes.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such a vehicle.

(\* ) Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any mid size vehicle used to transport hazardous materials in a quantity requiring placarding.

**List employers in reverse order starting with the most recent**

Employer	Start Date (MM/YY)	End Date (MM/YY)
Name _____		
Address _____	Position Held _____	
City _____	Salary/Wage _____	
Phone _____	Reason for Leaving _____	

Employer	Start Date (MM/YY)	End Date (MM/YY)
Name _____		
Address _____	Position Held _____	
City _____	Salary/Wage _____	
Phone _____	Reason for Leaving _____	

Employer	Start Date (MM/YY)	End Date (MM/YY)
Name _____		
Address _____	Position Held _____	
City _____	Salary/Wage _____	
Phone _____	Reason for Leaving _____	

May we contact your current Employer?

Yes     No

### Related Experience

List any trucking, transportation or other experience that may help in your work for this Company. _____
List any courses or training other than shown elsewhere in this application. _____
List special equipment or technical materials you can work with (other than those already shown). _____

### References

List below references for technical and personal evaluation – do not include relatives.		
Full Name, Address and Telephone	Occupation	How Long Known
1. _____ _____		
2. _____ _____		
3. _____ _____		

### Application Questionnaire

1. Drivers run all 48 States and Canada. Do you anticipate any problems with this? _____
2. How many miles per week do you expect? _____
3. What are your "home time" expectations? _____
4. You will be required to run a legal logbook, keep a re-cap of your hours, and satellite your hours of service in <input type="checkbox"/> Yes <input type="checkbox"/> No every morning by 7:00 am. Do you anticipate any problems complying with this requirement? If yes, please explain. _____

## Notice To Employment Applicants Of The Company

The Company realizes that substance abuse is a social and workplace issue. The Company believes that employers and employees should take an active role to address substance abuse in the workplace and to assure a safe and healthy work environment.

Accordingly, the Company has undertaken a Substance Use Prevention Policy and Program, which includes education and prevention. As part of the prevention the Company has implemented Alcohol and Drug testing. Safety Sensitive positions of employment offered by the Company is conditional on negative test results and the selected candidate for the position may be required to take an alcohol and drug test.

## Accommodation Policy

### *Statement of Commitment*

The Company recognizes the diversity of its workforce and is committed to ensuring that all Employees/Contractors and applicants are able to effectively and efficiently use their skills and experience to contribute to the Company's performance, production and service delivery. This includes the opportunity to participate, without discrimination in both work-related and other activities conducted within a work context.

### *Policy Objective*

The objective of this policy is to make the work environment inclusive and non-discriminatory and to establish effective policies and procedures for responding to individual accommodation requests of existing and potential Employees/Contractors.

### *Policy Statement*

The Company will establish and maintain an effective system to ensure an inclusive workplace and provide workplace accommodation.

The Company will ensure that its systems, policies, and practices will not result in discrimination.

The Company will respond in a timely and confidential manner to individual accommodation requests.

*A copy of the Company's Accommodation Policy is available upon request and can be provided in alternate formats.*

The information collected is used to gather information about the skills, qualifications and experience on the prospective applicant.

## Affidavit

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, criminal or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I hereby authorize the Company to obtain any alcohol and drug information from my previous employer.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## MEDICAL DECLARATION

On March 30, 1999, Transport Canada and the U.S. Federal Highway Administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver or a commercial driver in the U.S., as currently contained in the Federal Motor carrier Safety Regulations. Part 391.41 et seq., and vice versa. The reciprocal agreement removes the requirement for a Canadian driver to carry a copy of a medical examiner's certificate indicating that the driver is physically qualified. In effect, the existence of a valid driver's license issued by the province is deemed to be proof that a driver is physically qualified to drive in the U.S.. However, FHWA will not recognize a provincial license if the driver has certain medical conditions, and those conditions would prohibit him/her from driving in the U.S.

I \_\_\_\_\_ certify that I am qualified to operate a commercial motor vehicle in Canada and the United States. I further certify that:

- A. I have no clinical diagnosis of diabetes currently requiring insulin for control.
- B. I have no established medical history or clinical diagnosis for epilepsy.
- C. I do not have impaired hearing. (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet or without use of a hearing aid, or does not have an average hearing loss in the better ear than 40 decibels at 500Hz, or 2000Hz with or without a hearing aid when tested by an audiometric device calibrated to American National Standard X24.5-1951).
- D. I have not been issued a waiver by the province allowing me to operate a commercial motor vehicle.

I further agree to inform my supervisor should my medical status change, or if I can no longer certify conditions A to D, described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Application must be completed in full.