

# ULTIMATE LOGISTICS LTD

OFFICE NO. 201, 53 STADACONA STREET W, MOOSE JAW - SK S6H 1Z2

## **DRIVER APPLICATION FOR EMPLOYMENT** **COMPANY / CONTRACTED DRIVER**

### **TO BE COMPLETED AND SIGNED BY APPLICANT**      **NAME:** \_\_\_\_\_

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED TO ASSESS APPLICANT SUITABILITY AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSES OF EMPLOYMENT INVESTIGATION. I, THE UNDERSIGNED, DO HEREBY AUTHORIZE MY PREVIOUS EMPLOYER(S) TO PROVIDE REQUESTED INFORMATION FOR THE PURPOSES OF THIS INVESTIGATION AS REQUIRED BY SECTION 391.23 OF THE FEDERAL CARRIER SAFETY REGULATIONS, AND RELEASE THEM FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

It is agreed and understood that this application for employment in no way obligates Ultimate Logistics Ltd to employ the applicant.

It is agreed and understood that any misrepresentations of information shall be considered an act of dishonesty.

My signature certifies that this application was completed by me and that all information on it is true and complete to the best of my knowledge.

It is agreed and understood that the applicant releases employers and persons named herein from all liability for any damages on account of the employer furnishing such information.

The applicant agrees to furnish additional information and complete such examinations as may be required to complete the applicant's employment file within the scope of the position to which s/he is applying.

It is agreed and understood that if employed, the employee will be on a probationary period (90 days) during which time the employee may be discharged without recourse.

If I am accepted for employment, I will not publish or disclose to anyone outside the Company, any operational or customer information during or after employment by ULTIMATE LOGISTICS LTD. except with company's written permission.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **PERSONAL DATA**

**NAME** \_\_\_\_\_  
Last Name First Middle

**HOME ADDRESS** \_\_\_\_\_  
Street and Number City/Town Province Postal Code

**MAILING ADDRESS** \_\_\_\_\_  
(if different from home) Street and Number City/Town Province Postal Code

**PHONE NUMBERS** \_\_\_\_\_  
Home Cell

**EMAIL ADDRESS:** \_\_\_\_\_

**SOCIAL INSURANCE NUMBER (Optional)** \_\_\_\_\_

**DRIVER LICENSE:** \_\_\_\_\_  
Number Province Expiry Date

How many demerit points on your current driving record? \_\_\_\_\_

Have you received more than 2 moving violations during the last 12 months? ☐ YES ☐ NO

Has your driver's license been suspended during the past 2 years? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

How long have you held a Class 1 driver's license? \_\_\_\_\_

Are you legally entitled to work in Canada? \_\_\_\_\_

Do you have a Criminal Record? ☐ YES ☐ NO

**POSITION APPLYING FOR** (Check all that apply)COMPANY DRIVER ☐OWNER OPERATOR ☐O/O DRIVER ☐BULK ☐FLATDECK ☐INTERMODAL ☐AB REG DECK ☐If O/O, truck info: \_\_\_\_\_  
Year Make TARE weight ColorHow were you referred to Ultimate Logistics (Please check one) Advertising ☐ Employee ☐ Other ☐

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

**EDUCATION**

Highest Level Attained: \_\_\_\_\_ Name of last school or institution: \_\_\_\_\_

Professional Driving Course Attended (if any): \_\_\_\_\_

**EQUIPMENT OPERATION EXPERIENCE**

Please indicate which type of tractor and trailing equipment you have experience working with (check all that apply)

**Tractor:** ☐ 10 speed ☐ 13 speed ☐ 18 speed ☐ automatic ☐ Day Cab ☐ Sleeper**Trailer:** ☐ Flatdeck ☐ Dry Bulk ☐ Liquid Bulk ☐ Dry Van ☐ Reefer ☐ Intermodal ☐ Fuel  
☐ Super B ☐ LCV ☐ Turnpike☐ Other: \_\_\_\_\_

Type of loads hauled: \_\_\_\_\_

**DRIVING HISTORY****MOTOR VEHICLE ACCIDENT RECORD FOR LAST 3 YEARS** (Please Print)

Day	Dates Month	Year	Nature of Accident (Rear End, Wildlife, etc.)	Prov / State Occurred In	Preventable	Non-Preventable

**TRAFFIC CONVICTIONS & FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST 3 YEARS**

Location	Day	Month	Year	Charges	Penalty (fine / warning)	Prov / State Occurred In

Are you able to obtain border crossing clearance to enter into U.S.A.? ☐ YES ☐ NO

If No, please explain: \_\_\_\_\_

Do you currently have a valid Passport? ☐ Yes ☐ No Do you currently have a valid FAST card? ☐ Yes ☐ No

Are you able to be away from home for extended periods of time? ☐ YES ☐ NO

If yes, please specify length of time away: 2 - 5 days ☐ 5 - 10 days ☐ 10 - 14 days ☐

Do you have any specific requirements for days off, family needs? \_\_\_\_\_

EMPLOYEE AVAILABILITY	Please record your available starting and ending time each day. If available at any time please state "Any"						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Our various driving positions all have bona fide occupational requirements for physical strength and agility. Are you able to perform the basic duties of the position? (climbing, bending, lifting tarps, working with product line hoses)

☐ YES ☐ NO EXPLAIN: \_\_\_\_\_

As part of our safety program and those required by our customers we have protective equipment requirements (hard hats, full body harness for fall arrest, respirators etc.), please indicate any accommodation you would require so we can assess the best job fit for you \_\_\_\_\_

Our respirators require that you are clean shaven in order for them to be effective. Please advise if you are clean shaven, or willing to shave, if this is / becomes a requirement of the position you have applied for? ☐ YES ☐ NO

As part of our driver hiring process and safety program we require that all Company Drivers, Owner Operators and Owner Operator Drivers be sent for Pre-Employment Drug Testing, Medical and Fitness Testing. Are you willing to participate in our Drug & Alcohol policy that includes pre-employment and random drug testing? ☐ YES ☐ NO

**INTERVIEWER'S REMARKS: (for office use only)**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

The above information will be kept strictly confidential as we recognize and respect the importance of privacy. Human Resources will be responsible for your information under our control and are committed to follow the Privacy Act outlined by governing bodies

## EMPLOYMENT HISTORY FOR PAST 5 - 7 YEARS

Begin with your present / current employer and work backwards in order, listing all of your employers, driving school and other training programs, periods of military service, self-employment and unemployment for at least 5 - 7 years. All time MUST be accounted for. Should more space be required, please attach to application form.

May we contact your present employer to verify your work record? ☐ YES ☐ NO

Period of unemployment (if any) Date: From (month/year) \_\_\_\_\_ to \_\_\_\_\_

Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Held: \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
Avg Monthly Earnings: \$ \_\_\_\_\_ Type of Trailer pulled: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Period of unemployment (if any) Date: From (month/year) \_\_\_\_\_ to \_\_\_\_\_

Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Held: \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
Avg Monthly Earnings: \$ \_\_\_\_\_ Type of Trailer pulled: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Avg Monthly Earnings: \$ \_\_\_\_\_ Type of Trailer pulled: \_\_\_\_\_  
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Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
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