SB Trucking Ltd. Surrey, BC

DRIVER NAME:		UNIT #	
ADDRESS:			
START DATE:	OWNER OPER	ATOR / COMPANY DRIV	ER (PLEASE CIRCLE)
	DATE REQUESTED	DATE DOCUMENT COMPLETED	SIGNATURE OF REVIEWING SUPERVISOR
1 Application for Employment			
2 Oral Interview conducted on:			
3 Request for Information from Previous Er	mployers (list each co	ompany witten to)	
	<u> </u>		
4 S.I.N.	DOB:		
5 Authorization for Driver Record Search			
6 Drivers Abstract	•		
7 Certification of Compliance			
8 Drivers Offence Conviction Record			
9 Accident Information Report			,
10 Record & Certificate of Road Test			
11 Drivers Data Sheet			
12 Driver Training Endorsements			
13 Photocopy of Drivers License	•		
14 Dangerous Goods Training Certificate			
15 Secondary ID Copy			

DRIVER'S APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

1.	. Have you worked	for this compa	ny before? Yes I	No	Position	
	Rate of Pay		Dates: F	rom	то	_
	Reason for leavin	g				
2.	Are you now emp	oyed	_ If not, how long	since leavin	g last employment?	
3.	Who referred you?	?	Rate of P	ay expected		
4.	described in the at	tached job desc	cription]?		ions of the job for which you have applied	d [as
List er	nployers in reve	rse order sta	arting with the	most rec	ent.	•
1. Name	of Employer:			Conta	act person	
Address:						
FROM: _ Ma	Tonth Year	O	Phone No (Year)	Fax No	
					Position Held	
2. Name	of Employer:			Conta	ct person	
FROM:	TC)	Phone No (Year		Fax No	
Salary/Wa	ge	_Reason for leav	/ing	······································	Position Held	
					t person	
FROM:	TO					
Mont			Phone No. (ear)	Fax No	
Salary/Wag	e	Reason for leavi	ng	F	Position Held	

DRIVER'S APPLICATION FOR EMPLOYMENT

QUALIFICATIONS - DRIVER

Province					
	License	No.	Туре	Expiration D	ate
					Ma
A Have you ever been denied	a license, permi	t or privilege to o	perate a motor vehic	de? Yes	No
B Has any license, permit or p	rivilege ever bee	n suspended or	revoked?	Yes	No
IF THE ANSWER TO A OR B	IS YES, ATTAC	HENSTATEMEN	T GIVING DETAILS	. `	
·					

Motor Vehicle I	Drīver's Certific	ation of Compli	iance with Dri ver I	License Require	ements
1) POSSESS ONLY ONE LICE operator's license. If you have more the state that issued them. DESTR multiple licenses has been lost or service.	re than one license ROYING a license o	e, keep the license does not close the	from your state of residual record in the state that	dence and return the t issued it; you mus	ne additional license to t notify the state. If
2) NOTIFICATION OF LICENS Federal Motor Carrier Safety Regul suspension of your license. In addit you must report within 30 days to: 1 state other than the one which issue	lations require that tion, Section 383.3 1) your employing r	t you notify your em 11 require that any t motor carrier, and 2	nployer the NEXT BUIN time you violate a state 2)the state that issued	NESS DAY of any : e or local traffic law your license (if the	revocation or (other than parking eviolation occurs in a
•					
The following license is the c	only one I will p	ossess;			
The following license is the o	-		State	Exp. Date	
Driver's License No					
Driver's License No					
Driver's License No. DRIVER CERTIFICATION	I: I certify that	I have read ar		above require	ments.
Driver's License No DRIVER CERTIFICATION Date:	l: I certify that	I have read ar _ Driver's N	nd understood to	above require	ments.
Driver's License No DRIVER CERTIFICATION Date:	l: I certify that	I have read ar _ Driver's N	nd understood to	above require	ments.
Driver's License No DRIVER CERTIFICATION Date:	l: I certify that	I have read ar _ Driver's N	nd understood to	above require	ments.

DRIVER'S APPLICATION FOR EMPLOYMENT

Accident record for past 3 years or more (attach sheet if more space is needed).

Last acciden	n+							
Last accider	Date	Month	Year	Na	ture of ac	cident	Fatalities	Injuries
Next previou	s	, <u>_,,</u>					·	
	Date	Month	Year	Na	ture of acc	cident	Fatalities	Injuries
Next previous			- · · · · · · · · · · · · · · · · · · ·					
	Date	Month	Year	Nat	ure of acc	ident	Fatalities	Injuries
Traffic con	viction	and forf	eitures	for th	ne past 3	3 year (oth	er than parking	g violations) if none write
Location		Dat	e M	lonth	Year	Charge		Penalty
Location		Dat	e M	onth	Year	Charge		Penalty
Location		Date	e M	onth	Year	Charge		Penalty
his is certifies th	at this ap						' APPLICAN'	T n it true and complete to the best
ny knowledge. authorize you to latter as may be nd after a condition ersons from all li- the event of em	make su necessa ional offe ability in ploymen	uch investiga ary in arriving ar of employr responding t, I understa	tion and at an er nent has to inquiriend that fa	Inquiries nployme been ex es and re alse or m	s of my pers ent decision dended.) H eleasing in hisleading i	sonal, employn . (Generally, in tereby release formation in co nformation give	nent, financial or me equiries regarding me employers, school, nnection with my ap	edical history and other related nedical history will be made only if health care providers and other
iteMont	h	_Year			Applicar	nt's Signature_	_	
			Thank	you fo	or your in	terest in ou	r company	

Date of application			
Position(s) Applied for (circle)			Class 1 since
Country to Travel (circle): year		USA	Class I since
(ANSWER	ALL QUES	STION-PLEASE PRIN	IT CLEARLY)
In compliance with Federal an all positions without regard to	d State equ race, color,	al employment opportun religion, age, marital stat	ity applicants are considered fo tus, or non-job related disability
Name			
Last Middle		First	
Home Phone Phone			
Date of Birth		S	IN:
Month Day Passport # (if applicable)		Po	ort Pass # (if applicable)
Current Address			
Street low long		City	Zip Code
less than 2 years, provide the	previous ad	dresses.	
revious ddress			

	O1 (0.1		7:- 0	ع لـ -
How long	Street		Cit	у	Zip Cod	1 C
Previous Address						
How long	Street		Cit	ty	Zip Cod	le
The following lic		-	TIONS - DRIV I possess:	ER		
The following lic Driver License		-		ER		
Oriver License		-		ER Type		Expiration
Oriver LicenseProv	vince	License	No.	Туре	vehicle?	Expiration
Oriver License Prov Date	ense is the o	License icense, permit	No. or privilege to o	Type perate a motor v	vehicle?	·

Motor Vehicle Driver's Certification of Compliance with Driver License Requirements

1) POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional license to the state that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If multiple licenses has been lost or stolen, close your record by notifying the state of issuance that you no longer want to be licensed.

2) NOTIFICATION OF LICENSE SUSPENTION: REVOCATION OR CANCELLATION: Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUINESS DAY of any revocation or suspension of your license. In addition, Section 383.31 require that any time you violate a state or local traffic law (other than parking), you must report within 30 days to: 1) your employing motor carrier, and 2)the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

ate:	Driver's Name (print)
iver's Signature	
PLOYMENT HISTORY	
PLOYMENT HISTORY Have you worked for this cor Position	mpany before? Yes No
Have you worked for this cor Position	mpany before? Yes No
Position Rate of Pay TO	mpany before? Yes No
Position Rate of Pay TO Reason for leaving	mpany before? Yes No Dates: From

Are there any reasons you might be unable to perform the functions of the job for which

you h	ave applied	[as described	in the attached job o	lescription]?	
			· · · · · · · · · · · · · · · · · · ·		
If yes	, explain:				
List employ years)	ers in rev	erse order s	starting with the	most recent (List p	revious (
				Contact	
Address:					
FROM:		_то	Phone No ()	Fax
No	Year	month	Year		
			· leaving	Position	
Salary Trage					
			•		
2. Name of Emp	oloyer:		-		
2. Name of EmpersonAddress:	oloyer:		·	Contact	Fax N
2. Name of EmpersonAddress:	oloyer:	то	Phone No (Fax N
2. Name of Emperson	oloyer:	TO	Phone No (Contact	Fax N
2. Name of Emperson Address: FROM: Month Salary/Wage	oloyer: Year	TOmonth	Phone No (Year	Contact	Fax I
2. Name of Emperson Address: FROM: Month Salary/Wage	oloyer: Year	TO	Phone No (Year	Contact	Fax N
2. Name of Emperson Address: FROM: Month Salary/Wage Held	oloyer: Year	TOmonth	Phone No (Year leaving	Contact) Position	Fax N
2. Name of Emperson	Year	TOmonth	Phone No (Year leaving	Contact) Position	Fax N
2. Name of Emperson	Year	TOmonth	Phone No (Year leaving	Contact	Fax N
2. Name of Emperson	Year	TOmonth	Phone No (Year leaving	Contact	
2. Name of Emporeson Address: FROM: Month Salary/Wage Held 3. Name of Emporeson Address:	Year	TOmonthReason for	Phone No (Year leaving Phone No. (Contact	
2. Name of Emporeson	Year Year	month Reason for	Phone No (Year leaving Phone No. (Year	Contact	

Accident record for past 3 years or more (attach sheet if more space is needed).

Last accident_								
Injuries	Date	_ Month	Year	Na	ature of ac	cident	Fatalities	
Next previous_								
Injuries	Date	Month	Year	Na	iture of acc	cident	Fatalities	
Next previous								
**********	Date	Month	Year	Na	ture of acc	ident	Fatalities	Injuries
violations	s) if non	e write n	one				er than parking	
Location Penalty		Da	te ivi	onth	Year	Charge		
ocation Penalty		Da	te Mo	onth	Year	Charge		
ocation Penalty		 Dat	e Mo	onth	Year	Charge		

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matter 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.) Hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the company.

Date	Month	Year	Applicant's
Signature_			
		Thank you for	r your interest in our company

REQUEST FOR INFORMATION

FROM PREVIOUS EMPLOYER

. A	ttention:
in	herby authorize you to release the following information to SB Trucking Ltd. for the purpose of avestigation 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.
	Date:
<u>(A</u>	Applicant's Signature)
Ti	ear Sir / Madam: he below named individual has made application with our company for a position as ommercial Driver and states that he/she was employed by you as a
	om/to/
cal Re SB PH	Te appreciate your time in completing (in confidence) the below questionnaire. Please fax or all me with your response at your earliest convenience. Espectfully Yours, B. Trucking Ltd. H:604-580-3512 FAX: 604-580-1900 fety & Compliance Dept.
Ap	plicant's Name:DL#
1.	Employment dates:
2.	Wage type: \$/ per hour or% orsalary or
3.	Type of equipment operated
4.	Was he/she a safe & efficient driver? Yes or No
5.	Did they conduct themselves in a satisfactory manner with clients? Yes or No
6.	Did this driver have any preventable accidents while employed by you? Yes or No
7.	Did this driver have any cargo claims with you? Yes or No
8.	Did you feel that he/she conducted himself/herself courteously with your customers, staff and other drivers? Yes or No

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

		De	ate:	
<u>(</u> /	Applicant's Signature)		iii.	
_			***************************************	
D	Dear Sir / Madam:			
Re SI PI Sa	commercial Driver and states that he/she were/ to/ Ye appreciate your time in completing (in call me with your response at your earliest completed by the state of the s	confidence) the belo convenience.	ow questionnaire. Please	
Aŗ	pplicant's Name:	DL#		
. •	Employment dates:	•		
	Wage type: \$/per hour or	% or	salary or	
	Type of equipment operated			
	Was he/she a safe & efficient driver?	Yes or No		
•			n clients? Yes or No	
•	Was he/she a safe & efficient driver?	sfactory manner with		No
•	Was he/she a safe & efficient driver? Did they conduct themselves in a satisf	sfactory manner with scidents while empl		No

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

	Date:
<u>(</u>	applicant's Signature)
	ear Sir / Madam:
	e below named individual has made application with our company for a position as
	ommercial Driver and states that he/she was employed by you as a
irc	om/to/
We appreciate your time in completing (in confidence) the below questionnaire. Please fax or call me with your response at your earliest convenience. Respectfully Yours, SB Trucking Ltd. PH:604-580-3512 FAX: 604-580-1900 Safety & Compliance Dept. Applicant's Name:	
۱.	Employment dates:
	Wage type: \$/ per hour or% orsalary or
•	
	Type of equipment operated
	Type of equipment operated Was he/she a safe & efficient driver? Yes or No
•	Was he/she a safe & efficient driver? Yes or No
•	Was he/she a safe & efficient driver? Yes or No Did they conduct themselves in a satisfactory manner with clients? Yes or No