

PLEASE READ THE FOLLOWING BEFORE YOU SIGN THIS APPLICATION

I certify that I have read and understand this entire application. In consideration of my application, I authorize the Company and/or its agents to conduct a thorough investigation of my past employment, which may include but is not limited to: education, character, mode of living, drug testing history, medical examinations, reference checks, criminal background checks and driving history. I agree to furnish a release for such information to complete my qualification file. I also agree to release the Company, including its officers, employees, agents and representatives from all liability related to this investigation.

I understand that if this application is not fully completed I will be considered ineligible and will be disqualified in the selection process. I hereby state that the information given by me in this application is true and complete in all aspects, and I agree that if any information herein is found to be false or incomplete at any time and in any respect, I will be subject to disciplinary action, up to and including termination without notice. I understand that only the Company's authorized Representative has the authority to change or modify any written agreement, and any modification of an existing agreement must also be in writing and signed by the Company Representative.

I understand that employment with the Company is contingent upon the results of all required examinations. I acknowledge that it is the policy of the Company that all applicants submit to a urine sample for chemical analysis. I further understand that the purpose of the chemical analysis is to determine or rule out the presence of non-prescribed or prohibited controlled substances. I hereby consent to the requirement for a urine sample and agree to participate in the Company's Drug and Alcohol Testing Program.

In consideration of the Company's provision of its facilities and vehicles for my employment, I agree that I will not use them for any illegal purpose whatsoever. I understand and agree to adhere to the provisions of the U.S. Federal Motor Carrier Safety Regulations (where applicable) and all other federal, provincial/state and local regulations pertaining to motor carriers. I understand that Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that I as a driver must comply with. As of July 1, 1987 these are:

- 1) Possess only 1 License: As a commercial vehicle driver you may not possess more than one motor vehicle operators' license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.
- 2) Notification of License Suspension, Revocation or Cancellation: Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license, in addition Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it 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 state must be in writing.

I hereby authorize Kencor Heavy Haul Ltd. to request a search of my driving record based on the information available at the Ministry of Transportation for:

- 1) A complete Commercial Vehicle driving record covering a 5 year period; and
- 2) As part of a yearly update as per requirements from Kencor Heavy Haul Ltd. and or its insurance company, and at any time deemed necessary.

Probationary Employment Agreement: I understand that I will be on a 90 calendar day probationary period from the date of hire. The purpose of this period is to enable the employer to assess my suitability to do the job. During this probationary period, I acknowledge that I can be terminated without notice or wages in lieu of notice.

Unsuitability is determined by: Ability to perform the physical demands of the job requirements; ability to comprehend instruction and implement policy into action; follow directions; interact favourably with customers, public and others within the Code of Ethics as set forth; complete documentation properly; operate within an acceptable time frame for conditions; and be fully literate in speaking, understanding and writing the English language. Without exception, complete safe and legal operations of the vehicle, in both Canada and the United States is demanded and failure to comply within any of the above mentioned conditions, may result in immediate termination.

The individual personal information collected on the application form will be used in determining eligibility for employment. The application form will be retained for the duration of employment plus seven years following termination of employment. Personal information is protected from unauthorized collection, use and disclosure in accordance with the *Personal Protection and Electronic Documents Act (PIPEDA)*.

I authorize and consent the Company to maintain and use my Social Insurance Number and other personal information for the purpose of management and administration of payroll, benefits and records.

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.

Date Applicant's Signature

Note:
This application will only be considered for ninety (90) days from the date of the applicant's signature and hire date. If you have not been hired by us during that period, it will be necessary to file a new form for further consideration.



APPLICATION / QUALIFICATION RECORD

DRIVING POSITIONS – CANADA / US

Company Driver Independent Contractor

PERSONAL INFORMATION			
LEGAL LAST NAME	LEGAL FIRST NAME & INITIAL	PREFERRED FIRST NAME	
SOCIAL INSURANCE NUMBER	HOME PHONE ()	CELL PHONE ()	
CURRENT ADDRESS	CITY	PROVINCE	POSTAL CODE
Have you been at the above residence for at least three years? YES <input type="checkbox"/> NO <input type="checkbox"/>			DATE OF BIRTH (MM/DD/YY)
If NO, then list below all residences in addition to current residence for a total of three years.			
PRIOR ADDRESS	CITY	PROVINCE	POSTAL CODE
PRIOR ADDRESS	CITY	PROVINCE	POSTAL CODE
EXPECTED PAY RATE	DATE AVAILABLE (MM/DD/YY)		
EDUCATION			
NAME OF SCHOOL	CITY, PROV.	COURSE OF STUDY	DEGREE/CERTIFICATE
High School			
College/University			
Other			
SOURCE			
How were you referred? (check one box only) Classified Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Source or Person <input type="checkbox"/>			
Please Identify – Name of Newspaper, Employment Agency, or Other Source or Person			

Have you ever attended a truck driving school? Yes No Name of school: _____

Locations of school: _____ Date completed: _____

Have you filed an application with us before? Yes No If yes, When? _____

Have you been employed with us before? Yes No If yes, When? _____

Are you legally permitted to work in Canada? Yes No If no, Why? _____

Are you able to travel unimpeded to the U.S.? Yes No If no, Why? _____

Can you perform the essential functions of the position applied for? Yes No

Have you ever been convicted of a DWI or DUI? Yes No If yes, Date. _____

Have you ever been convicted of a felony?* Yes No

If yes, Date _____ City _____ Province _____

Do you have any limitation on days or time that you are available for work? Yes No

If yes, Explain: _____

* Previous conviction of a felony does not necessarily exclude an applicant from consideration for employment. Conviction of a crime is not an automatic disqualification. All circumstances will be considered, including age at the time of the offence, seriousness and nature of the violation and rehabilitation.

EMPLOYMENT HISTORY

Beginning with your most recent job, list in order all of your previous jobs (including self-employment) for the past 3 years. All time must be accounted for. Use additional paper if necessary.

FROM (MM/YY)	TO (MM/YY)	NAME AND FULL ADDRESS OF EMPLOYER			REASON FOR LEAVING
POSITION		PHONE	FAX	SUPERVISOR	RATE OF PAY

Did you drive a commercial motor vehicle while you were employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to Drug and Alcohol Testing requirements?
 Yes No

FROM (MM/YY)	TO (MM/YY)	NAME AND FULL ADDRESS OF EMPLOYER			REASON FOR LEAVING
POSITION		PHONE	FAX	SUPERVISOR	RATE OF PAY

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POSITION		PHONE	FAX	SUPERVISOR	RATE OF PAY

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 Yes No

PERIODS OF UNEMPLOYMENT

Account for all missing time between positions in the past 3 years including unemployment or school periods.

FROM (MM/YY)	TO (MM/YY)	EXPLAIN WHY YOU WERE NOT EMPLOYED
FROM (MM/YY)	TO (MM/YY)	EXPLAIN WHY YOU WERE NOT EMPLOYED

FROM (MM/YY)	TO (MM/YY)	EXPLAIN WHY YOU WERE NOT EMPLOYED
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LICENSES

All Drivers Licenses held in the past 3 years must be shown.	PROV.	LICENCE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

C. Have you ever been disqualified for violations of the U.S. Federal Motor Carrier Safety Regulations? Yes No

If YES to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Lowboy)	Date		Approximate Total Miles
		From	To	
		(MM/DD/YY)	(MM/DD/YY)	
		(MM/DD/YY)	(MM/DD/YY)	
		(MM/DD/YY)	(MM/DD/YY)	
		(MM/DD/YY)	(MM/DD/YY)	

List the provinces/states operated in during the last five years. _____

ACCIDENT HISTORY

Have you been involved in an accident in the past 5 years? Yes No

If YES, an Accident History for the past 5 years is required. (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident (MM/DD/YY)			
Next Previous (MM/DD/YY)			
Next Previous (MM/DD/YY)			
Next Previous (MM/DD/YY)			

DRIVING RECORD INFORMATION

Have you had any traffic convictions or forfeitures other than parking violations in the past 3 years? Yes No
If YES, Driving Record Information for the past 5 years is required. (Attach separate sheet of paper if more space is needed)
If NO, I certify that I have not been convicted or forfeited bond or collateral on any account of any violation required to be listed during the past 5 years.

Location	Dates	Charge	Penalty
	(MM/DD/YY)		
	(MM/DD/YY)		
	(MM/DD/YY)		
	(MM/DD/YY)		

