



APPLICATION FOR EMPLOYMENT
P.O. BOX 1166, 3093 ROUTE 109, PLASTER ROCK, NB E7G 4G9
TEL: 506 356-8613 or 800-565-2638 FAX: 506-356-1265

Please Print

Position applied for: _____ Wages expected? _____

How did you become aware of this opening? _____

PERSONAL INFORMATION

Name : _____
(first) (middle) (last)

Telephone : (home) _____ (work) _____

Date of birth _____ Social Insurance Number _____ - _____ - _____

In case of emergency notify : _____ (phone) _____

Business Name (if applicable): _____

HST # _____ Email Address: _____

List your addresses of residency for the past 3 years:

Current Address: _____
_____ How Long? _____

(attach additional sheet if more space is needed, ask for Attachment B)

Are you legally entitled to work in Canada? _____ Are you bondable if required for job? _____

If NO, to either of the above state reason : _____

Educational Background

Highest grade completed : (high school) _____ (college) _____ (Other) _____

Last school attended :(name) _____
(location) _____

List any diplomas received or special training completed _____

Physical History

List any physical limitations which may affect your ability to do the job applied for : (such as hearing, eyesight, diabetes) _____

Are you physically capable of heavy manual work? _____ Date of last physical examination : _____

Doctor's name and address: _____

Were you ever injured on the job? _____

If yes, please explain : _____

Do these injuries still affect you? _____

How much time lost at work in the past 3 years due to illness : _____

Have you ever received worker's compensation? _____ When? _____



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Driver Applicants

Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391.23 (d) and (e). The attached statement entitled "Due Process Rights (regarding information received as a result of investigations required by 49 CFR 391.23 (d) and (e) - Attachment A to this Application form)" is being provided in accordance with 49 CFR 391.23(i). I have read, understand and agree to the above and attached Due Process statement.

Applicant Signature _____ Date _____
(day, month, year)

Employment Record (for dates use month/year)

Note: Dot requires that Employment for the last 3 years and/or Commercial Driving Experience for the past 10 years be shown.

PRESENT / last employer (name) _____

(address) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving? _____

Contact _____ Phone # _____ Fax # _____

Were you subject to FMCSR (Federal Motor Carrier Safety Regulations) while working for this company? Yes No

Was your job with this company designated as a **SAFETY SENSITIVE FUNCTION** subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

SECOND last employer (name) _____

(address) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving? _____

Contact _____ Phone # _____ Fax # _____

Were you subject to FMCSR (Federal Motor Carrier Safety Regulations) while working for this company? Yes No

Was your job with this company designated as a **SAFETY SENSITIVE FUNCTION** subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

THIRD last employer (name) _____

(address) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving? _____

Contact _____ Phone # _____ Fax # _____

Were you subject to FMCSR (Federal Motor Carrier Safety Regulations) while working for this company? Yes No

Was your job with this company designated as a **SAFETY SENSITIVE FUNCTION** subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

(if more space is needed, ask for Attachment B)



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License Information

Do you possess a valid driver's license? _____ Has any license, permit or privilege ever been suspended? _____

License # _____ Prov. _____ Type _____ Exp. _____ Next Medical _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle in Canada or the U.S.? _____

Driving Experience

Class of Equipment	Transmission Type	Trailer (Flat, Van, etc)	From	To	Approx # of Miles (Total)
Cube Van					
Straight Truck					
Tractor & 2 Axle Trailer					
Tractor & 3 Axle Trailer					
Tractor & Trains					
Other					

Provinces & States operated in over the last 5 years : _____

List any special courses or training that has helped you as a driver : _____

Which safe driving awards do you hold & from who? _____

Accident Record For The Past 7 Years

	Date	Nature of accident	Fatality or injury
Last accident			
Previous accident			
Previous accident			
Previous accident			
Previous accident			

Traffic Violations For The Past 7 years

Location (Can. or US)	Date	Charge	Penalty



TO BE READ AND SIGNED BY APPLICANT

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered as cause for dismissal.

You are hereby authorized to make any investigation of my personal history and employment record through any investigative agencies of your choice and that I have the right to make a written request to receive detailed information about the nature and scope of these reports.

I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditional on the results of a physical examination and drug test.

If hired, I agree to abide by all the rules and policies of the employer.

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

 Signature Date

Please attach copies of: Current Abstract, Drivers License, Criminal Record Check, Fast Card if Applicable

PROCESS RECORD FOR OFFICE USE ONLY

Hire Date _____ Dept: _____
 (tandem, tri-axle etc)

Notes: _____

Company Rep _____ Date _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Dismissed _____ Quit _____ Other _____

Eligible for Rehire: Yes _____ No _____

Notes: _____

Company Rep _____ Date _____



(ATTACHMENT A)

Due Process Rights

(regarding information received as a result of investigations required by 49 CPR 391.23(d) and (e))

You are hereby notified that you have the following rights regarding the investigative information that will be provided to the prospective employer pursuant to 49 CPR 391.23 (d) and (e):

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Received by: _____ Date: _____
Name (Month, day, year)



(ATTACHMENT B)

List your addresses of residency for the past 3 years (Continued):

Previous Address: _____
 _____ How Long? _____

Previous Address: _____
 _____ How Long? _____

Previous Address: _____
 _____ How Long? _____

Employment Record Continued (for dates use month/year)

Note: Dot requires that Employment for the last 3 years and/or Commercial Driving Experience for the past 10 years be shown.

Fourth employer (name) _____

(address) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving? _____

Contact _____ Phone # _____ Fax # _____

Were you subject to FMCSR (Federal Motor Carrier Safety Regulations) while working for this company? Yes No

Was your job with this company designated as a **SAFETY SENSITIVE FUNCTION** subject to **drug and alcohol testing** requirements of 49 CFR Part 40? Yes No

Fifth last employer (name) _____

(address) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving? _____

Contact _____ Phone # _____ Fax # _____

Were you subject to FMCSR (Federal Motor Carrier Safety Regulations) while working for this company? Yes No

Was your job with this company designated as a **SAFETY SENSITIVE FUNCTION** subject to **drug and alcohol testing** requirements of 49 CFR Part 40? Yes No

Sixth last employer (name) _____

(address) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving? _____

Contact _____ Phone # _____ Fax # _____

Were you subject to FMCSR (Federal Motor Carrier Safety Regulations) while working for this company? Yes No

Was your job with this company designated as a **SAFETY SENSITIVE FUNCTION** subject to **drug and alcohol testing** requirements of 49 CFR Part 40? Yes No



REQUEST FOR INFORMATION PREVIOUS EMPLOYER

P.O. Box 1166, 3093 Route 109, Plaster Rock NB, E7G 4G9
Tel: 800-565-2638, 506-356-8613 Fax: 506-356-1265, 866-576-8547

FROM – Prospective Employer
K & T Transport Ltd.
Sonja Deschenes - Administration
3093 Route 109, P.O. Box 1166
Plaster Rock, NB E7G 4G9
800-565-2638 ext. 203

To – Previous Employer
Company: _____
Contact: _____
Address: _____

PERSONNEL MANAGER:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.

Please complete and return by fax to 506-356-1265 or toll free 866-576-8547 as soon as possible.

– Timothy Linton

Name of Applicant _____ S.I.N. _____

Job Applied For _____

1) This applicant lists dates of employment with your firm from: _____ to _____ Is this correct? _____ If no please explain: _____

2) What kind(s) of work did he/she do? Driver (type of vehicle _____) Dock ; Office ; Shop ; Other (specify) _____

3) If employed as a driver please indicate type of equipment operated _____

4) Number of reportable accidents? _____; Number of accidents in which applicant was ticketed? _____; Number of accidents in which the applicant was at fault? _____; (please provide explanation and date for each)

5) To your knowledge, was the applicants license suspended while in your employ? _____
If so please explain: _____

6) Did the applicant pose either repeated and / or severe disciplinary problems? _____
If so please explain: _____

7) Why did this employee leave your company? _____

8) Would you re-employ this person? _____. If no please explain: _____

9) Remarks: _____

By: _____ Date: _____
(signature of person supplying information)

Waiver

(Former Employer)

(Date)

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company.

I hereby release you from and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Applicant's signature)

(Witness's Signature)