



## EMPLOYMENT APPLICATION

Last Name		First Name	
Address		City	Province
Postal Code	Telephone	Cellular	
Email Address			
License Number	Class	Expiry	SIN
Position Applying For:			
Emergency Contact Name			Phone Number
<b>O/Os:</b>	Truck Make/Model	Year	Colour      Wheel Base

- Are you legally entitled to work in Canada ? Yes  No
- Have you previously been employed by the Seaboard Transport Group ? Yes  No
- Do you qualify to enter the USA? Yes  No
- Are you able to perform the specific duties of this position in a safe mannerr? Yes  No
- Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes  No
- Do you have a valid drivers licence or permit? Yes  No   
 (If Yes what class? \_\_\_\_\_)
- Has any license, permit, or privilege ever been suspended or revoked? Yes  No   
 (If Yes, attach statement outlining details)

Please indicate your level of experience with the following equipment:

- |                |                |                   |                         |
|----------------|----------------|-------------------|-------------------------|
| _____ Dry Van  | _____ Tanker   | _____ Quad-Axle   | _____ Product Pump      |
| _____ Flatdeck | _____ B Train  | _____ Bulk Plants | _____ Service Stations  |
| _____ Float    | _____ Tri-Axle | _____ End-Dump    | _____ Chemical Products |

List details of any motor vehicle accidents in which you were involved in the past 3 years:

Date	Location	Nature of Accident	Fatalities/Injuries	Preventable (Y/N)
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List details of any convicted motor vehicle violations in the past 3 years:

Date	Location	Charge	Penalty
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**10-YEAR EMPLOYMENT HISTORY (attach additional sheet if necessary)**

1. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	
Were you subject to DOT/FMCSRs while employed by this company? Y / N			
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N			

2. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	
Were you subject to DOT/FMCSRs while employed by this company? Y / N			
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N			

3. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	
Were you subject to DOT/FMCSRs while employed by this company? Y / N			
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N			

4. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	
Were you subject to DOT/FMCSRs while employed by this company? Y / N			
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N			

5. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	
Were you subject to DOT/FMCSRs while employed by this company? Y / N			
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N			

6. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	

Were you subject to DOT/FMCSRs while employed by this company? Y / N  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N

7. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	
Were you subject to DOT/FMCSRs while employed by this company? Y / N			
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N			

8. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	
Were you subject to DOT/FMCSRs while employed by this company? Y / N			
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N			

9. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	
Were you subject to DOT/FMCSRs while employed by this company? Y / N			
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N			

10. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	
Were you subject to DOT/FMCSRs while employed by this company? Y / N			
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N			

11. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	
Were you subject to DOT/FMCSRs while employed by this company? Y / N			
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N			

12. Company Name		From:	To:
Address		Phone	Fax
Position	Supervisor	Reason for Leaving	

Were you subject to DOT/FMCSRs while employed by this company? Y / N

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to D&A testing? Y / N

Do we have permission to contact your current employer? Yes  No

Do we have permission to contact your previous employers? Yes  No

Where did you hear about our organization?

- Newspaper (please specify) \_\_\_\_\_
- Magazine (please specify) \_\_\_\_\_
- Website
- Referral (please identify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Do you possess any certifications that may help you in this position (FAST, TWIC, CPPI, TDG)?

List any additional training, safety awards, or experiences that may help in the position for which you have applied:

The personal information requested on this form is collected and managed as per applicable Privacy Legislation. All information to us will be considered as supplied in confidence.

**Release Clause:**

I hereby certify 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 hereby authorize any individual, company, or institution to furnish Seaboard Transport Group of Companies with any information he or it may have concerning me, on record or otherwise, and do hereby release said company, institution, and all individuals connected herewith from all responsibility. I understand that false or misleading information given in connection with this application shall be considered sufficient cause for dismissal.

As a condition of my employment, I agree to abide by all policies, rules and regulations of Seaboard Transport Group of Companies. I understand that throughout the course of employment, I will be subject to drug and alcohol testing which may include pre-employment, random, post-incident, reasonable suspicion, and return-to-work testing.

Seaboard Transport Group of Companies is committed to employment equity and encourages applications from qualified women, visible minorities, aboriginal people, and persons with disabilities.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_