

Bulk Carriers (P.E.I.) Limited

Application for Employment

779 Bannockburn Road, Clyde River, PE, Canada C0A 1H0 Phone: 902-675-2600

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above. **ALL SECTIONS MUST BE COMPLETED IN FULL OR APPLICATION WILL NOT BE CONSIDERED.**

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". Blank responses will result in incomplete application.

Date: (dd-mmm-yy) _____ Position Applying for: Company Driver Owner/Operator
 Canada Only Canada/USA

Name: _____
(First) (Middle) (Last)

Phone Number: (____) _____ Emergency Phone Number: (____) _____

Cellular Number: (____) _____ Skype Address: _____

Email Address (Print legibly and in Block Letters Please): _____

Date of Birth: (dd-mmm-yy) _____ (391.21(b)(2)) Social Insurance Number: _____-_____-_____

Current status in Canada: Canadian Citizen Permanent Resident Temporary Foreign Worker Visitor

Passport Issuing Country: Canada Other: _____

Current Drivers License: _____
Province Number Class Expiry Date (dd-mmm-yy)

Current & Three Years Previous Addresses:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Have you worked for this company before? Yes No

If yes, give dates: From: (dd-mmm-yy) _____ To: (dd-mmm-yy) _____

How did you hear about this employment opportunity: _____

Education History

Please circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

Name of Last School Attended: _____

Last School City, Province & Country: _____

Language

Written Fluently: English French Other: _____
Spoken Fluently: English French Other: _____

Are you legally entitled to work in Canada?
 Yes No

When are you available to start working? _____

Employment History

Begin with your most recent employment. You must include ALL periods of time for the past 10 years, whether employed or unemployed. Please provide complete address and phone number for your previous employers. Note: Drivers and Owner Operators must provide a full account of their work history. Please attach separate sheet if not enough space is provided below.

Employer			Date			
Name:			From: Month	From: Year	To: Month	To: Year
Address:			Position Held:			
City:	Prov:	Post Code:	Driving Experience: (Length & Approximate Mileage)			
Contact:		Phone:	Reason for leaving:			

Employer			Date			
Name:			From: Month	From: Year	To: Month	To: Year
Address:			Position Held:			
City:	Prov:	Post Code:	Driving Experience: (Length & Approximate Mileage)			
Contact:		Phone:	Reason for leaving:			

Employer			Date			
Name:			From: Month	From: Year	To: Month	To: Year
Address:			Position Held:			
City:	Prov:	Post Code:	Driving Experience: (Length & Approximate Mileage)			
Contact:		Phone:	Reason for leaving:			

Employer			Date			
Name:			From: Month	From: Year	To: Month	To: Year
Address:			Position Held:			
City:	Prov:	Post Code:	Driving Experience: (Length & Approximate Mileage)			
Contact:		Phone:	Reason for leaving:			

Employer			Date			
Name:			From: Month	From: Year	To: Month	To: Year
Address:			Position Held:			
City:	Prov:	Post Code:	Driving Experience: (Length & Approximate Mileage)			
Contact:		Phone:	Reason for leaving:			

Employer			Date			
Name:			From: Month	From: Year	To: Month	To: Year
Address:			Position Held:			
City:	Prov:	Post Code:	Driving Experience: (Length & Approximate Mileage)			
Contact:		Phone:	Reason for leaving:			

Employer			Date	
Name:	From: Month	From: Year	To: Month	To: Year
Address:		Position Held:		
City:	Prov:	Post Code:	Driving Experience: (Length & Approximate Mileage)	
Contact:	Phone:	Reason for leaving:		

Employer			Date	
Name:	From: Month	From: Year	To: Month	To: Year
Address:		Position Held:		
City:	Prov:	Post Code:	Driving Experience: (Length & Approximate Mileage)	
Contact:	Phone:	Reason for leaving:		

Driving Experience (This section must include approx. total number of miles driven or application is incomplete)

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck (Rigid)			
Tractor or Semi-trailer (Articulated)			
Tractor – two trailers			

Has any of your above noted Driving Experience been in Winter Conditions? Yes / No (Please circle your answer)

If yes, approximately how many miles? _____ With which class of equipment? _____

If yes, please explain conditions and driving experience in Winter Conditions: _____

List states/provinces/countries operated in for the last five years: _____

List special courses/training completed (TDG, WHMIS, Forklift...) _____

List any Safe Driving Awards you hold and from when: _____

Accident Record for past three years (attach separate sheet if more space required)

Date of Accident (dd-mmm-yy)	Nature of Accident (Head on, rear end, upset, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date (dd-mmm-yy)	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State/Province	License #	Type/Class	Endorsements	Expiration Date (dd-mmm-yy)

Have you ever completed a driving course? Yes No

If yes, please specify location & date: _____

Have you ever received a safe driving award? Yes No

If yes, please specify employer & date: _____

Please specify the geographic areas which you have operated in: _____

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

If yes, please specify reason & date: _____

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

If yes, please specify reason & date: _____

Can you legally enter the United States of America? Yes No

Have you ever been denied entry into the United States of America? Yes No

If yes, please specify a reason: _____

References

List three persons for references, other than family members, who may have knowledge of your safety habits and work related skills.

Name: _____ Address: _____ Phone: _____

How does this person know you? _____ Email Address: _____

Name: _____ Address: _____ Phone: _____

How does this person know you? _____ Email Address: _____

Name: _____ Address: _____ Phone: _____

How does this person know you? _____ Email Address: _____

To Be Read and Signed by Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters 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.) I hereby release employers, schools, 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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) , (e) , (i) (1) and (2)

The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years – via the application form or other written document prior to any hiring decision – that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

- (i) The right to review information provided by previous employers;*
- (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;*
- (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.*

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-providing 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.

This application was completed by me, all entries are true and correct to the best of my knowledge. I have read, understand and agree to the preceding statement.

Applicant Signature: _____

Date: (dd-mmm-yy) _____

The bottom of all pages must be initialed and applicant signature must be completed when final submission of this document is made to the applicant company

***Completed application and supporting documents can be scanned and emailed to:
hr@bulkcarrierspei.com***