



APPLICATION DATE: _____
(mm/dd/year)

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Personal Information

Name: _____		Social Insurance _____	
_____ Last	_____ First	_____ Middle	
Current Address _____		_____ City	_____ Prov./ State
_____ Street	_____ Postal Code	_____ Phone No.	_____ How Long
Previous _____		_____ City	_____ How Long
Addresses _____		_____ Street	_____ How Long
(3 years)		_____ City	_____ How Long
Date of Birth: _____		_____ Street	_____ How Long
_____ Month	_____ Day	_____ City	_____ Can you provide proof of age?
		_____ Prov./ State & Postal/Zip	_____

Applicant Information

Date of Application: _____ Position Applied For: _____

How were you referred to HYb: ci f 'Hfi W]b['? _____

Have you worked for HYb: ci f 'Hfi W]b[before? _____ If 'yes' when? _____

Are you now employed? _____

If 'no', how long since leaving last employment? _____

Is there any reasons you might be unable to perform the functions of the job for which you have applied?

If 'yes' explain if you wish.

Have you ever been convicted of any charge that you have not received both a Canadian & U.S. pardon for?

Yes _____ No _____

Have you ever:

1) tested positive for a controlled substance? _____ Yes _____ No

2) refused a drug test? _____ Yes _____ No

3) had a breath alcohol test greater than 0.04%? _____ Yes _____ No

4) had any other violations of any DOT drug and alcohol rule for a company to which you applied for but did not work for? _____ Yes _____ No

If 'yes' please list companies _____

TO BE READ AND SIGNED BY APPLICANT

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.
 I authorize you to make the 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 the 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 of interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

DATE _____

SIGNATURE _____

Driver's License Information

Driver's Licenses	PROV.	LICENSE NO.	TYPE OF LIC.	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 _____

IF THE ANSWER TO EITHER OF A OR B IS 'YES', ATTACH A STATEMENT GIVING DETAILS

Driving Experience (if none write 'none')

CLASS OF EQUIP.	TYPE OF EQUIP. (VAN, TANK, FLAT ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Motor Coach – School Bus				
Other				

List Provinces/States Operated in for the last five years

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Accident Record

The past 3 years or more, preventable & non-preventable (attach sheet if more space is needed).
 If none, write 'none'

	DATE	NATURE OF ACCIDENT	INJURIES	FATALITIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

Traffic Convictions and Forfeitures

The past 3 years (other than parking violations). If none, write 'none'

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employees during the proceeding 3 years. List complete mailing address, street number, city, province/state and postal codes/zip codes.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' of information on those employers for whom the applicant operated such a vehicle.

LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT

EMPLOYER (Present)			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

EMPLOYER			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

EMPLOYER			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

EMPLOYER			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

EMPLOYER			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

EMPLOYER			DATE	
			FROM	TO
NAME:			Mo. Yr.	Mo. Yr.
ADDRESS			POSITION HELD:	
CITY:	STATE/PROV:	POSTAL/ZIP:	SALARY/WAGE:	
CONTACT:		PHONE NO:	REASON FOR LEAVING:	

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any mid size vehicle used to transport hazardous materials in quantity requiring placarding.

EDUCATION

Institution	Location	Dates Attended	Degree/ Diploma

INTERESTS & ACTIVITIES: (You are not required to name any organization, club, etc., that would indicate race, religion, color, ethnic or national origin, political beliefs, gender, sexual orientation, marital or family status, or disability/handicap)

DRIVING EXPERIENCE/TRAINING SCHOOL QUESTIONNAIRE

Year you received your Class 1 License? _____ Years of tractor-trailer experience? _____

Have you driven as a: Team Driver or Solo Driver (Please circle one)

Are you willing to drive team? YES _____ NO _____

Are you familiar with cross border paperwork? YES _____ NO _____

Are you familiar with the Hours of Service rules? YES _____ NO _____

Are you able to cross into the United States? YES _____ NO _____

Experience Type	YEARS	MILES	EQUIPMENT TYPE	SCHOOL or COMPANY NAME
Mountain Driving				
U.S.A				
Reefer				
Flatbed				
Hazardous Materials				

Additional Comments: _____

Make/Model of Truck: _____ Engine Make: _____

Type of Transmission: Automatic / Manual (Please circle one)

HYB: ci f 'Hfi W]b['Written Questionnaire

1) What are your expectations from the trucking company you are employed by?

2) What is your strongest quality in the transportation environment?

3) What is your weakest attribute in the transportation environment and how would you overcome it?

4) Based on your past dealings in the trucking industry, is there anything you would change and why?

REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information of

 (Prospective Employer)
 as required by Section 391.23 and allowed by Section 383.35 of the
 Federal Motor Carrier Safety Regulations. You are released from any and
 all liability which may result from furnishing such information.
 Date _____ Applicant's Signature _____

MAIL or FAX TO:

Phone: (_____) _____
Fax: (_____) _____

PROSPECTIVE EMPLOYER



Telephone No. (604) - +!\$) - *
Fax No. (604) 1 J1 6J1 1

Dear Sir/Madam:

The below named individual has made application to this company for a position as driver and states that he/she was employed by you as _____
 from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

HYb: ci f'Hfi W]b['GX"
Safety & Compliance Department

Name of Applicant: _____ Social Insurance No.: _____

1. Employed from _____ to _____ as at wage or salary of _____.
2. Did he/she drive motor vehicle for you? _____, Straight Truck? _____, Tractor-Semitrailer? _____, Bus? _____. Other (specify) _____
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your employ: Discharged _____; Resignation _____; Lay Off _____; Military Duty _____.
5. Was his/her general conduct satisfactory? _____
6. Please advise history of past driving record if available for past three years

THANK-YOU FOR YOUR COOPERATION
PLEASE FAX FORMS BACK TO US TOLL FREE AT: 1-8, , !*) &!+\$* -

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last _____ Social Security Number _____

hereby authorize that:

To: _____
Street: _____
City, State, _____ TELEPHONE: (____) _____ FAX: (____) _____

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: **Hyb'ci f'Hfi W]b['Ltd.**
Attention: **Safety & Compliance Department**
Street: **+\$)' '%/ %5 'GH' Transportation Dept. Telephone: 604-) - +!\$) - ***
City, Prov/Sate, Postal/Zip: **Surrey, British ColumbiažJ' K ') L+ Fax No.: 604-) - +!\$- ****



In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: 604-1 Jİ ĒJÎ Ĩ
Prospective employer's e-mail address: safety@ç} { ~ !d' & ã* .com

Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here
 sign below, and return.

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations. Under Department of Transportation testing requirements:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?
(Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

Please fax this person's most recent drug test results to 604-) - +!\$- **

Name: _____
Company: _____
Street: _____
City, State, Zip: _____ Telephone: _____
Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer. Mailed. Date: _____
Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail E-mail

Date: _____

**PREVIOUS EMPLOYER -
COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER**