

Application Form

**LPR SABOURIN TRANSPORT LTD.
BOX 250
ST. JEAN, MANITOBA
R0G 2B0**

Please print clearly. All sections must be completed.

Personal Information					
Last Name		First Name		Middle Name(s)	
Current Street Address				Length of Time at this Address from (month/year) to (month/year)	
City, Province			Postal Code	Home Phone	Cell Phone (MTS-ROGERS, VERIZON?) #
List Addresses for Past Three Years If same as above, please check box <input type="checkbox"/>				Length of Time at Each Address from (month/year) to (month/year)	
1.	2.	3.			
Class of Licence/ Issuing Province		Driver Licence Number		Expiry	SIN
Hiring Standards					
Do you have a valid Class 1/A licence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you under the age of 21?	
Do you have a clean abstract and driving record?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been convicted of a crime for which a pardon has not been granted?	
Are you legally eligible to work in Canada?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any physical limitations we should be aware of?	
Can you cross the border into the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any limitations with respect to hand-bombing (50 lb.)?	
Are you FAST approved (or applied for FAST approval)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you willing to be tested for drug and alcohol use on a random basis?	
Education					
Highest Level of Formal Education (degree/diploma, School Attended, Year Completed)					

Driving/Training Institute Attended (if applicable) and Date of Graduation

Tractor/Trailer Driving Experience

Indicate your commercial driving experience.	What types of commercial vehicles have you driven?	Rate your experience 0=None 1=Limited (under 1 year) 2=Some Experience (1-3 years) 3=Experienced (3 years or more)
Student training only <input type="checkbox"/>	Van <input type="checkbox"/>	0 1 2 3
Less than 6 months <input type="checkbox"/>	Tanker <input type="checkbox"/>	0 1 2 3
6 months to 1 year <input type="checkbox"/>	Flatbed <input type="checkbox"/>	0 1 2 3
1 to 2 years <input type="checkbox"/>	Tri-Axle/Tandem <input type="checkbox"/>	0 1 2 3
3 to 5 years <input type="checkbox"/>	Refrigeration (Reefer) <input type="checkbox"/>	0 1 2 3
5 or more years <input type="checkbox"/>	Other <input type="checkbox"/>	0 1 2 3

List particulars of all vehicle accidents arising out of the use, ownership or operation of any motor vehicle (personal or commercial) during the past three years.
If none, please check box

List particulars of all convictions arising out of the use, ownership or operation of any motor vehicle (personal or commercial) during the past three years.
If none, please check box

Has your licence ever been suspended or revoked for any reason, or have you ever been denied a licence for any reason?
If no, please check box

Employment History

Please list your employment for the past ten (10) years. All time gaps must be accounted for and the reason provided (i.e. unemployed/self-employed/attending school). Please begin with your most recent employer.	The <i>Federal Motor Carrier Safety Regulations</i> (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GWR of 10,000 lb. or more (2) is designed to transport nine or more passengers or (3) is of any size and is used to transport hazardous materials in quantities requiring placarding.	
1. Last/Current Employer	From	To
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes No

Employment History (continued)		
2. Previous Employer	From	To
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Previous Employer	From	To
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Previous Employer	From	To
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
5. Previous Employer	From	To
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		

testing under 49 CFR part 40?

Yes No

Employment History (continued)

6. Previous Employer	From	To
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. Previous Employer	From	To
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. Previous Employer	From	To
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
9. Previous Employer	From	To
Address		
Phone Number	Reason(s) for Leaving	
Position Held	Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Position Held	Was your job designated as a safety sensitive function subject to drug and alcohol testing under 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you subject to FMCSRs (see description above) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Information

What is your reason for choosing us as your potential employer?

Have you been referred by a current driver or Owner/Operator? If Yes, please state their name.

Where did you hear about this position?

- | | | | | | |
|-------------------|--------------------------|------------------|------------|--------------------------|------------------|
| Newspaper Ad | <input type="checkbox"/> | _____ | Truck Show | <input type="checkbox"/> | _____ |
| | | (Please Specify) | | | (Please Specify) |
| Trucking Magazine | <input type="checkbox"/> | _____ | Internet | <input type="checkbox"/> | _____ |
| | | (Please Specify) | | | (Please Specify) |
| Other | <input type="checkbox"/> | _____ | | | |
| | | (Please specify) | | | |

Release Clause

This certifies that I completed this application form myself, and that all entries on it and information in it are true and completed to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize the Company and/or its agents to make such investigations and inquiries as may be necessary to arrive at an employment decision. This includes my personal history, employment history, credit history, driving record, criminal record, drug and alcohol test results from previous employers (or their consortium) and other related matters. Generally, inquiries regarding medical history will be made only if required, 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.

If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment or contract period. Furthermore, I understand that the Company and/or its agents may keep information on file (including work performance) as related to my employment, and make it available to any second party with my written consent.

I agree to supply the following information as part of this application:

- CVOR Abstract (current within past 30 days)
- Driver's Abstract (current within past 30 days)
- Criminal Record Search (current within past 90 days)

Signature

I certify that all information contained in this application form is complete and accurate to the best of my knowledge.

Signature

Date