

Driver's Application for Employment

Applicant Name:	Date of Application:
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Company:	Kb Employment Solutions Inc.
Address:	341 Talbot St, London ON N6A 2R5

In compliance with Federal and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

To Be Read and Signed by Applicant

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature:	Date:
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For Company Use

Process Record Recruiting Department	
Recruiter Name:	Road Test Date:
Drug Test Date:	Orientation Date:

Applicant to Complete

Position(s) Applied For:			Single or Team:				
Last Name:		First Name:		Middle Name:		Social Insurance #:	
Email:		Home Phone:		Mobile:		Date of Birth (mm/dd/yyyy):	

List your addresses of residency for the past 3 years.

Current Address	Street:	City	Province	PC	How Long?
	Street:	City	Province	PC	How Long?
Previous Addresses	Street:	City	Province	PC	How Long?
	Street:	City	Province	PC	How Long?

Emergency Contact

Name:	Relationship:	Phone:
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Are you legally qualified to cross the Canada/United States border? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you possess a valid FAST Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what location?	Date From:	Date To:	Position:
Reason for leaving?			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, how long has it been since you left your last employment?	
Were you referred? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, by whom?	
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, bonding company:	
Have you ever been convicted of any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment; all circumstances will be considered.			
Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? If yes, explain if you wish.			

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, province and postal code. (NOTE: List employers in reverse order starting with the **most recent**. Add another sheet as necessary. **List period of unemployment in the boxes below as well and provide necessary details**)

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Period of Unemployment (if any)		Date From (mm/yyyy):	Date To (mm/yyyy):	

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Period of Unemployment (if any)		Date From (mm/yyyy):	Date To (mm/yyyy):	

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Period of Unemployment (if any)		Date From (mm/yyyy):	Date To (mm/yyyy):	

Employment History (Continued)

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Period of Unemployment (if any) Date From (mm/yyyy):		Date To (mm/yyyy):		

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Period of Unemployment (if any) Date From (mm/yyyy):		Date To (mm/yyyy):		

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Period of Unemployment (if any) Date From (mm/yyyy):		Date To (mm/yyyy):		

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding. The Federal Motor Carrier Safety Regulations (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 GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record for the Past 3 Years or More (Attach Sheet if Required, indicate if None)

	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions & Fines for the Past 3 Years (Attach Sheet if Required, indicate if None)

Do not include Parking Infractions.

Location	Date	Charge	Penalty

Experience and Qualifications

Driver Licenses or Permits held in the past 3 years.

Province	License Number	Type	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 every been suspended or revoked? Yes No

If the answer to either A or B is yes, give details:

C) Do you have a **“W” Restriction/Condition** on your driver’s license? Yes No

Experienced?	Class of Equipment	Type of Equipment	Dates From and To	Total Miles
<input type="checkbox"/> Yes <input type="checkbox"/> No	Straight Truck	<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tractor and Semi-Trailer	<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Dump		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tractor – Two Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tractor – Three Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Coach – School Bus	8 Passengers		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Coach – School Bus	15 Passengers		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:			

List any States or Provinces that you have operated in for the last 5 years:

List any trucking, or other related skills that may help you in this position (including driving awards):

Highest Level of Education Completed

Grade School:	High School:	Post-Secondary:
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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.

Signature:	Date:
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AGREEMENT TO WORK EXCESS HOURS

The Ontario Employment Standards Act, 200 sets maximum daily and weekly hours of work. The daily limit for hours of work is eight(8)hours, or if the employer has established a work day longer than eight hours, then the daily limit is the number f hours established by the employer. The weekly Limit for hours of work is 48 hours.

Employers are allowed to request an employee to work longer hours than the daily and weekly maximum, if the employee agrees in writing.

This information is also contained in the Ontario Ministry of Labour’s Information for Employees About Hours of Work and Overtime Pay, which KB EMPLOYMENT SOLUTIONS INC. has provided to you and asked that you read before signing this Agreement.

By signing below, you agree to work for KB EMPLOYMENT SOLUTIONS INC. And/or in placement with KB EMPLOYMENT SOLUTIONS INC.’s clients more than eight hours per day and 48 hours per week. The daily maximum that you will be requested to work is 13 hours. The weekly maximum that you will be requested to work is 60 hours.

Name:	Signature:	Date:
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I _____, have been given the Ontario Ministry of Labour’s Information for Employees about Hours of Work and Overtime Pay by KB EMPLOYMENT SOLUTIONS INC. Prior to signing this Agreement, I have reviewed that document, and read and reviewed the terms of this Agreement.

I agree to the above terms and that this Agreement will come into effect on the date of signing and will continue until two weeks after I advise KB EMPLOYMENT SOLUTIONS INC. That I wish to cancel this Agreement. I understand that KB EMPLOYMENT SOLUTIONS INC. May also cancel this Agreement by providing me with reasonable notice.