



Application For Employment
Attn: Elaine Boudreau
Fax# 506-854-1214

Date of Application _____

Company Keltic Transportation Inc. Street Address 90 MacNaughton Ave.
City, Prov, Postal Code Moncton, NB E1H 2K1

Name (first) (middle) (last) Telephone _____

Address (street) _____

Address (city/prov) (postal code) How Long? _____

Date of Birth (day, month, year) Social Ins. Number _____

Address for Past 3 years (street) (city/prov) (postal code) How Long? _____

(street) (city/prov) (postal code) How Long? _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

Drivers License (province) (License number) (class) (expiration date) (d, m, y) _____

Have you ever been denied a drivers license? Y__ N__ Ever been suspended or revoked? Y__ N__

Driving Experience:

Table with 5 columns: Class of Equipment, Type of Equipment, Date from, Date to, Approx Miles. Rows include Straight Truck, Tractor & Semi-Trailer, Tractor- Two Trailers, and Other.

Position applying for _____ Full Time _____ Part Time _____

Have you worked from this company before? _____ Dates: From _____ To _____

Are you currently employed? _____ If not how long since last employment? _____

Have you ever been convicted of a felony? _____ If yes, please explain on a separate sheet of paper

Have you ever been bonded? Y__ N__ Name of bonding company _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Post Secondary: 1 2 3 4

Last school attended _____ Address _____

List provinces and states operated in during last 5 years _____

Courses or training that will help you as a driver _____

List safe driving awards and from whom _____

DRIVER APPLICANTS

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.

(2) 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 day's 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.

I have read, understand and agree to the preceding statement

Applicant Signature _____ Date _____
(day, month, year)

ACCIDENT RECORD FOR PAST 3 YEARS

(attach sheet if more space is needed)

	Date <small>(d, m, y)</small>	Nature of Accident <small>(head on, rear-end, upset, etc)</small>	Fatalities	Injuries
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(other than parking violations)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach sheet if more space is needed)

EMPLOYMENT RECORD

(attach second sheet if more space is needed) (for dates use month/year)

DOT requires that Employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown

LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

SECOND LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

THIRD LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

FOURTH LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

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.

This application was completed by me, all entries are true and correct to the best of my knowledge

Applicant Signature _____ Date _____
(day, month, year)

=====

PROCESS RECORD FOR OFFICE USE ONLY

Applicant Hired _____ Rejected _____

Hire Date _____ Classification/Dept _____
(day, month, year) (van, reefer, flat, tank, etc)

Notes: _____

Company Rep _____ Date _____
(day, month, year)

=====

TERMINATION OF EMPLOYMENT

Date Terminated _____ Dismissed _____ Quit _____ Other _____
(day, month, year)

Eligible for Rehire: Yes _____ No _____

Notes: _____

Company Rep _____ Date _____
(day, month, year)

EMPLOYMENT RECORD PAGE 2

EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

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EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

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ADDRESS _____ Fax (____) _____

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WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

Previous Employer Consent Form

I, _____ give my consent to perform a previous employer background check.

Signature: _____ Date _____

COMPANY BEING CONTACTED: _____

PERSON CONTACTED: _____

DATE: _____ TELEPHONE NUMBER: _____

FAX NUMBER: _____

APPLICANT LISTS DATES OF EMPLOYMENT WITH YOUR FIRM FROM: _____
TO: _____ IS THIS CORRECT? _____

HOW WAS THIS PERSONS ATTENDANCE RECORD: _____

WHAT TYPE OF EQUIPMENT WAS DRIVEN: _____

APPROXIMATELY HOW MANY MILES DRIVEN YEARLY: _____

WHAT TYPE OF PRODUCTS HAULED: _____

WAS THERE ANY PROBLEM WITH DELIVERY AND PICK UP TIME: _____

WAS THERE ANY SIGNIFICANT INCIDENTS OR ACCIDENTS (SPILLS, ARGUMENTS WITH CUSTOMERS, ETC.)? _____

PREVENTABLE OR NON-PREVENTABLE ACCIDENTS? _____

ANY ON THE JOB INJURIES? _____

GENERAL OPINION OF CONDUCT _____

WHY DID THIS PERSON LEAVE YOUR EMPLOY? _____

WOULD YOU REHIRE THIS PERSON? _____

COMMENTS: _____

INQUIRY PERFORMED BY: _____ TELEPHONE NUMBER: _____

DATE: _____