

To: All New Applicants

The Canamex Group welcomes and encourages qualified driver & owner operator applications.

In order to process your application in a timely manner, the following procedure must be observed.

1. Applicant must at least 21 yrs old, have 3 verifiable years' experience, zero demerits, no more than 1 moving violation, no at fault crashes in the past 3 years.
2. All applications must be completed fully, be signed and dated where applicable.
3. All references and previous employment must have names, addresses, phone and fax numbers. References and previous employment will be checked.
4. Writing must be legible.
5. All Operators MUST be able to read and write English as stated in FMCSR & CVSA.
6. If you are unsure of something on the application, please ask.

You will be required to furnish the following documents before your application is even considered.

1. A valid driver's license with the proper endorsements.
2. A current original drivers abstract (Motor vehicle record) as well as a CVOR (Commercial vehicle record). Current means no more than 30 day's old.
3. A current police report, you must get valid a CPIC fingerprint search.
4. A valid SIN Card. (upon hire)
5. Authority to drive in the U.S. i.e.: U.S. Visa if applicable.
6. A valid fast-Express Card and Article of Incorporation.

Once your application and supporting documents have been reviewed and approved, you will be asked to do a road test.

The **road test** will consist of a pre-trip inspection, driving ability, backing ability, and a post-trip inspection.

If you pass the road test you will be required to take a pre-employment DOT drug test. This appointment will be made for you.

Once you receive a negative drug test our orientation consists of up to 2 full day's in our office covering,

1. Log Book Training
2. Hours of Service Training
3. Load Security Training
4. Stop Critical Crashes Training
5. Vehicle Inspection Training
6. Proper customs/ paperwork handling.
7. Company Policies and Procedures.
8. Health and Safety Policy

Orientation may also include other training as deemed necessary by the Safety Department.

DRIVER'S APPLICATION FOR EMPLOYMENT

Company: _____

Address: _____

City: _____ State _____ Zip _____

(Answer all questions - please print)

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.

Date of Application: _____

Position(s) Applied for: (Check One) _____ Owner Operator _____ Driver _____ Driver for an Owner Operator

Name: _____ S.I.N. _____
Last / First / Middle

Address: _____

_____ City Province Postal Code

_____ Phone Cell Phone email address

Address for the past 3 years (if different than above)

Street: _____ City Province and Postal Code How Long? _____

Street _____ City Province and Postal Code How Long? _____

Emergency Contact Name _____ Phone # _____

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Can you provide proof of age? _____

(Required for Truck Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay Expected _____

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, please explain.

EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding **3 years**. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional **7 years'** information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Current EMPLOYER		DATE {MONTH / YEAR}	
NAME:		FROM:	TO:
ADDRESS:		POSITION HELD	
CITY:		SALARY WAGE	
CONTACT PERSON	PHONE #:	REASONS FOPR LEAVING	
Where you subject to FMCSRs* While Employed? YES _____ 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? YES _____ NO _____			
1st previous EMPLOYER		DATE {MONTH / YEAR}	
NAME:		FROM:	TO:
ADDRESS:		POSITION HELD	
CITY:		SALARY WAGE	
CONTACT PERSON	PHONE #:	REASONS FOPR LEAVING	
Where you subject to FMCSRs* While Employed? YES _____ 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? YES _____ NO _____			
2nd previous EMPLOYER		DATE {MONTH / YEAR}	
NAME:		FROM:	TO:
ADDRESS:		POSITION HELD	
CITY:		SALARY WAGE	
CONTACT PERSON	PHONE #:	REASONS FOPR LEAVING	
Where you subject to FMCSRs* While Employed? YES _____ 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? YES _____ NO _____			
3rd previous EMPLOYER		DATE {MONTH / YEAR}	
NAME:		FROM:	TO:
ADDRESS:		POSITION HELD	
CITY:		SALARY WAGE	
CONTACT PERSON	PHONE #:	REASONS FOPR LEAVING	
Where you subject to FMCSRs* While Employed? YES _____ 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? YES _____ NO _____			

***The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.**

EMPLOYMENT HISTORY

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4th previous EMPLOYER		DATE {MONTH / YEAR}	
NAME:		FROM:	TO:
ADDRESS:		POSITION HELD	
CITY:		SALARY WAGE	
CONTACT PERSON	PHONE #:	REASONS FOPR LEAVING	
Where you subject to FMCSRs* While Employed? YES _____ 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? YES _____ NO _____			
5th previous EMPLOYER		DATE {MONTH / YEAR}	
NAME:		FROM:	TO:
ADDRESS:		POSITION HELD	
CITY:		SALARY WAGE	
CONTACT PERSON	PHONE #:	REASONS FOPR LEAVING	
Where you subject to FMCSRs* While Employed? YES _____ 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? YES _____ NO _____			
6th previous EMPLOYER		DATE {MONTH / YEAR}	
NAME:		FROM:	TO:
ADDRESS:		POSITION HELD	
CITY:		SALARY WAGE	
CONTACT PERSON	PHONE #:	REASONS FOPR LEAVING	
Where you subject to FMCSRs* While Employed? YES _____ 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? YES _____ NO _____			
7th previous EMPLOYER		DATE {MONTH / YEAR}	
NAME:		FROM:	TO:
ADDRESS:		POSITION HELD	
CITY:		SALARY WAGE	
CONTACT PERSON	PHONE #:	REASONS FOPR LEAVING	
Where you subject to FMCSRs* While Employed? YES _____ 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? YES _____ NO _____			

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ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT {HEAD-ON, REAR-END, ETC}	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)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 5 COLLEGE: 1 2 3 4
 LAST SCHOOL ATTENDED _____

(NAME)

(CITY)

DRIVER'S LICENCE - LIST EACH LICENCE HELD IN THE PAST 3 YEARS

DRIVER LICENSES	PROVINCE	LICENSE #	TYPE	EXPIRY 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 _____

C. Have you ever been convicted of a felony? YES _____ NO _____

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, FLAT	DATES		APPRX # OF MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR - 2 TRAILERS				
OTHER				

LIST THE STATES / PROVINCES YOU HAVE 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? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING YOU MAY HAVE TAKEN OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that I completed this application, 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 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 made 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 view 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.

I hereby 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 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.

_____ Date _____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED

REJECTED

DATE EMPLOYED

POINT EMPLOYED

DEPARTMENT

CLASSIFICATION

(If rejected, summary report of reasons should be placed in file)

This section to be filled in by responsible officer or company representative

	Superior	Good	Fair	Below Average	Poor	Written Record on File
Application						
Interview						
P Employment						
Written Exam						
Road Test						
Criminal & Traffic Conviction						

Signature of Interviewing Officer: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED:

DEPARTMENT RELEASED FROM:

DISMISSED:

VOLUNTARY QUIT:

OTHER:

TERMINATION REPORT PLACED IN FILE:

SUPERVISOR:

Mathematic Evaluation

80 + 20 - 27 = _____ 5 x 13 = _____ 100 / 4 = _____ 1 / 2 + 1 / 2 = _____

121+13-15 = _____ 8 x 7 = _____ 27 / 3 = _____ 1 / 2 + 1 / 4 = _____

33+12-11 = _____ 11 x 9 = _____ 40 / 8 = _____ 1 / 4 + 1 / 4 = _____

2.0 + 6.75 = _____ 1.2+4.7=_____ 8.9+6.4=_____ 11.25+13.50=_____

Spelling Evaluation

 Please underline the correct spelling

1-Occurrence Occurance 2-factory factourie 3-Brampton braanton

4-Fourman foreman 5-asinment assignment 6-trucks trux

7-Haxardous hazardous 8- asicence assistance 9-fuel feul

Policies and Procedures

If you have a Workplace Injury, you MUST report it to the supervisor at immediately. True False

All who work in a hazardous area are required to wear steel toed footwear. True False

If you are asked to do a job that you feel is unsafe, you must advise your supervisor that you feel the task is unsafe True False

Company has a Joint Health and Safety Committee to represent every worker @ Can Amex. True False

You can drive a forklift if you are asked to do the job, it doesn't matter you have license True False

If you are unable to come to work, you must call and speak with your manager True False

To do proper lifting, you must bent you knees, keep your back straight & hold object close to your body True False

TRANSPORTATION

Own Transportation ? or take public transport? Do you have Steel Toe Safety Footwear? _____

Lifting Capabilities (max)? 1-20lbs 21-40lbs 41-60lbs 61-80lbs 81-100lbs