

EMPLOYMENT APPLICATION

Applicant Name _____ **Date of Application** _____
Company **SOUTHWEST BULK EXPRESS INC**
Address **245059 RANGE ROAD**
City **CONRICH** State **ALBERTA** Zip **T2M4L5**

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, any financial losses occurred to the employer due to my negligence at work I will be liable to pay for the losses occurred and not the employer. 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 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 attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

***Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(Answer all questions-please print)

Position(s) Applied for _____

S.I.N. _____

Name _____

Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____

Street City

__Phone __How Long? Province Postal Code _____

yr./mo

Previous _____ How Long? _____

Street City Province & Postal Code yr./mo.

Addresses _____ How Long? _____

Street City Province & Postal Code yr./mo.

_____ How Long? _____

Street City Province & Postal Code yr./mo.

Do you have the legal right to work in Canada? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

(Required for Commercial 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 _____

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

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

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 which you have applied for [as described in the attached job description]?

If yes, explain if you wish

Are you a FAST approved driver? Yes No Fast Card # _____

Expiry Date _____

If no, are you willing to apply for one and if not please state why

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province and Postal Code. Applicants to drive a commercial motor vehicle* in interstate 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.

EMPLOYER	DATE	
NAME	From MO YR	To MO YR
ADDRESS	POSITION HELD	
CITY PROVINCE POSTAL CODE	SALARY WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING?	
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		

EMPLOYER	DATE	
NAME	From MO YR	To MO YR
ADDRESS	POSITION HELD	
CITY PROVINCE POSTAL CODE	SALARY WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING?	
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		

EMPLOYER	DATE	
NAME	From MO YR	To MO YR
ADDRESS	POSITION HELD	
CITY PROVINCE POSTAL CODE	SALARY WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING?	
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		

EMPLOYER		DATE	
NAME		From	To
		MO YR	MO YR
ADDRESS		POSITION HELD	
CITY	PROVINCE	POSTAL CODE	
		SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING?	
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			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		From	To
		MO YR	MO YR
ADDRESS		POSITION HELD	
CITY	PROVINCE	POSTAL CODE	
		SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING?	
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			

*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 PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS
	(HEAD-ON, REAR-END, UPSET, ETC)			MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS—DRIVER

List all driver licenses or permits held in the last 3 years.

DRIVER LICENSE	PROVINCE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO _____

B. Have any license, permit or privilege ever been suspended or revoked? YES NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF
		FROM M/Y	TO M/Y	MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH- SCHOOLBUS (MORE THAN 8 PASSENGERS) <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH SCHOOLBUS (MORE THAN 15 PASSENGERS) <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER				

LIST PROVINCES & STATES OPERATED IN FOR 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 – OTHERS

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

LIST COURSES AND TRAINING OTHER THEN AS SHOWN ELSEWHERE IN THIS APPLICATION

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

EDUCATION

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

LAST SCHOOL ATTENDED (NAME) _____ (CITY, PROVINCE) _____

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:** _____

REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to **SOUTHWEST BULK EXPRESS INC** for the purposes of investigation
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

Applicant's Signature _____ Date _____

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FROM WAS (check appropriate box)

Mailed, Date: _____

Faxed, Date: _____

Emailed, Date: _____

Received by Phone, Date: _____ Name of Person Contacted:

Dear Sir/Madam:

The below named individual has made application to this company for a position as

_____ 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 enveloped for your convenience. Thank you for your courtesy.

Sincerely

Name of the Applicant: _____ Social Security No: _____

1 _____ as _____ at wage or

Employed from _____ to _____
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 effective 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

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check mark in appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get Along with others				
Initiative, resourcefulness				
Safety Habits				
Driving Skills				
Attitude				
Loyalty				

Any Other Remarks _____

SIGNATURE _____

TITLE: _____

DATE: _____

DRIVER ACKNOWLEDGEMENT

I _____ have been explained and I understand it is illegal to Falsify in logbooks and I have to log all time markers (e.g. Tolls, border crossing, fuel times etc.) Properly and exactly as per Mountain Time Zone.

If any falsification in my logs is found while auditing by company, I agree that I will be subjected to fines and penalties

Fines and penalties will be determined by safety and compliance officer looking in to number of counts and difference of hours

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Procedure & Policies

Drivers Manual

I _____ have read and understand the **SOUTHWEST BULK EXPRESS INC** policies and procedures driver's manual. I fully agree to abide by these policies and procedures and understand that if I break any of these policies and procedures, I will suffer the consequences set forth in the manual. I am also aware that anything I do not understand, I can go to anyone in a management position and anything I do not understand, will be fully explained to me. I understand that **TRUX SAFETY SOLUTIONS INC** is the safety compliance officer for **SOUTHWEST BULK EXPRESS INC** and I will abide any rule set forth by **TRUX SAFETY SOLUTIONS INC** pertaining to any safety issues I might have.

Driver's Name: _____

Driver's Signature: _____

Date: _____

Witnessed By: _____

Consent to release Individual Information

1. I authorize **TRUX SAFETY SOLUTIONS INC** and my prospective employer to retain and share any of my information to other transport companies or nay government or private agencies.
2. I also authorize **TRUX SAFETY SOLUTIONS INC** to pull my CVOR, Abstract and Police Clearance from

time to time while I am in employment with this prospective employer.

Driver's Name

Driver's Signature

Date

RECORD OF ROAD TEST

Driver's Name: _____		Address: _____	
License No. _____	State _____	Equipment driven: Truck/Tractor	Trailer
Checked From _____		To _____	Date _____

Check only those items on which the driver's performance is **UNSATISFACTORY**. Explain unsatisfactory items under Remarks.

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

<ul style="list-style-type: none"> . Checks general condition approaching unit . Looks for leakage of coolants, fuel, lubricants . Checks under hood - oil, water, general condition of engine compartment, steering . Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers . Tests brake action, tractor protection valve and parking (hand) brake . Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses and 4--way flashers . Checks instruments . Cleans windshield, windows, mirrors, lights, reflectors 	<p style="text-align: center;">PART 3 - COUPLING AND UNCOUPLING</p> <ul style="list-style-type: none"> . Lines up units . Hooks brake and light lines properly . Secures Trailer against movement . Backs under slowly . Tests hookup with power . Checks hookup visually . Handles landing gear properly . Proper hook-up of full trailer . Secures power unit against movement
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PART 2 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

<p>A. MOTOR</p> <ul style="list-style-type: none"> . Starts motor without difficulty . Allows proper warm-up . Understands gauges on instrument panel . Maintains proper engine speed while driving . Basic knowledge of motors - gas diesel . Does not abuse motor <p>B. CLUTCH AND TRANSMISSION</p> <ul style="list-style-type: none"> . Starts loaded unit smoothly . Uses clutch properly . Times gearshift properly . Shifts gears smoothly . Uses proper gear sequence 	<p>C. BRAKES</p> <ul style="list-style-type: none"> . Understands operating principles of air brakes . Knows proper use of tractor protection valve . Understands low air warning . Tests brakes before starting trip <p>D. STEERING</p> <ul style="list-style-type: none"> . Controls steering wheel . Good driving posture and good grip on wheel <p>E. LIGHTS</p> <ul style="list-style-type: none"> . Knows lighting regulations . Uses proper headlight beam . Dims lights when meeting or following other traffic . Adjusts speed to range of headlights . Proper use of auxiliary lights
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PART 4 - BACKING AND PARKING

A. BACKING		B. PARKING (CITY)	
	. Gets out and checks before backing		Does not hit nearby vehicles or stationary objects
	. Looks back as well as uses mirror		Parks proper distance from curb
	. Gets out and rechecks conditions on long back		Sets parking brake, puts in gear, chocks wheels,

			shuts off motor
	. Avoids backing from blind side		Checks traffic conditions and signals when pulling out from parked position
	. Signals when backing		Parks in legal or safe location
	. Controls speed and direction properly while backing	C. PARKING (ROAD)	
			Parks off pavement
			Avoids parking on soft shoulder
			Uses emergency warning signals when required
			Secures unit properly

PART 5 - SLOWING AND STOPPING

	Uses gears properly ascending		Gears down properly descending
	Stops and starts without rolling back		Tests brakes properly on grades
	Uses mirrors to check traffic to rear		Signals following traffic
	Avoids sudden stops		Stops smoothly without excessive fanning
	Stops before crossing sidewalk when coming out of driveway or alley		Stops clear of pedestrian crosswalks

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

A. TURNING		E. PASSING	
	Gets in proper lane well in advance		Passes with sufficient clear space ahead
	Signals well in advance		Does not pass in unsafe location: hill, curve, intersection
	Checks traffic conditions and turns only when way is clear		Signals lane changes
	Does not swing wide or cut short while turning		Warns driver being passed
B. TRAFFIC SIGNS AND SIGNALS			Pulls out and back with certainty
	Approaches signal prepared to stop if necessary		Does not tailgate
	Obeys traffic signal		Does not block traffic with slow pass
	Uses good judgment on yellow light		Allows enough room when returning to right lane
	Starts smoothly on green	F. SPEED	
	Notices and heeds traffic signs		Speed consistent with basic ability
	Obeys "Stop" signs		Adjusts speed properly to road, weather, traffic conditions , legal limits
C. INTERSECTIONS			Slows down for rough roads
	Adjusts speed to permit stopping if necessary		Slows down in advance of curves, intersections, etc.
	Checks for cross traffic regardless of traffic controls		Maintains consistent speed
	Yields right-of-way for safety	G. COURTESY AND SAFETY	

D. GRADE CROSSINGS	Uses defensive driving techniques
Adjusts speed to conditions	Yields right-of-way for safety
Makes stop, if required	Goes ahead when given right-of-way by others
Selects proper gear and does not shift gears while crossing	Does not crowd other drivers or force way through traffic
	Allows faster traffic to pass
	Keeps right and in own lane
	Uses horn only when necessary
	Generally courteous and uses proper conduct

PART 7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS	B. HANDLING OF FREIGHT
Consistently alert and attentive	Checks freight properly

Adjusts driving to meet changing conditions	Handles and loads freight properly
Performs routine functions without taking eyes from road	Handles bills properly
Checks instruments regularly while driving	Breaks down load as required
Willing to take instructions and suggestions	C. RULES AND REGULATIONS
Adequate self-confidence in driving	Knowledge of company rules
Is not easily angered	Knowledge of regulations: Federal, state local
Positive attitude	Knowledge of special truck routes
Good personal appearance, manner, cleanliness	D. USE OF SPECIAL EQUIPMENT (SPECIFY)
Good physical stamina	

REMARKS: _____

GENERAL PERFORMANCE		QUALIFIED FOR:	
<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Truck
<input type="checkbox"/>	Needs Training	<input type="checkbox"/>	Tractor-Semitrailer
<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>	Other: _____

Signature of Examiner _____

Date _____
