



Trappers Transport Ltd.
Box 23, Group 514, RR#5
Winnipeg, MB R2C 2Z2
Toll Free: 800-561-9696 Direct: (204)697-7647 Fax: (204)224-6258

Driver Applicant

Thank you for choosing Trappers Transport Ltd, for your consideration for employment, our goal is to make all employees successful. We look forward to having you as part of our team.

As discussed, I have enclosed our Application. Please complete in full and fax back to me at (204)224-6258 along with:

- Current copy (within last two weeks) of your Commercial driver's abstract, Ontario base drivers include CVOR.
- Photocopy (front & back) of your driver's license
- Copy of a Criminal Record Search
- Relevant border crossing documents if you are applying for the US fleet i.e. passport, FAST card, etc.

Please note that on the application, on page 10, ONLY complete the areas indicated by arrows (➔). Also, when copying your driver license, ENLARGE it two sizes and LIGHTEN it about 2-3 shades. This will help to ensure that it is legible. *We require 10 years of work history. Please do not indicate "please see resume", this will not be accepted or processed. Include the telephone, and fax numbers, for a least the most recent three years of history.* The work history is for driving or non driving employment.

Should you have any further questions/concerns, please feel free to contact me. I look forward to receiving your application.

Regards,

Angela Dowd

Manager, Recruiting and Retention
Trappers Transport Ltd.
Direct Phone: (204) 697-6054
Toll-Free Phone: (800) 561-9696 ext. 6054
Fax: (204) 224-6258
E-mail: angelad@trapperstransport.com



REQUIREMENTS FOR DRIVER APPLICANTS

Thank you for your interest in Trappers Transport Ltd. In order to make your application as simple as possible, please read this handout carefully. It will provide you with all the information you need to prepare for our hiring process.

MINIMUM STANDARDS

Trappers Transport has a set of minimum standards which must be met before an individual will be considered for a driving position.

1. Minimum 21 years of age international travel, 18 years of age domestic travel;
2. Valid Commercial Driver's License: Class 1 with Air Brake Endorsement;
3. Current Commercial Driver's Abstract with no alcohol convictions in previous 5 years;
4. Canada/USA border crossing ability, with current Passport and or FAST card.
5. Ability to provide a list of previous and current employer(s) for use as references; and,
6. Minimum verifiable 1 year work experience driving tractor trailer.

PRE-QUALIFICATION DOCUMENTS

Trappers Transport will need the following documents from you:

1. Fully completed Driver Recruitment Form. A resume is not a substitute, although it may be included with the completed form.
2. An original Commercial Drivers Abstract. The abstract must be no more than two (2) weeks old from the date of completion of the Driver Recruitment Form, and must show no alcohol convictions in the previous five (5) years, and no more than two (2) moving violations within the last year.
3. A legible Photostat copy (front & back) of your Provincial Driver's License.
4. You will be asked to complete a Driver Disclosure of License Form.
5. An original criminal record search, dated no more than two (2) weeks old from the date of completion of the Driver Recruitment Form.

Once you have submitted this documentation, we will begin to assess your suitability as a driver for Trappers Transport Ltd. 2

DRIVER RECRUITMENT

(Please print only)

NAME OF DRIVER: _____

ADDRESS: _____

E-mail Address: _____

Date Available: _____ Full Time _____ Part Time _____

REVIEW:

1. Are you legally entitled to work in Canada? Yes _____ No _____
2. Are you legally entitled to travel to the U.S.? Yes _____ No _____
3. Do you hold a current FAST card and/or Passport? Yes _____ No _____
4. Do you require a Labor Market Opinion? Yes _____ No _____

Describe your driving experience and indicate in what year you obtained your Commercial Driver Licence: _____

5. Driving Preference? Single _____ Team _____

6. Fleet Preference Canada only _____ U.S. _____ L.C.V. _____ Gravel _____ City P&D _____

7. **If applying as an Owner Operator** complete the following information regarding your power unit:

- Year Make/Model: _____ Tare Weight: _____
- Printed Scale Ticket Attached: Yes _____ No _____
- Business Plan Available: Yes _____ No _____

As an international carrier, Trappers Transport Ltd has requirements of applicants & employees to:

- possess and maintain the ability to be bonded and the ability to cross the Canada/USA border;
- have a clear understanding of the English language with the ability to read, write and speak the language on the job; and,
- submit to Drug & Alcohol testing, achieving Negative results.

I certify that I have answered all questions honestly and without reservation and meet requirements for English Language ability and qualifications to be bonded. I authorize Trappers Transport Ltd., or its agent thereof, to contact my previous employers, as well as any reference source, in order to verify the facts and information that I have furnished regarding my qualification. I release any such employer or person from any and all liability. I understand that any misleading or incorrect statements that I have made may render this application void, and, if employed, may be cause for my termination.

Applicant's signature: _____ **Date:** _____

APPLICATION FOR EMPLOYMENT

(Please print only)

Name: _____
First Middle Initial Last

Address: _____
Street Address City Province Postal Code

Phone Number: _____ **Cellular Number:** _____

Previous Address if less than two (2) years: _____

Date of Birth: _____ **Are you legally entitled to travel to the USA?** _____
(DD/MMM/YYYY)

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Number of Years Experience	Approximate Total Miles Driven
Straight Truck			
Tractor and Semi Trailer			
Tractor - Two Trailers			
Other (please specify)			

Accident Record

(Attach sheet if more space is needed)

Dates	Nature of Accident	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

Traffic Convictions and Forfeitures for the Past 3 Years

(Other than parking violations -- attach sheet if more space is needed)

Location	Date	Charge	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or driving privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

Employment Record

(Attach sheet if more space is needed)

NOTE DOT requires that employment for at least 3 years and/or

Commercial Driving Experience for the past 10 Years be shown

(Please print only)

Current Employer: Name: _____
Address: _____
Position Held: _____ From: _____ To: _____
Contact: _____ Phone: _____ Fax: _____
Reason for Leaving: _____

May we contact your current employer for a reference check? Yes _____ No _____

Previous Employer: Name: _____
Address: _____
Position Held: _____ From: _____ To: _____
Contact: _____ Phone: _____ Fax: _____
Reason for Leaving: _____

Previous Employer: Name: _____
Address: _____
Position Held: _____ From: _____ To: _____
Contact: _____ Phone: _____ Fax: _____
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Address: _____
Position Held: _____ From: _____ To: _____
Contact: _____ Phone: _____ Fax: _____
Reason for Leaving: _____

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.

(Date)

(Applicant's Signature)

Note A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Employment Record

(Attach sheet if more space is needed)

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Previous Employer: Name: _____
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DRIVER DISCLOSURE OF LICENSE

(Please print only)

NAME OF APPLICANT: _____

CARRIER: Trappers Transport Ltd., P.O. Box 23, Group 514, RR5, Winnipeg, MB, R2C 2Z2

DECLARATION

Pursuant to Section 318.1(1) of the Highway Traffic Act, I _____ (please print) hereby disclose the only jurisdiction in which I am licensed, the class of license held, whether or not the license is suspended, and the name in which the license is issued.

Name of License Holder: _____

Driver's License Number: _____

Province: _____ Class: _____ Restrictions: _____

Is your licence currently suspended? Yes: _____ No: _____

1. I understand that I can possess only one driver's license issued by the province/state in which I permanently reside.
2. I understand that I must inform my employer immediately of any revocation, suspension, convictions or accident while operating a motor vehicle.
3. I understand that I must immediately inform my employer of any revocation, suspension, restriction, prohibition or any other change in status to my driver's license.
4. I certify that I have read and understood the above requirement.
5. I certify that I have held a driver's license in the following province(s)/state(s) in the previous three (3) years.

Province/State

Year(s) Held

Signature

Date

RETURN FAX
ATTN: Recruiting
(204)224-6258



Date: _____
E-Mail: angelad@trapperstransport.com

Attention: _____ Company Name: _____ Fax: _____

I, _____ hereby authorize you to release the following
Please print

information to Trappers Transport Ltd. for the purpose of investigation as required by section 391.23 of the Federal Motor Carriers Safety Regulations. You are released from any and all liability which may result from furnishing such information.

X _____ **Applicants please sign; DO NOT fill anything else out.**

Applicant signature

The above named individual has applied to our company for employment as a driver. We ask you to confirm the fact that he/she worked for your company as:

Company Driver Owner Operator Owner Operator Employee

Dates of employment (please indicate multiple dates)

Start: _____ End: _____

Start: _____ End: _____

Start: _____ End: _____

Driver type

Full time Part time Long haul/regional Short haul Local/city

Single Team

Areas of Travel

Canada only Mountain experience Western US Eastern US Central US

Equipment

Dry van Reefer Flatbed Extended length/LCV

Performance 1-Poor 2-Fair 3-Good

Punctuality Trustworthy Care of equipment Dependability Cleanliness

Paperwork Compliance Log Book management Cooperation Attitude

Did he/she have any violations? Yes No

Please list dates and details:

Accident History

Date **Explanation/Preventable or Non** **Location** **Driver charged?**

Date	Explanation/Preventable or Non	Location	Driver charged?

Termination Details Reason for leaving:

Quit w/out notice Quit Lay off Terminated

Eligible for rehire: Yes No Upon review

Information provided by: _____ Signature: _____

INFORMATION FROM PREVIOUS EMPLOYERS — FORM # DA-2

This is to certify that I, the undersigned, hereby give my permission to **TRAPPERS TRANSPORT LTD.** to obtain from any employers I have had in the past three (3) years, the following information:

- Alcohol test results with a concentration of .04 or more;
- Positive, controlled substance test results; and,
- Refusals to be tested.

I further hereby voluntarily consent to attend a Pre-Employment Controlled Substance and/or Alcohol test, at the clinic used by the company, and authorize that clinic to forward the test(s) to: Trappers Transport Ltd, as per U.S. Department of Transportation regulations.

Dated at: _____ this _____ day of _____ in the year of 20_____
(City & Province)

LEGAL NAME: _____
(Print)

SIGNATURE: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER ON DRUG & ALCOHOL TESTING
SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

→ I, _____ → _____
(Print First Name, Middle initial, Last Name) (S.I.N.) and/or Date of Birth

Hereby authorize that:

Previous Employer: _____
Street: _____
City, Province, Postal Code: _____
Telephone & Fax Number: _____

(to release and forward information requested by section 2 of this document concerning my Drug & Alcohol Testing records within the past **3** years) to:

Prospective Employer: Trappers Transport Ltd
Attention: Angela Dowd, Manager Recruiting and Retention
Phone and Fax Number: Phone: 204-697-6054 Fax: 204-224-6258
Street or Box number: PO Box 23, Grp 514, RR5
City, Province, Postal Code: Winnipeg, Manitoba. R2C 2Z2

→ _____ → _____
Applicant Signature **Date**

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

NOTE: If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ____, fill in the dates of employment below, complete the bottom of Section 2, sign and return.

Driver was subject to Department of Transportation testing requirements and was employed **from** _____ **to** _____.

1. Has this person had an alcohol test with a result of 0.04 or higher YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances YES NO
If yes please provide date of positive test _____
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up Alcohol or controlled substance test YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40 YES NO
5. If there was a positive test for this driver, did this person complete a SAP prescribed Rehabilitation program while in your employ including a return-to-duty and follow-up tests? YES NO
If yes, please send documentation back with this form
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES NO

Date of last drug and alcohol test _____

Section 2 completed by:

Print Name: _____ Title _____ Signature _____

Date Form Completed: _____

Company: _____

Street: _____

City, Province or State, Postal Code or ZIP: _____

Telephone and Fax Numbers: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (circle one) Faxed Mailed Emailed Other On this date _____

Information received from: _____

Recorded by: _____

Date completed: _____

PREVIOUS EMPLOYER – COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER