

Keltic Transportation Inc.
90 MacNaughton Ave.
Moncton, NB E1H 3L9



Attn: Katrina Smallman
Phone # (506) 854 1233
Fax # (506) 854-1214

Application for Employment

Date of Application _____

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

Address _____
(street)

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

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

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

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

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:

Class of Equipment	Type of Equipment (van, reefer, flat, etc)	Date from	Date to	Approx Miles
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor- Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

Position applying for _____ Full Time _____ Part Time _____

Have you worked from this company before? _____ Dates: From _____ To _____
(month/year) (month/year)

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 _____
(city/prov)

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 (d, m, y)	Nature of Accident (head on, rear-end, upset, 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)

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 _____

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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 _____

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 _____

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 _____

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)

**Keltic Transportation
Previous Employer Consent Form**

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

Signature: _____ **Date:** _____

Company 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 were driven yearly? _____

What type of products were hauled? _____

Were there any problems with delivery and pick up times? _____

Were there any significant incidents or accidents (spills, arguments with customers, etc.)? _____

Preventable or non-preventable accidents? _____

Any on the job injuries? _____

Were there any log book, or any other violations? _____

General opinion of conduct? _____

Why did this person leave your employ? _____

Would you rehire this person? _____

Comments: _____

Print name: _____ Signature: _____

Person inquiring: _____ Telephone number: _____

Date: _____ Fax number: _____

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (PRINT NAME) _____
FIRST, M.I., LAST _____ SOCIAL SECURITY NUMBER _____

HEREBY AUTHORIZE THAT:

PREVIOUS EMPLOYER: _____

STREET: _____ TELEPHONE: _____

CITY, STATE, ZIP: _____ FAX NO: _____

MAY RELEASE AND FORWARD INFORMATION REQUESTED BY SECTION 2 (BELOW) OF THIS DOCUMENT CONCERNING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS TO:

PROSPECTIVE EMPLOYER: _____

ATTENTION: _____

STREET: _____ TELEPHONE: _____

CITY, STATE, ZIP: _____ FAX NO: _____

APPLICANT SIGNATURE _____

DATE _____

This is in compliance with § 382.405(f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver.

Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding a driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

§382.413(a)(b)(d)(e)(f)(h) further state:

§382.413 Inquiries for alcohol and controlled substances information from previous employers.

(a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under §382.401(b)(1)(i) through (iii) of this subpart:

- (i) Alcohol tests with a result of 0.04 alcohol concentration or greater;
- (ii) Verified positive controlled substances test result; and
- (iii) Refusals to be tested

(2) The information obtained from a previous employer may contain any alcohol and drug

information the previous employer obtained from other previous employers under paragraph (a)(1) of this section

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs safety-sensitive functions for the employer. An employer may not permit a driver to perform safety-sensitive functions after 14 days without having made a good faith effort to obtain the information as soon as possible. If a driver hired or used by the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period or before the employer has obtained the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information.

(d) The perspective employer must provide to each of the driver's previous employers the driver's specific, written authorization for release of the information in paragraph (a) of this section.

(e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.

(f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer assures itself that the information is true and accurate.

(h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to the starting dates in §382.115 of this part

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYEE

If driver was not subject to Part 382 testing requirements while employed by this employer, please check here ☐, sign below, and return.

Under Part 382 testing requirements:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has this person ever tested positive for a controlled substance in the last two years?* | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years?* | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person ever refused a required test for drugs or alcohol in the last two years?* | <input type="checkbox"/> | <input type="checkbox"/> |

* Please include information received from other previous employers.

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer. ☐ Mailed. Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Phone

Date: _____