



www.rsblogistic.com

RSB LOGISTIC INC.
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CANADA

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DRIVER APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION

MONTH DAY YEAR

NAME

LAST FIRST INITIAL

ADDRESS:

BOX NO. STREET S.I.N/S.S.N.

CITY PROVINCE

POSTAL CODE TELEPHONE NO.

HOW LONG AT THIS ADDRESS? YEARS.

DATE OF BIRTH:

MONTH DAY YEAR

BIRTH PLACE:

CITY PROVINCE

HAVE YOU WORKED FOR THIS COMPANY BEFORE? IF YES WHEN?

HOW DID YOU FIND OUT ABOUT OUR COMPANY?

PRESENTLY EMPLOYED YES OR NO. MAY WE CONTACT YOUR PRESENT EMPLOYER?

IF NO EXPLAIN

LIST ANY PHYSICAL LIMITATIONS THAT COULD AFFECT JOB PERFORMANCE: (eyesight, hearing, limb impairment, diabetes, heart condition, back problems).

HOW MUCH TIME LOST IN THE LAST THREE YEARS DUE TO ILLNESS?

DATE OF LAST PHYSICAL EXAMINATION:

DOCTOR'S NAME AND ADDRESS: (Attach copy of medical)

EMPLOYMENT HISTORY (past ten years)

NOTE: IF CURRENT PHONE NUMBERS FOR PAST EMPLOYERS ARE NOT PROVIDED YOUR APPLICATION **WILL NOT BE PROCESSED**

FROM (MO/YR) TO (MO/YR)	COMPANY NAME	TELEPHONE	SUPERVISOR
POSITION	REASON FOR LEAVING	ADDRESS	CITY AND PROVINCE

FROM (MO/YR) TO (MO/YR)	COMPANY NAME	TELEPHONE	SUPERVISOR
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POSITION	REASON FOR LEAVING	ADDRESS	CITY AND PROVINCE

FROM (MO/YR) TO (MO/YR)	COMPANY NAME	TELEPHONE	SUPERVISOR
POSITION	REASON FOR LEAVING	ADDRESS	CITY AND PROVINCE

PLEASE SUPPLY YOUR COMPLETE EMPLOYMENT HISTORY FOR THE PAST TEN YEARS.

EMPLOYMENT (CON'T)

FROM (MO/YR) TO (MO/YR)	COMPANY NAME	TELEPHONE	SUPERVISOR
POSITION	REASON FOR LEAVING	ADDRESS	CITY AND PROVINCE

FROM (MO/YR) TO (MO/YR)	COMPANY NAME	TELEPHONE	SUPERVISOR
POSITION	REASON FOR LEAVING	ADDRESS	CITY AND PROVINCE

FROM (MO/YR) TO (MO/YR)	COMPANY NAME	TELEPHONE	SUPERVISOR
POSITION	REASON FOR LEAVING	ADDRESS	CITY AND PROVINCE

FROM (MO/YR) TO (MO/YR)	COMPANY NAME	TELEPHONE	SUPERVISOR
POSITION	REASON FOR LEAVING	ADDRESS	CITY AND PROVINCE

PERSONAL REFERENCES

NOTE: Please provide personal references who are not related and current phone numbers.

NAME OF REFERENCE	RELATION	YEARS KNOWN	TELEPHONE #	CITY AND PROVINCE

EDUCATION

COURSE	SCHOOL/COLLEGE	ADDRESS	YEARS	STUDIES
HIGH SCHOOL				
TECHNICAL SCHOOL				
OTHER COURSES				

QUALIFICATIONS

DRIVERS LICENCE	# OF YRS HELD	LICENCE NUMBER	EXPIRATION DATE	CLASS	PROVINCE/STATE

DO YOU CURRENTLY HOLD ANY OTHER DRIVERS LICENCE'S? YES NO
 IF YES, PLEASE STATE: _____

HAVE YOU EVER HELD A DRIVERS LICENCE IN ANY OTHER STATE OR PROVINCE THAN THE CURRENT ONE?
 YES NO IF YES, PLEASE STATE WHERE AND WHEN: _____

HAVE YOU EVER HAD ANY LICENCE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE DENIED, REVOKED OR SUSPENDED? YES NO IF YES, _____

DO YOU PRESENTLY HAVE PENDING DRIVING OR CRIMINAL CHARGES FOR WHICH YOU HAVE NOT YET BEEN CONVICTED? YES NO IF YES, PROVIDE DETAILS: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	NUMBER OF YEARS EXPERIENCE	TOTAL NUMBER OF MILES (approx.)
STRAIGHT TRUCK			
TRACTOR/SEMI			
OTHERS			

ACCIDENT RECORD (Past three years) If none state "None"

MONTH/DAY/YEAR	TYPE OF ACCIDENT	TYPE OF EQUIPMENT	FATALITIES/INJURIES

TRAFFIC VIOLATIONS (for the past five years, other than parking)

Month/Day/Year	Offense/Ticket/Violation	Type of Vehicle

GENERAL

LIST PROVINCES OR STATES OPERATED IN FOR THE LAST FIVE YEARS:

LIST SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM:

ARE YOU FAMILIAR WITH MOTOR CARRIER BUREAU SAFETY REGULATIONS? YES NO

HAVE YOU EVER SERVED IN THE MILITARY OR ARMED FORCES? YES NO

IF YES, FROM (DATE) _____ TO (DATE) _____ RANK AT DISCHARGE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OR FINGER PRINTED? YES NO

IF YES GIVE DETAILS: _____

HAVE YOU RECEIVED A PARDON? YES NO (please attach a copy)

*** Border crossing may be denied without pardon ***

THE APPLICANT AGREES TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE ANY EXAMINATIONS AS MAY BE REQUIRED.

IT IS AGREED AND UNDERSTOOD THAT THIS APPLICATION DOES NOT OBLIGATE THE COMPANY TO CONTRACT THE APPLICANT.

IT IS AGREED AND UNDERSTOOD THAT THE APPLICANT MUST PASS A MEDICAL EXAMINATION AND A SUBSTANCE ABUSE TEST TO AS A CONDITION OF EMPLOYMENT.

IT IS AGREED AND UNDERSTOOD THAT THE COMPANY OR ITS AGENTS MAY INVESTIGATE THE APPLICANT'S BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO APPLICANT'S RECORD, AND THE APPLICANT AUTHORIZES PERSONS NAMED THEREIN TO FURNISH SUCH INFORMATION.

THIS CERTIFIES THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

MONTH DAY YEAR

APPLICANT'S SIGNATURE

INSTRUCTIONS TO APPLICANT

Please read this form and sign your name ONLY.

Company Name: _____

Date: _____

Personnel Manager:

The person named below has applied to our company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer, and as per the regulations (CFR 49 382.413) we must obtain testing information from previous employers for the two (2) preceding years. Would you kindly reply to this inquiry respecting this applicant. As per the waiver below, the applicant has released you and your company of all liability.

PLEASE BE FACTUAL.

Waiver:

I hereby authorize my previous employers to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature

Applicant's Name

SIN#

Job Applied For: **DRIVER**

- Does your company maintain a Drug/Alcohol Policy? YES NO
- Did this driver participate in that Policy? YES NO
- Were any test results performed on this driver positive? YES NO
- Did this driver ever refuse a Drug/Alcohol Test? YES NO

Please provide dates of employment: _____

What type of equipment did he/she operate? _____

Was applicant ever involved in an accident? YES NO

If yes please provide details. _____

Would you re-employ? YES NO

Comments: _____

Reason for leaving your employment: _____

Additional Comments: (Any concerns with customer relations, supervision, or abuse of equipment)

Name & Title of Person Providing Information

Signature of Authorized Personnel

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service***

In connection with your application for employment with RSB LOGISTIC INC., it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If RSB LOGISTIC INC. uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, RSB LOGISTIC INC. will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, RSB LOGISTIC INC. will notify you that the action has been taken and that the action was based in part or in whole on this report. RSB LOGISTIC INC. cannot obtain background reports from FMCSA unless you consent in writing. If you agree that RSB LOGISTIC INC. may obtain such background reports, please read the following and sign below:

I authorize RSB LOGISTIC INC. to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist RSB LOGISTIC INC. to make a determination regarding my suitability as an employee.

I further understand that neither RSB LOGISTIC INC. nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by RSB LOGISTIC INC. and I understand that if I sign this consent form, RSB LOGISTIC INC. may obtain a report of my crash and inspection history. I hereby authorize RSB LOGISTIC INC. and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)