



## DRIVER'S APPLICATION FOR EMPLOYMENT

**(Answer all questions – please print)**

In compliance with Federal equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status or non-job related disability.

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**List addresses for past 5 years beginning with most recent:**

Address: \_\_\_\_\_  
# and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Address: \_\_\_\_\_  
# and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Address: \_\_\_\_\_  
# and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Do you have the legal right to work in Canada and the United States? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Required for Commercial Drivers)      Year      Month      Day      Can you provide proof of age? \_\_\_\_\_

Have you worked for Shandex before? \_\_\_\_\_ Where / In what capacity? \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ 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 you have applied for?

Y[ ] N[ ]

If yes, please explain: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS

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

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	CHARGES	INJURIES/FATALITIES
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS, CITATIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

### EDUCATION

CIRCLE THE 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

### EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENCES	PROV / STATE	LICENCE NO.	TYPE	EXPIRATION DATE

A: Have you ever been denied a licence, permit or privilege to operate a motor vehicle? YES [ ] NO [ ]

B: Has any licence, permit or privilege ever been suspended or revoked? YES [ ] NO [ ]

If the answer to either A or B is YES, attach a statement giving details.

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	APPROX # OF MILES
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	(Van, Tank, Flat, etc.)	FROM	TO	(Total)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

LIST PROVINCES/STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING TAKEN 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 OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

\_\_\_\_\_

### 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. I authorize you to make such investigations and enquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, enquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers, and other persons from all liability in responding to enquiries 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 further understand that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**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 COMPLETED BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal / Traffic Convictions						

SIGNATURE OF INTERVIEWING OFFICER: \_\_\_\_\_

### TRANSFERS

FROM: _____	TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER: _____	REASON FOR TRANSFER: _____

### TERMINATION OF EMPLOYMENT

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_

DISMISSED: \_\_\_\_\_ VOLUNTARY QUIT: \_\_\_\_\_ OTHER: \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 5 years.  
 NOTE: Add another sheet if necessary.

EMPLOYER	DATE
Name: _____	<b>From:</b> Mo.      Yr. <b>To:</b> Mo.      Yr.
Address: _____	Position Held: _____
City: _____      Prov: _____      Postal Code: _____	Salary/Wage: _____
Contact Person: _____      Tel #: _____	Reason for Leaving: _____

EMPLOYER	DATE
Name: _____	<b>From:</b> Mo.      Yr. <b>To:</b> Mo.      Yr.
Address: _____	Position Held: _____
City: _____      Prov: _____      Postal Code: _____	Salary/Wage: _____
Contact Person: _____      Tel #: _____	Reason for Leaving: _____

EMPLOYER	DATE
Name: _____	<b>From:</b> Mo.      Yr. <b>To:</b> Mo.      Yr.
Address: _____	Position Held: _____
City: _____      Prov: _____      Postal Code: _____	Salary/Wage: _____
Contact Person: _____      Tel #: _____	Reason for Leaving: _____

EMPLOYER	DATE
Name: _____	<b>From:</b> Mo.      Yr. <b>To:</b> Mo.      Yr.
Address: _____	Position Held: _____
City: _____      Prov: _____      Postal Code: _____	Salary/Wage: _____
Contact Person: _____      Tel #: _____	Reason for Leaving: _____

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To: Mo.	Yr.
Address:			Position Held:			
City:	Prov:	Postal Code:	Salary/Wage:			
Contact Person:		Tel #:	Reason for Leaving:			

**MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? Y [ ] N [ ] IF NO, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE REASON BELOW.**

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Previous Employer: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

Employment Dates: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Position/Job: \_\_\_\_\_ Equipment Operated: \_\_\_\_\_

Experience: Mountain: Y [ ] N [ ] U.S.: Y [ ] N [ ] Winter: Y [ ] N [ ]

Did he/she treat equipment well? \_\_\_\_\_

Was he/she a safe and efficient driver? \_\_\_\_\_

Was his/her general conduct satisfactory? \_\_\_\_\_

Did he/she have any accidents? \_\_\_\_\_

Did he/she have any citations? \_\_\_\_\_

**How was his/her attitude towards:**

- Management? \_\_\_\_\_
- Customers? \_\_\_\_\_
- Co-workers? \_\_\_\_\_

How much lost time from work due to injury/illness? \_\_\_\_\_

Reason for leaving your employ: Discharged: Y [ ] N [ ] Resigned: Y [ ] N [ ] Laid Off: Y [ ] N [ ] Other: \_\_\_\_\_

If a position were available, would he/she be available for re-hire? \_\_\_\_\_

<b>Comments:</b>

## EMPLOYEE THREE YEAR HISTORY DISCLOSURE

As required by the USDOT and Southern Texas Asset Recovery, LLC's company practices, please indicate if you have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for but did not obtain safety-sensitive transportation work covered by DOT in the past three years.

### STATEMENT OF COMPLIANCE

I, \_\_\_\_\_, have **not** tested positive or refused any pre-employment  
Print Driver's Name

drug or alcohol test for a position I have applied but did not obtain a safety-sensitive position covered by DOT, as described above, in the past two years.

\_\_\_\_\_  
**Signature of Driver**

\_\_\_\_\_  
**Date**

### STATEMENT OF NON-COMPLIANCE

I, \_\_\_\_\_, have tested positive or refused any pre-employment drug or  
Print Driver's Name

alcohol test for a position I have applied but did not obtain a safety-sensitive position covered by DOT, as described above, in the past three years. I understand that I must comply with the USDOT regulations in order to qualify to drive a commercial motor vehicle in the USA as well as comply with Shandex Truck's policy in order to work in any safety-sensitive position for the company.

Company Applied	Date Applied	Contact Name	Contact Phone

\_\_\_\_\_  
**Signature of Driver**

\_\_\_\_\_  
**Date**

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Southern Texas Asset Recovery, LLC.. for purposes of investigation as required by Section 391.23 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:** \_\_\_\_\_

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1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information below will be used for a "permissible purpose" as defined in the Act and that the information received will not be used for any other purpose.
  
  2. I further certify that if the applicant named below is denied employment based on the information received, I will identify the source of the report in accordance Section 615(a) of the Fair Credit Reporting Act.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant below has completed an application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please provide the undersigned with the applicant's driving record for the past three years.

**NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

**REQUESTED BY:**

Southern Texas Asset Recovery, LLC.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE