



Mullen Trucking LP  
 PO Box 87  
 Aldersyde, AB  
 T0L 0A0

"We are an equal opportunity employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex religion or national origin; or physical defects."

<b>COMPANY DRIVER/ OWNER OPERATOR</b>	DATE OF APPLICATION DY. MO. YR.		
	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

## APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

PERSONAL	FIRST NAME ( LEGAL NAME IN FULL)		NAME YOU GO BY		MIDDLE NAME		LAST NAME					
	YOU ARE A CITIZEN OF WHAT COUNTRY		HOLD PASSPORT OR VISA		DAY	DATE OF BIRTH MONTH YEAR		RESIDENCE PHONE NO.		BUSINESS PHONE NO.		
	ADDRESSES							POSTAL CODE/ZIP CODE		LENGTH OF RESIDENCE		
	PRESENT		NUMBER AND STREET		CITY		PROV./STATE					
	PREVIOUS		NUMBER AND STREET		CITY		PROV./STATE					
	MAILING		NUMBER AND STREET		CITY		PROV./STATE					
	PERSON TO NOTIFY IN CASE OF EMERGENCY - RELATIONSHIP											
	NUMBER AND STREET				CITY		PROV./STATE		TELEPHONE NO.			
	EDUCATION	GRADE SCHOOL/ HIGH SCHOOL		CIRCLE HIGHEST GRADE COMPLETED				NAME OF LAST GRADE OR HIGH SCHOOL ATTENDED				FINAL YR. 19____
				1 2 3 4 5 6		7 8 9 10 11 12 13						
COLLEGE/UNIVERSITY/VOCATIONAL SCHOOL				DATES ATTENDED		MONTH & YR. LEFT OR GRADUATED		TYPE OF DEGREE EARNED	MAJOR SUBJECT	CLASS STANDING		
		FROM		TO								
PHYSICAL	ARE YOU PHYSICALLY CAPABLE OF HEAVY MANUAL WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO EXPLAIN											
	LIST PHYSICAL LIMITATIONS, SUCH AS EYESIGHT, LIMB OR BACK IMPAIRMENTS, DIABETES, HEARING, ETC.											
	DATE OF LAST PHYSICAL EXAMINATION				DOCTOR'S NAME AND ADDRESS							
	HAVE YOU EVER BEEN INJURED ON THE JOB?				GIVE NATURE AND DEGREE OF SUCH INJURIES							
	HOW MUCH TIME LOST FROM WORK IN PAST THREE YEARS FOR ILLNESS:											
	HAVE YOU RECEIVED WORKMENS' COMPENSATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YES, WHEN?				
DRIVERS LICENCE	OPERATOR LICENCE NO.		DATE OF EXPIRATION		DAY	MO.	YR.	ISSUED BY WHICH PROV./STATE			TYPE OF LICENCE	
											A <input type="checkbox"/> CLASS: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> B <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> C <input type="checkbox"/> AIR TICKET: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	HOW MANY DEMERIT POINTS ON YOUR PRESENT DRIVING RECORD?		HAVE YOU RECEIVED MORE THAN 2 MOVING VIOLATIONS DURING THE LAST 12 MONTHS?		YES <input type="checkbox"/> NO <input type="checkbox"/>		HAS YOUR OPERATOR'S LICENCE BEEN SUSPENDED DURING THE PAST 2 YEARS?		YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHAT FOR:			
	<b>MULLEN TRUCKING GUIDELINES FOR DRIVER'S ABSTRACT</b> <b>MAXIMUM 6 DEMERIT POINTS (No DUI's or Drug Related Violations)</b>  <b>IF UPON RECEIPT OF YOUR DRIVER'S ABSTRACT WE FIND THAT IT DOES NOT MEET THE ABOVE CONDITIONS, WE RESERVE THE RIGHT TO TERMINATE YOUR EMPLOYMENT WITHOUT NOTICE.</b>											
APPLICANT'S SIGNATURE _____												

**PERSONAL HISTORY FOR PAST 10 YEARS**

Begin with your present experience and work backward in order, listing all of your employers, **driving school and other training programs**, periods of military service, self-employment **and employment** for at least 10 years. **All time must be accounted for.** Use supplementary sheet if necessary. Fill in **all blanks**. **Leave NO blanks or gaps in time for past 10 years.**

Period of unemployment (if any) Dates: From (Month/Year) \_\_\_\_\_ To \_\_\_\_\_

DATES: From Month/Year		To	Position Held
Company		Avg. Weekly Earnings	
Address		Reason for Leaving	
City	Province	Postal Code	If Experienced, Type of Trailer Pulled
Telephone ( )	FAX ( )		Type Equip. Driven
Supervisor	Number of Accidents	Total KMs	
Full or Part-Time	Hours or KMs/Week	States/Regions You Drove In	

◆ **May we contact your present employer (if any) to verify your work record?**  Yes  No

Period of unemployment (if any) Dates: From (Month/Year) \_\_\_\_\_ To \_\_\_\_\_

DATES: From Month/Year		To	Position Held
Company		Avg. Weekly Earnings	
Address		Reason for Leaving	
City	Province	Postal Code	If Experienced, Type of Trailer Pulled
Telephone ( )	FAX ( )		Type Equip. Driven
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Supervisor	Number of Accidents	Total KMs	
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Period of unemployment (if any) Dates: From (Month/Year) \_\_\_\_\_ To \_\_\_\_\_

Ten years are accounted for and there are no gaps between any of the above dates.

**Attach an additional page if required to complete 10 year history.**

If you don't remember phone numbers, please check with directory assistance to find them. (Application cannot be processed without employer phone #s).

**MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS**

DATES (BEGINING WITH MOST RECENT)			NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	PROVINCE OR STATE OCCURRED	FATALITIES	INJURIES
DAY	MO.	YR.				

TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST 3 YEARS AND ANY CONVICTIONS OR FORFEITURES INVOLVING POSSESSION, SALE, MANUFACTURING, TRANSPORTATION, OR USE OF DRUGS.

LOCATION	DAY	MO.	YR.	CHARGES	PENALTY	PROV. OR STATE OCCURRED

**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)

**TO BE READ AND SIGNED BY APPLICANT**

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSES OF INVESTIGATION

It is agreed and understood that this application for employment in no way obligated Mullen Trucking to employ the applicant.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

This certifies that this application was completed by me and that all information on it is true and complete to the best of my knowledge.

It is agreed and understood Mullen Trucking may investigate the applicant's background to ascertain all information of concern to applicant's record.

It is agreed and understood that the applicant releases employers and persons named herein from all liability for any damages on account of the applicant furnishing such information.

The applicant agrees to furnish additional information and complete such examinations as may be required to complete the applicant's employment file.

It is agreed and understood that if employed, the employee will be on a probationary period (90 days) during which time the employee may be discharged without recourse.

If I am accepted for employment, I will not publish or disclose to anyone outside the Company, any trade secrets or confidential technical or business information during or after employment by Mullen Trucking; except with the company's written permission.

Mullen Trucking will protect all information on the application in accordance with the Federal PIPED act.

APPLICANT'S SIGNATURE	DAY	MO.	YR.

**M  
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S**

HOW WERE YOU REFERRED TO THIS COMPANY?    ADVERTISING     EMPLOYEE     OTHER

NAME: \_\_\_\_\_    EXPLAIN: \_\_\_\_\_

DO YOU HOLD A VALID FIRST AID CERTIFICATE?    YES     NO

OTHER CERTIFICATIONS:

ARE YOU ABLE TO WORK FLEXIBLE HOURS?    YES     NO

ARE YOU ABLE TO BE AWAY FROM HOME FOR EXTENDED PERIODS OF TIME?    YES     NO

ARE YOU BONDABLE - IF NOT, STATE REASONS  
\_\_\_\_\_



# SUPPLEMENT TO CANADIAN DRIVER APPLICATION

**Indicate your tractor-trailer driving experience level:**

No driver training of any kind \_\_\_\_\_

Completed driving school \_\_\_\_\_

Have driven 0-100,000 km over the road \_\_\_\_\_  
No. of kms

Applicant Name \_\_\_\_\_

## GENERAL EXPERIENCE

Have you ever driven Tractor Trailer in the U.S?  Yes  No

Which States? \_\_\_\_\_

Please indicate approximate total number of miles with Tractor Trailer:

Flat Deck (High & Low Boy & Train) \_\_\_\_\_

Van \_\_\_\_\_

Equipment Hauling (Over Dimensional & Heavy Haul & Other) \_\_\_\_\_

Tanks \_\_\_\_\_

Have you ever worked irregular hours?  Yes  No

\_\_\_\_\_

Have you ever spent extended periods of time away from home?  Yes  No If yes, describe when and for how long:

\_\_\_\_\_

\_\_\_\_\_

Have you ever worked without direct supervision?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Mullen Trucking LP

## REQUEST FOR PAST TEST RESULTS AND PREVIOUS DRIVING EXPERIENCE

To: \_\_\_\_\_

From: Elisabeth Kelley, Human Resources  
Mullen Trucking LP  
P.O. Box 87 Aldersyde, AB T0L 0A0

PHONE: 1-877-601-8634  
FAX: 1-403-601-8308

Subject: Request to obtain past **Drug and Alcohol Test Results**  
Including verification of Past Driving Experiences

*Sections 391.23 of the Federal Motor Carrier Safety Regulations require us to make an investigation and inquiries regarding past driving experience. Federal Motor Carrier Regulations also require your company to provide us with information concerning the below-named drivers past drug and alcohol test results (including refusals to be tested).*

\_\_\_\_\_, S.I. # \_\_\_\_\_ has advised us that he or she worked for your Company as a driver, of that he or she applied to your Company for work as a driver, during the pervious three (3) years.

1. Employed from \_\_\_\_\_ to \_\_\_\_\_.
2. Type of equipment operated?  
Straight Truck\_\_\_\_\_, Tractor-Semi trailer\_\_\_\_\_, Other (specify)\_\_\_\_\_.
3. Was he or she a safe and efficient driver? \_\_\_\_\_
4. Number of preventable accidents during driving tenure? \_\_\_\_\_
5. Number of moving violations, if any? \_\_\_\_\_
6. Eligible for rehire? \_\_\_\_\_

The referred driver is providing his written authorization directing your Company to provide us with the following information concerning this driver:

- |  |              |
|--|--------------|
| 1) Was the employee tested for drugs during the past three (3) years.  | YES___ NO___ |
| 2) Did the employee test positive for any banned substances.   | YES___ NO___ |
| 3) Did the employee have any alcohol test results of 0.02 or greater, but less than 0.04 during the past three years | YES___ NO___ |
| 4) Did the employee test 0.04 or greater for alcohol during the past three (3) years                                 | YES___ NO___ |
| 5) Did the employee refuse to submit to a DOT – required drug and/or alcohol test during the past three (3) years.   | YES___ NO___ |

**Please return this information to Elisabeth Kelley immediately either by facsimile (403-601-8308) or by mail to the above address.** This information will be treated as strictly confidential. Thank you for your cooperation.

Driver's Signature: \_\_\_\_\_

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

Your Signature: \_\_\_\_\_

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