



**APPLICATION FOR EMPLOYMENT** (Please complete in full)

<b>Position Applying For:</b> (Please check appropriate boxes) Company Driver <input type="checkbox"/> Owner/Operator <input type="checkbox"/>		<b>Date of Application</b> (Month/Day/Year)										
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>										
<b>Residence Phone Number</b>	<b>Cellular Phone Number</b>	<b>Date of Birth</b> (Month/Day/Year)										
<b>Do you hold a valid FAST Card?</b>	<b>Do you hold a valid Passport or Visa?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>E-Mail Address:</b>										
<b>ADDRESS: (List below)</b>												
<b>PRESENT:</b>	Number & Street	City	Province									
			Postal Code									
			Length of Residence									
<b>PREVIOUS:</b>	Number & Street	City	Province									
			Postal Code									
			Length of Residence									
<b>EMERGENCY CONTACT</b>	Name:	Relationship:										
Address:	Home Phone:	Cell Number:										
	Work Phone:											
Grade/High School (Check/Circle Highest Grade Completed)		Name of Last Grade/High School Attended										
Final Year												
1	2	3	4	5	6	7	8	9	10	11	12	13
College/University/Vocational School Please List		Dates Attended		Month & Year Left or Graduated	Degree Major	Earned Subject						
		FROM	TO									
		Month	Year	Month	Year							
<b>Are you physically capable of heavy manual work?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.												
<b>List Physical Limitations, such as Eyesight, Limb or Back impairments, Diabetes, Hearing, etc.</b>												
<b>Date of Last Physical Examination:</b> _____												
<b>Doctors Name and Address:</b> _____												
<b>Have you ever been injured on the job?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.												
<b>How much time lost from work in past three years for illness?</b>												
<b>Driver's License Number</b>	<b>Date of Expiration</b> (Month/Day/Year)		<b>Issued by which Province?</b>									
<b>Type of License</b> (check box) CLASS: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Air Ticket: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>*How many demerit points on your present driving record:</b>		<b>Have you received more than 2 moving violations during the last 12 months?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>									
<b>Has your Driver's License ever been suspended?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.												
<b>As part of our hiring process AND during your employment with Mullen Trucking L.P., we require a current DRIVER'S ABSTRACT from you. Should we find that your abstract shows more than 6 demerit points or any license suspension or loss of license due to alcohol or illegal substance, we reserve the right to terminate your employment/contract without notice.</b>												
<b>APPLICANT'S SIGNATURE</b> (Please type name)												

**\*\*\*MUST INCLUDE CURRENT(less than 30 days old) DRIVER'S ABSTRACT and RCMP CLEARANCE WITH APPLICATION\*\*\***

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, province, and postal codes.

.....**LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT**

EMPLOYER (Present)	DATE			
	FROM		TO	
NAME:	Month	Year	Month	Year
ADDRESS:	POSITION HELD:			
CITY:                      PROV:                      POSTAL CODE:	SALARY/WAGE:			
CONTACT:                      PHONE NO:	REASON FOR LEAVING:			

❖ 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: \_\_\_\_\_

EMPLOYER	DATE			
	FROM		TO	
NAME:	Month	Year	Month	Year
ADDRESS:	POSITION HELD:			
CITY:                      PROV:                      POSTAL CODE:	SALARY/WAGE:			
CONTACT:                      PHONE NO:	REASON FOR LEAVING:			

EMPLOYER	DATE			
	FROM		TO	
NAME:	Month	Year	Month	Year
ADDRESS:	POSITION HELD:			
CITY:                      PROV:                      POSTAL CODE:	SALARY/WAGE:			
CONTACT:                      PHONE NO:	REASON FOR LEAVING:			

EMPLOYER	DATE			
	FROM		TO	
NAME:	Month	Year	Month	Year
ADDRESS:	POSITION HELD:			
CITY:                      PROV:                      POSTAL CODE:	SALARY/WAGE:			
CONTACT:                      PHONE NO:	REASON FOR LEAVING:			

EMPLOYER	DATE			
	FROM		TO	
NAME:	Month	Year	Month	Year
ADDRESS:	POSITION HELD:			
CITY:                      PROV:                      POSTAL CODE:	SALARY/WAGE:			
CONTACT:                      PHONE NO:	REASON FOR LEAVING:			

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

Please ensure that you **have included current telephone numbers** for past employers.



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

Dates (Begin with most recent) Day      Month      Year			NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	Prov./State Occurred	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS & 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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE                      DATE

HOW WERE YOU REFERRED TO THIS COMPANY?  Advertising     Employee     Other

Name: \_\_\_\_\_ Explain: \_\_\_\_\_

ARE YOU LEGALLY ALLOWED TO ENTER INTO U.S.A.? Yes  No

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

ARE YOU ABLE TO WORK FLEXIBLE HOURS? Yes  No

ARE YOU ABLE TO BE AWAY FROM HOME FOR EXTENDED PERIODS OF TIME: Yes  No

**SUPPLEMENT TO CANADIAN DRIVER APPLICATION**

**TO BE READ AND SIGNED BY APPLICANT**

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED TO ASSESS APPLICANT SUITABILITY AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSES OF EMPLOYMENT INVESTIGATION.

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

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

My signature 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 that the applicant releases employers and persons named herein from all liability for any damages on account of the employer 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 within the scope of the position to which s/he is applying.

It is agreed and understood that any job offer may be conditional upon the passing of a medical examination requested by the Mullen Trucking L.P.

If I am accepted for employment, I will not publish or disclose to anyone outside the Company, any operational or customer information during or after employment by Mullen Trucking L.P. except with the company's written permission.

We recognize and respect the importance of privacy. Your personal information will be kept strictly confidential. This application will be used solely to find potential employment with Mullen Trucking L.P. or any one of the Mullen Group Income Fund subsidiary companies. If you do not wish to have this application forwarded to one of our subsidiary companies please check this box.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**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. \_\_\_\_\_

**TRACTOR & TRAILER INFORMATION**

**Tractor:**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Colour: \_\_\_\_\_

Is your truck Governed to 105 KMH? \_\_\_\_\_

**Trailer:**

Year: \_\_\_\_\_ Type: \_\_\_\_\_

Make: \_\_\_\_\_

Colour: \_\_\_\_\_

**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 period 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: \_\_\_\_\_

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**Required Consent for driving Record for the Federal Motor Carrier Safety Administration:**

1. In connection with your application for employment with Mullen Trucking LP, it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below

**2. I authorize Mullen Trucking LP 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 the Prospective Employer to make a determination regarding my suitability as an employee.**

3. I further understand that neither the Prospective Employer 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.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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

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

5 DD 75 BHE G B5 HI F9



DRIVER APPLICATION DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive function, until and unless, the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).

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

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

- 1.) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes \_\_\_ No \_\_\_
2.) If you answered yes, to the above question, can you provide proof that you've successfully completed the DOT return-to-duty requirements? Yes \_\_\_ No \_\_\_

My signature below certifies that the information provided is true and correct.

5 DD@7 5 BHIG G, B5 HI F9. \_\_\_\_\_ (Please type name)

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