



APPLICATION FOR EMPLOYMENT (Please Print and complete in full)

Position Applying For: (Please check appropriate boxes) Company Driver <input type="checkbox"/> Owner/Operator <input type="checkbox"/>		Date of Application (Month/Day/Year)					
First Name	Middle Name	Last Name					
Residence Phone Number	Cellular Phone Number	Date of Birth (Month/Day/Year)					
Do you hold a valid FAST Card?	Do you hold a valid Passport or Visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	E-Mail Address:					
ADDRESS: (List below)							
PRESENT:	Number & Street	City	Province				
			Postal Code				
			Length of Residence				
PREVIOUS:	Number & Street	City	Province				
			Postal Code				
			Length of Residence				
EMERGENCY CONTACT	Name:	Relationship:					
Address:	Home Phone:	Cell Number:					
	Work Phone:						
Grade/High School (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12 13	Name of Last Grade/High School Attended	Final Year					
College/University/Vocational School Please List	Dates Attended				Month & Year Left or Graduated	Degree Major	Earned Subject
	FROM	TO					
	Month	Year	Month	Year			
Are you physically capable of heavy manual work? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.							
List Physical Limitations, such as Eyesight, Limb or Back impairments, Diabetes, Hearing, etc.							
Date of Last Physical Examination: _____							
Doctors Name and Address: _____							
Have you ever been injured on the job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.							
How much time lost from work in past three years for illness?							
Driver's License Number	Date of Expiration (Month/Day/Year)			Issued by which Province?			
Type of License (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"/>	*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 Driver's License ever been suspended ? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.							
As part of our hiring process AND during your employment with Mullen Trucking Corp., 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.							
APPLICANT'S SIGNATURE _____							

*****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:	

**Were you subject to the FMCSRs while employed here Yes ___ No ___. Was your job designated as a safety-sensitive function in any DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___.

❖ 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:	
**Were you subject to the FMCSRs while employed here Yes ___ No ___. Was your job designated as a safety-sensitive function in any DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___.		

EMPLOYER	DATE	
	FROM	TO
NAME:	Month Year	Month Year
ADDRESS:	POSITION HELD:	
CITY: PROV.: POSTAL CODE:	SALARY/WAGE:	
CONTACT: PHONE NO.:	REASON FOR LEAVING:	
**Were you subject to the FMCSRs while employed here Yes ___ No ___. Was your job designated as a safety-sensitive function in any DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___.		

EMPLOYER	DATE	
	FROM	TO
NAME:	Month Year	Month Year
ADDRESS:	POSITION HELD:	
CITY: PROV.: POSTAL CODE:	SALARY/WAGE:	
CONTACT: PHONE NO.:	REASON FOR LEAVING:	
**Were you subject to the FMCSRs while employed here Yes ___ No ___. Was your job designated as a safety-sensitive function in any DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___.		



MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS (Please Print)

Table with columns: Dates (Begin with most recent), NATURE OF ACCIDENT, 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

Table with columns: 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

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 Corp. 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 Corp.

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 Corp. 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 Corp. 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:

DRIVER APPLICATION

TRACTOR & TRAILER INFORMATION

Tractor:

Year: _____

Type: _____

Make: _____

Colour: _____

Is your truck Governed to 105 KMH? _____

Trailer:

Year: _____

Make: _____

Colour: _____

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

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: _____

Applicant Signature



In your own words, please state briefly why you want to become a driver for Mullen Trucking Corp.

Is there anything else about you, your background, or experience that you believe has a bearing on your qualifications?

Date: _____

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

1. In connection with your application for employment with Mullen Trucking Corp., 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 Corp. 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: _____
(Please Print)

Signature: _____



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.

Applicant Signature: _____

Date: _____

Upon completion of this form please mail or fax it using the information below.

Mailing Address:
#1 Maple Leaf Road
P.O. Box 87
Aldersyde, AB T0L 0A0

Fax Number:
(403)-652-1368