



#1 Maple Leaf Road
P.O. 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, colour, age, sex, religion or national origin; or physical defects."

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				
If present and previous address are less than 3 years total, please provide older address history			Postal Code				
			Length of Residence				
EMERGENCY CONTACT	Name:	Relationship:					
Address:	Home Phone: Work Phone:	Cell Number:					
Grade/High School (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			
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 _____							



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:			

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**** MUST MARK N/A IN THE BOX IF NO ACCIDENTS OR CONVICTIONS****

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

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

<u>LOCATION</u>	<u>DAY/MO/YR</u>	<u>CHARGES</u>	<u>PENALTY</u>	<u>PROV. OR STATE OCCURRED</u>

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 Fit For Duty Testing 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:** _____

**SUPPLEMENT TO CANADIAN
DRIVER APPLICATION**

Driving Experience:

Completed driving school: YES/NO if yes year completed _____, school attended _____, license achieved (Air Brake/Class 3/ Class 1) _____

Certificate attached: YES/NO

Class 5Q commercial experience: Number KMS _____ Years of Experience _____

Class 3 commercial experience: Number KMS _____ Years of Experience _____

Class 1 commercial experience: Number KMS _____ Years of Experience _____

Can you drive Manual Transmission? _____

TRACTOR & TRAILER INFORMATION ^{}(Applicable to Owner Operator Applicants only)**

Tractor:

Year: _____

Make: _____

Colour: _____

Is your truck Governed to 105 KMH? _____

Trailer:

Year: _____ Type: _____

Make: _____

Colour: _____

GENERAL EXPERIENCE

Power Tailgate experience? Yes No

Power Jack experience? Yes No

Have you ever been Certified? Yes No

Forklift experience? Yes No

Have you ever been Certified? Yes No

Have you ever worked irregular hours? Yes No

City P&D experience? Yes No

Have you ever worked without direct supervision? Yes No

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

If yes, please confirm last date you crossed the border? _____

Trailers hauled and number of kilometers if applicable

Vans: _____ Flat Beds: _____ Multi-Axle Trailers: _____

Have you ever spent extended period of time away from home? Yes No

If yes, describe when and for how long: _____



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 t 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: _____