



198, Industrial boulevard
 St-Germain de Grantham (Québec) J0C 1K0
 Tel: 819-395-4876 Fax: 819-395-2460

When completed, fax at: 819-395-2460

Application for employment as a heavy vehicle driver

Personal information:

A) For the candidate: read, complete and sign before handing in the form

Position sought: _____ Date: _____

B) Family name: _____ **First name:** _____

Address: _____

Telephone: Home: () _____ Cell phone : () _____

E-mail: _____ Smoking: Yes No

Social Insurance Number: _____ Health Insurance Number : _____

Number of children : _____ Status : _____

Citizenship: _____ Place of birth : _____

Person to contact in case of emergency: _____ Relationship : _____

Address : _____

Telephone of this person : () _____ **Mother family name and first name:** _____

C) Languages: French English Others _____

Professional activities (as a driver):

EXPERIENCE AND QUALIFICATIONS

Licence No. : _____ Classes: _____ Province: _____

Expiration : _____ Restrictions: _____

Manual transmission mention: (M) Yes No

Air brake mention: (F) Yes No

Large road train mention: (T) Yes No

Number of demerit points: _____

Have you ever been refused a commercial vehicle driver's licence? Yes No

Has your licence ever been revoked or suspended? Yes No

If you answered Yes to one of the two previous questions, indicate why:

Ontario pneumatic "S" cam brake adjustment certificate Yes No N/A

Ontario wheel system maintenance certificate Yes No N/A

Are you familiar with the air-brake system? Yes No N/A

Transportation of Dangerous Goods certificate Yes No N/A

Expiration : _____

Are you a member of a drug and alcohol screening program ? Yes No N/A

Experience (starting with the most recent, please list all positions you have held in the past ten years)

1 Employer: _____ Telephone: _____
Address: _____
Duties: _____ From : _____ To: _____
Supervisor : _____ Weekly salary at time of departure: _____ \$
Reason for leaving: _____
Were you subject to DOT ruling during this job (drug, alcohol, etc.)? Yes No

2 Employer: _____ Telephone: _____
Address: _____
Duties: _____ From: _____ To: _____
Supervisor : _____ Weekly salary at time of departure: _____ \$
Reason for leaving:: _____
Were you subject to DOT ruling during this job (drug, alcohol, etc.)? Yes No

3 Employer: _____ Telephone: _____
Address: _____
Duties: _____ From : _____ To: _____
Supervisor : _____ Weekly salary at time of departure: _____ \$
Reason for leaving: _____
Were you subject to DOT ruling during this job (drug, alcohol, etc.)? Yes No

4 Employer: _____ Telephone: _____
Address: _____
Duties: _____ From : _____ To: _____
Supervisor : _____ Weekly salary at time of departure: _____ \$
Reason for leaving: _____
Were you subject to DOT ruling during this job (drug, alcohol, etc.)? Yes No

5 Employer: _____ Telephone: _____
Address: _____
Duties: _____ From : _____ To: _____
Supervisor : _____ Weekly salary at time of departure: _____ \$
Reason for leaving: _____
Were you subject to DOT ruling during this job (drug, alcohol, etc.)? Yes No

6 Employer: _____ Telephone: _____
Address: _____
Duties: _____ From : _____ To: _____
Supervisor : _____ Weekly salary at time of departure: _____ \$
Reason for leaving: _____
Were you subject to DOT ruling during this job (drug, alcohol, etc.)? Yes No

7 Employer: _____ Telephone: _____
Address: _____
Duties: _____ From : _____ To: _____
Supervisor : _____ Weekly salary at time of departure: _____ \$
Reason for leaving: _____
Were you subject to DOT ruling during this job (drug, alcohol, etc.)? Yes No

Use additional sheets if necessary

DRIVING (experience)

Driving equipment	Type of experience (trailer, tankers, etc.)	Date		Km / miles driven	Type of routes	
		From	To		Local	Long distance
Straight truck						
Tractor/semi-trailer combination						
Road train						
Platform						
Large road train						
Double-drop low-bed						
Container						
Wood chips/sawdust						
Specialized transp.						
Solid/liquid bulk tanker						
Moving						
Other(specify)						

Type of motor used: _____

Type of transmission: _____

States and/or provinces you have worked: Canada _____ (how many years) Québec _____ (years)
 United States _____ (years) Mexico _____ (years)

Driving (training):

Indicate what theoretical training you have received, identifying specific courses taken (if applicable):

Course	Date	Name and location of teaching centre	Duration (hours)
Hours of service			
Daily safety check			
Transportation - Dangerous Goods			
Alcohol/drug screening			
Securing loads			
Wheel system			
Air brakes			
Preventive driving			
Energy savings			
WHMIS			
Customers relations			
Others (specify)			

Have you received any honorary certificate(s)? Yes No
 If yes, which? _____

Driving (accidents, incidents)

In the past five years, have you been involved in any accidents or incidents while driving a heavy vehicle? Yes No

If yes, indicate the date and nature of the event: _____

Name(s) of your employer(s) at the time: _____

Briefly explain the circumstances (if insufficient space, please attach a sheet):

Driving (violations, fines)

Have you pleaded guilty or have been found guilty of any traffic violations over the past 3 years, other than parking violations, related to operating a heavy vehicle? Yes No

Have you pleaded guilty or have been found guilty of any traffic violations over the past 3 years, other than parking violations, related to operating your own car? Yes No

If yes, please complete the following section (if insufficient space, please attach a listing)

Location	Date	Type of violation	Sentence	Demerit points

Experience and qualifications

Maintenance and repair of heavy vehicles: Yes No

Indicate your training and experience (if applicable): _____

Handling

Equipment / activities	Training	Years of experience	Equipment / activity		Years of experience
			Equipment / activity	Training	
Forklift driving			Securing of loads		
Sorting and counting goods			Weight distribution		
Goods handling and protection			Shipping waybill and documents		

Indicate what theoretical training related to material handling you have received, identifying specific courses taken (if applicable):

Course	Date	Name and location of the teaching institution	Specialization

History**Work accidents**

In the past five years, have you had one or more work accidents involving a heavy vehicle, or relating to the position sought? Yes No

If yes, start with the most recent:

Name of employer at the time: _____

Type of injury suffered: _____

use back of page if needed

NOTE: This information will be verified as permitted by the Act Respecting Occupational Health and Safety.

Any omission on your part will be considered intentional, and will be interpreted as a false declaration.

TO BE READ AND SIGNED BY THE CANDIDATE:

Declaration :

It is agreed and understood that if I make a false or misleading declaration during the application for employment process, or if I fail to provide information required on this form or its appendices, I will be liable to dismissal once the false declaration or omission is discovered, in accordance with the Bond requirements, internal regulations, labour conventions, and/or corporate policies and procedures.

It is agreed and understood that the company or its agents may investigate my history to verify my abilities to serve and to ascertain the accuracy of my declarations.

Drug and alcohol = zero tolerance

I hereby certify, I accept and I agree to be tested relating to my pre-employment drug and alcohol test, and if I am hired, after according to the policies company, given urine sample so it can be analysed in a specialize laboratory. At his own request, Saint-Germain St-Germain Express inc, I agree also to pass an Alcootest to verify if I have alcohol in my body. The policy of Saint-Germain Express inc. is Zero tolerance relating to drug and alcohol consumption when he is working. An employee who has tested positive to drug tests, he is liable to dismissal.

Others informations and medical examination:

I agree to provide additional information and/or documents required to complete this form, and to take a medical examination conducted by a physician selected or appointed by the company.

I hereby authorize the company to obtain from my previous employers and from any other source the company deems necessary, information that they may have recorded in my file.

Driver's abstract:

I agree that St-Germain Express inc. furnish periodically a copy of my driver's abstract to its insurance company.

It is agreed that if hired, I will be subject to a probation period during which I may be dismissed without recourse at any time.

I hereby certify that I have completed this application for employment, and that all the entries and information it contains are accurate and complete to the best of my knowledge.

Candidate's signature: _____

Date: ____/____/____

A: INTERVIEW

Individual conducting the interview	Date	Observations

B: TO BE USED BY THE TESTER

Administrated by	Date	Result	Class	Observations and interpretation

C: REFERENCE CONTROL

Previous positions	Contact's name	Results
1		
2		
3		
4		
5		

Administrated by: _____

Note: _____

EMPLOYEE'S HEALTH STATEMENT (must be completed by applicant)

Note : The purpose of this questionnaire is to give a general overview of your current physical condition and information on your medical history.

The information you will disclose will be used only in order for us to ensure you have the qualifications and skills required for the job you apply for. This information will determine whether you need a medical checkup, but does not imply you will have to submit to one.

Last name : _____ First name: _____

Address: _____

Date of birth: _____ Height: _____ Weight: _____

Weight one year ago: _____ Reason for weight change (if any): _____

HISTORY

	Yes	No
Has one of your insurance applications ever been refused, changes or accepted with extra premium?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or have you ever been a recipient of disability or accident insurance benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been tested for AIDS?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been treated for any of the following diseases or conditions or have you ever felt any of their symptoms?

	Yes	No		Yes	No
Ear condition or deafness:	<input type="checkbox"/>	<input type="checkbox"/>	Nerve or mental disease:	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholism or drug addiction:	<input type="checkbox"/>	<input type="checkbox"/>	Migraines or severe or sick headaches:	<input type="checkbox"/>	<input type="checkbox"/>
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	Cerebral or neurological disorders:	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis or rheumatism:	<input type="checkbox"/>	<input type="checkbox"/>	Intestin, stomach or liver disorders:	<input type="checkbox"/>	<input type="checkbox"/>
Cancer or tumour:	<input type="checkbox"/>	<input type="checkbox"/>	Spinal disorders:	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions(epilepsy, unconsciousness):	<input type="checkbox"/>	<input type="checkbox"/>	Genital disorders:	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>	Visual disorders:	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure:	<input type="checkbox"/>	<input type="checkbox"/>	Kidney or urinary tract disorders:	<input type="checkbox"/>	<input type="checkbox"/>
Coronary deficiency:	<input type="checkbox"/>	<input type="checkbox"/>	Blood vessel disorders:	<input type="checkbox"/>	<input type="checkbox"/>
Blood or gland disease:	<input type="checkbox"/>	<input type="checkbox"/>	Lung disorders:	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any physical abnormality or deformities; do you suffer from a disease other than the above-mentioned diseases likely to affect your ability to perform the work related to the job applied for? Yes No

If yes, explain: _____

Are you pregnant? _____ If yes, when is the delivery expected? _____

Are you now regularly on drugs? _____

Do you receive medical care or treatment? _____ Are you expected to receive some soon? _____

If yes, explain: _____

	<u>Cigarettes</u>		<u>Alcoholic beverages</u>		<u>Varius drugs</u>
What is the weekly amount you take of:	_____		_____		_____
Did you use to take a larger amount?	Yes	No	Yes	No	Yes No

I declare that the information given in this questionnaire is accurate and complete to the best of my knowledge. I understand and accept that any misrepresentation or omission can result in the rejection of my application or the loss of my job or any benefit related to a pension or an allowance in connection with my health condition.

Applicant's signature _____
Date