



DATE: _____

OWNER-OPERATOR'S APPLICATION

Please select your preferred area of operation:

AB Regional East Regional West Regional All Canada Canada/US

| | | | |
|---------|-------------------|----------|-------------|
| Name | | | |
| | Last | First | Middle |
| Address | | | |
| | Number and Street | | Apt |
| | City | Province | Postal Code |
| Phone | | | |
| | Home | | Cell |
| Email | | | |

| | |
|---------------|--|
| Company Name: | |
|---------------|--|

| DRIVERS LICENSE | | | | | | | |
|-----------------|--|-------|--|--------|--|--------|--|
| Province | | Class | | Number | | Expiry | |

| ADDRESS FOR LAST THREE YEARS (if different from above) | | |
|--|----------|-------------|
| | | |
| Number and Street | | Apt |
| City | Province | Postal Code |

| | | |
|--------------------|------|-------------------------|
| Emergency Contact: | | |
| | Name | Relationship Phone |

| | | |
|--|-----|----|
| Have you worked for this company before? | Yes | No |
| From | To | |
| Reason for leaving: | | |

| | | |
|--|-----|----|
| Is there any reason you may be unable to perform the functions of this position? | Yes | No |
| Explain, (if you wish) | | |
| | | |
| | | |

| EMPLOYMENT HISTORY | | | |
|--|--|----------|----|
| Employment history must cover a total of ten uninterrupted years . List employers starting with most recent and going back in chronological order. Provide an explanation for any gaps. | | | |
| Company Name | | Position | |
| Start Date | | End Date | |
| Address | | | |
| | | | |
| Contact | | Phone | |
| Reason for leaving | | | |
| Was this position subject to FMCSA Regulations (US)? | | Yes | No |
| Was this position subject to a DOT regulated alcohol and controlled substance testing program? | | Yes | No |

| | | | |
|--|--|----------|------|
| Company Name | | Position | |
| Start Date | | End Date | |
| Address | | | |
| Street | | City | Prov |
| Contact | | Phone | |
| Reason for leaving | | | |
| Was this position subject to FMCSA regulations (US)? | | Yes | No |
| Was this position subject to a DOT regulated alcohol and controlled substance testing program? | | Yes | No |

| | | | |
|--|--|----------|------|
| Company Name | | Position | |
| Start Date | | End Date | |
| Address | | | |
| Street | | City | Prov |
| Contact | | Phone | |
| Reason for leaving | | | |
| Was this position subject to FMCSA Regulations (US)? | | Yes | No |
| Was this position subject to a DOT regulated alcohol and controlled substance testing program? | | Yes | No |

Each of the above entries MUST be complete and accurate. The information contained in this section may be used, and previous employers will be contacted, for the purpose of investigating your safety performance history, as required by FMCSR 391.23 (d) and (e). You have the right to review; have errors corrected by previous employers and resubmitted; and/or have a rebuttal statement attached to your application.

| EMPLOYMENT HISTORY | | |
|---|----------|-----------|
| Employment history must cover a total of <i>ten uninterrupted years</i> . List employers starting with the most recent and going back in chronological order. Provide an explanation for any gaps. | | |
| Company Name | | Position |
| Start Date | End Date | |
| Address | | |
| Street | | City Prov |
| Contact | | Phone |
| Reason for leaving | | |
| Was this position subject to FMCSA regulations (US)? | | Yes No |
| Was this position subject to a DOT regulated alcohol and controlled substance testing program? | | Yes No |

| | | |
|--|----------|-----------|
| Company Name | | Position |
| Start Date | End Date | |
| Address | | |
| Street | | City Prov |
| Contact | | Phone |
| Reason for leaving | | |
| Was this position subject to FMCSA regulations (US)? | | Yes No |
| Was this position subject to a DOT regulated alcohol and controlled substance testing program? | | Yes No |

| | | |
|---|----------|-----------|
| Company Name | | Position |
| Start Date | End Date | |
| Address | | |
| Street | | City Prov |
| Contact | | Phone |
| Reason for leaving | | |
| Was this position subject FMCSA regulations (US)? | | Yes No |
| Was this position subject to a DOT regulation alcohol and controlled substance testing program? | | Yes No |

Each of the above entries **MUST** be complete and accurate. The information contained in this section may be used, and previous employers will be contacted, for the purpose of investigating your safety performance history, as required by FMCSR 391.23 (d) and (e). You have the right to review; have errors corrected by previous employers and resubmitted; and/or have a rebuttal statement attached to your application.

ACCIDENT RECORD FOR THE PAST 3 YEARS

| | Date | Type of Accident | Fatalities | Injuries |
|---------------|------|------------------|------------|----------|
| Last Accident | | | | |
| Next Previous | | | | |
| Next Previous | | | | |

MOTOR VEHICLE CONVICTIONS FOR THE PAST 3 YEARS (excepting parking)

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle in Canada or the United States? Yes No

B. Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked in Canada or the United States? Yes No

C. Have you been placed out of service in Canada or the United States because of violations regarding hours of service or vehicle condition – past 2 years? Yes No

If the answer to question A, B or C. above is yes, please give explanation below:

| |
|--|
| |
| |
| |
| |

DRIVING EXPERIENCE

| | Type of Equipment | Date From | Date To | Miles or Years |
|-----------------|-------------------|-----------|---------|----------------|
| Straight Truck | | | | |
| Tractor/Trailer | | | | |
| A or B Trains | | | | |
| Other | | | | |

List areas of operation for the last 5 years:

| |
|--|
| |
| |

OTHER EXPERIENCE AND QUALIFICATIONS

| |
|--|
| |
| |
| |

LIST SAFE DRIVING AWARDS AND FROM WHOM:

| |
|--|
| |
| |
| |

EDUCATION

| | |
|-------------------------|--------------------|
| Highest grade completed | College/University |
| Last school attended | City |

TENOLD TRANSPORTATION LTD.'S REQUIREMENTS:

1. All Drivers must guarantee they have no outstanding tickets in Canada or the United States.
2. All Drivers must be able to drive in their licensed area of operation
3. All Drivers agree to drug testing as a condition of employment.
4. All Drivers must provide a list of all Drug and Alcohol programs they have participated in during the past 3 years and sign a release of information form for each previous employer.
5. All Drivers will be required to join CLAC

This certifies that I completed this application form and that all entries on it and information in it are true and complete to the best of my knowledge. I further agree to submit to a Drug and/or Alcohol Test if required by law in Canada or the United States and/or Tenold Company Policy.

Signature: _____

Date: _____

Access to personal information:

Tenold Transportation Ltd. recognizes the potentially sensitive nature of the information requested and seeks to protect the privacy rights of all individuals about whom we hold personal data. Access to personal information will only be used for purposes directly related to an individual's employment with Tenold Transportation. Any access, use, dissemination and/or disclosure of the information in a manner contrary to federal and provincial privacy laws constitutes an offence punishable by fine and/or imprisonment.