



Thank you for inquiring about a driving position with RTL Round-the-Lakes Motor Express

In order for us to process your application in a timely manner, we need your assistance.

1. **Complete all parts of the application in full**, with all of the information asked for. **Please print or write legibly and sign your complete legal name**, in all spaces where a signature is required. (Pages 6,7,8,9 and 10)
2. If an area of the application does not apply to you, such as accident or traffic citation areas, please write **NONE** or **N/A**. Do not leave the spaces blank.
3. **Ensure the Employment History section contains complete Employer Name, Address, Telephone Numbers and Dates of Employment. You must provide at least 36 months of employment history** or explain what you were doing during that period, such as unemployment, retirement etc. If you have been operating a Commercial Motor Vehicle with a trans-border carrier for more than the previous 36 months, you must go back up to ten (10) full years with the employment history.
4. Include a **legible copy** of both sides of **your Driver License and Social Insurance Card** with your application.
5. You are required to obtain a recent **copy of your Driver License & CVOR Abstracts**. They must be submitted with your application.

Please allow us 2-3 days after you have sent in your application before contacting us. We try to review all applications as soon as reasonably possible.

The more complete your application is, the easier it is for us to process them. Your failure to complete the application as required or omitting information, will delay the processing time of your application.

Once your application is approved, we will call you to arrange for a mutually convenient interview and Orientation appointment.

Thank you, we look forward to working with you.

Recruiting Department
RTL Round-the-Lakes Motor Express

Note:

Your signature is required on pages 6, 7, 8, 9 and 10, but only on the dotted line where you see the phrase "Signature of Applicant".



APPLICATION FOR COMPANY DRIVER POSITION

Fax to: 1-519-668-7808 with a coversheet attn: Recruiting; or e-mail to: klord@rtlmotor.ca

In compliance with Federal, State and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Answer all questions - Please print legibly Date of application

Position applied for:

Name: Last First Middle Initial SIN: Social Insurance Number

List your addresses of residency for the last 5 years:

Current Address: How Long: (years/ months) Street Home Phone: Apt/Unit # Cell Phone: City Province/State E-mail Address: ZIP / Postal Code

Table with 5 columns: Previous Addresses, Street, City / State or Province, ZIP/PC, How long?

Do you have the legal right to work in the United States? Yes No Unsure

Do you have the legal right to work in Canada? Yes No Unsure

Do you currently possess a valid Passport? FAST-Card? Either one of these two documents is required effective June 01/2009.

Date of Birth MM / DD / YYYY Can you provide proof of age? (Required for Commercial Drivers)

Have you worked for this company before? Where?

Dates: From To Rate of Pay Position

Reason for leaving:

Are you presently employed? Yes No If no, how long have you been un-employed?

Who referred you to RTL? Rate of pay expected:

Is there any reason why you might be unable to perform the functions of the job you are applying for? No Yes

If yes, explain



EDUCATION

Level of Education achieved: [] Grade School [] High School [] College [] Other

Last School attended:
Name City Year

LANGUAGES

Mother Tongue Fluency in other languages
FMCSA regulations require Commercial Drivers to be fluent in the English language to the point of being able to understand instructions from and converse with enforcement and/or customs officers.

DRIVER QUALIFICATIONS

First licensed: When? State/Province? Class?
Year

Subsequent Up-Grade to Commercial Driver Classification: [] No [] Yes - If yes, give details:

When? State/Province? To which Class?
MM/DD/YYYY

Did you attend a Truck Driving School? [] No [] Yes - If yes, name the School below:

.....
Name City State/Province

Do you currently hold more than one Driver License? [] No [] Yes - if yes, give details:

.....
Current FMCSA/NSC regulations prohibit Commercial Drivers from holding more than one driver license.

Driver License Number State/Province

Class(es) Endorsement(s) Restriction(s)

Validity: Date of Issue Expiry Date Medical Due Date
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? [] No [] Yes
B) Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked? [] No [] Yes

If your answer to either A or B above is yes, attach a statement on a separate sheet providing full details.

Show Special Courses or Training you obtained that will help you in the position being applied for:

.....
.....

Which Safe Driving Awards do you hold and who issued them:

.....



**APPLICATION FOR
COMPANY DRIVER
POSITION**

DRIVING EXPERIENCE – if none, check-off this box No Driving Experience

<u>Class of Equipment</u>	<u>Type of Equipment (Van, Tank, Flat etc)</u>	<u>From MM/YY</u>	<u>To MM/YY</u>	<u>Approx. Total Miles</u>
Straight Truck:	_____	_____	_____	_____
Straight Truck/Full Trailer:	_____	_____	_____	_____
Tractor/Semi Trailer:	_____	_____	_____	_____
Tractor/Two Semi-Trailers:	_____	_____	_____	_____
Motor Coach/School Bus:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Are you in the habit of “double-clutching” Manual Transmissions? Yes No – if no,

Are you able to “double-clutch” Manual Transmissions without grinding gears? Yes No

Are you in the habit of slowing the vehicle down by: downshifting, or use of brakes only

Check-off (x) which types of Manual Transmissions you have operated in the past:

6-Speed	8-Speed	9-Speed	10-Speed	Super-10	13-Speed	15-Speed	Other

List States/Provinces you operated in for last five (5) years:

.....

Do you have “Mountain Driving” experience? Yes No

Do you have “Winter Driving” experience? Yes No

TRAFFIC CONVICTIONS & FORFEITURES for past 3 Years (excluding Parking Tickets)

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Penalty</u>

(Attach separate sheet if more space needed)

ACCIDENT RECORD for past 3 Years

<u>Date</u>	<u>Nature of Accident</u>	<u>(head-on, rear-end, upset etc)</u>	<u>Injuries</u>	<u>Fatalities</u>



**APPLICATION FOR
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EMPLOYMENT HISTORY - add another sheet if necessary

FMCSA regulations require that persons applying to operate a Commercial Motor Vehicle¹ in Interstate commerce must list all Employers for whom they operated such motor vehicles during the past ten (10) years. If you only began driving Commercial Motor Vehicles within the last 3 years, no Employment History for the previous seven (7) years is required.

ALL PREVIOUS EMPLOYER INFORMATION MUST INCLUDE COMPLETE COMPANY NAME, STREET ADDRESS, CITY, STATE/PROVINCE, ZIP/PC AS WELL AS TELEPHONE NUMBER AND NAME OF IMMEDIATE SUPERVISOR!

<i>Please list the most recent employer first.</i>				From	To
Employer				MM/YY	MM/YY
Company Name:					
Address:			Position held:		
City:	State/Prov.	ZIP/PC	Salary/Wage		
Contact Person:	Phone:	Reason for leaving:			
Employer				From	To
				MM/YY	MM/YY
Company Name:					
Address:			Position held:		
City:	State/Prov.	ZIP/PC	Salary/Wage		
Contact Person:	Phone:	Reason for leaving:			
Employer				From	To
				MM/YY	MM/YY
Company Name:					
Address:			Position held:		
City:	State/Prov.	ZIP/PC	Salary/Wage		
Contact Person:	Phone:	Reason for leaving:			
Employer				From	To
				MM/YY	MM/YY
Company Name:					
Address:			Position held:		
City:	State/Prov.	ZIP/PC	Salary/Wage		
Contact Person:	Phone:	Reason for leaving:			
Employer				From	To
				MM/YY	MM/YY
Company Name:					
Address:			Position held:		
City:	State/Prov.	ZIP/PC	Salary/Wage		
Contact Person:	Phone:	Reason for leaving:			

¹ Includes vehicles having a GVWR of 10,001 lbs / 4,600 kg or more; vehicles designed to carry 15 passengers or more; or any sized vehicle used to carry Hazardous Materials in a quantity requiring placarding.



DRIVER CERTIFICATION OF ALL MOTOR VEHICLE VIOLATIONS

I certify that the following is a complete and accurate list of traffic violations and citations – other than parking tickets – for which I have been convicted or forfeited bond or collateral during the past 12 months in any jurisdiction within North America (USA & Canada):

Date	Offense	State/Prov.	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. I further state that to the best of my knowledge, my right-to-drive is currently not suspended in any jurisdiction within North America (USA & Canada).

Do you have a criminal record Yes No

Do you have any medical conditions that would affect your job Yes No

If yes explain _____

Do you take any medication Yes No

If you answered yes is it over the counter or prescription

(Date of Certification)	(Signature of Applicant)

Office Use only:	
Carrier:	Address:
Reviewed by:	Title:



PERSONAL REFERENCES

Give the names of at least 3 persons who can supply information pertinent to your job performance (excluding previous employers and/or relatives):

Name and Occupation	City (State/Prov).	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Occasionally, questions asked in an application form make it difficult for an individual to adequately summarize their complete background. To help us assigning you to the proper vehicle groups, please use the space below to summarize any additional information necessary to fully describe your qualifications:

Thank you for completing this application form and for your interest in becoming a Company Driver with us. We would like to assure you that our approval of your opportunity for a driving position with this company will be based only on your merit and on no other consideration.

Please carefully read the following "Applicant's Certification and Agreement"

I hereby certify that the facts set forth in the above Company Driver Application are true and complete to the best of my knowledge. I understand that if engaged, falsified statements on this application shall be considered sufficient cause for immediate dismissal.

Signature of Applicant:



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: RTL Round-the-Lakes Motor Express, 1036 Green Valley Road, London, ON N6N 1E3

To:..... Date:

Social Insurance Number:

.....has made application to this company for a position as.....

and states that he/she was employed by you as from to

Kindly complete the questionnaire below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility or civil liability. Please return via fax to 1-519-668-7808 with a cover sheet addressed to the Safety/Recruiting Department.

Yours truly Safety/Recruiting Department

- 1) Is the employment record with your company correct as stated above?
2) What kind(s) of work did the applicant perform?
3) Did the applicant drive Motor Vehicles for you? Car, Straight Truck, Bus, Tractor-Trailer, Other
4) Was the applicant a safe and efficient driver?
5) Provide details of vehicle accidents in which he/she was involved:
6) Reasons for leaving your employ: Discharged, Laid-off, Resigned, Remarks
7) Was the applicant's general conduct satisfactory?
8) Was the applicant competent for the position sought?
9) Did the applicant consume any alcoholic beverages or use restricted drugs while on duty?

Table with 5 columns: Excellent, Good, Fair, Poor, Very Poor. Rows include Quality of Work, Cooperation with others, Safety habits, Personal habits, Driver skills, Attitude.

Remarks:

Title: Signature:

Name of Carrier: Date:

Applicant's authorization to release above information:

You are hereby authorized to give to RTL Round-the-Lakes Motor Express, to whom I have applied for a Company Driver position, all information regarding my service, character and conduct while in your employ. I hereby release you from any and all liability which might result from furnishing such information to the above named company.

Name of applicant

Signature of applicant



AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant's Name:

In accordance with the provisions of the Privacy Act of 1974, USC 552a, and the Department of Homeland Security Regulations promulgated to implement the Act, 6 CFR Part 5, I hereby authorize Customs and Border Protection ("the Agency") to disclose any record or information pertaining to me and contained in the Agency's files, including such records which may be contained in a system of records, as that term is defined under 5 USC 552a(a)(5), by any means of any communication to

RTL Round-the-Lakes Motor Express Inc.

Provided that the Agency deems disclosure relevant to the enforcement of any federal law and/or regulation or the grant, denial, suspension or revocation of any license or authority to operate. The authority to disclose information as provided herein, shall constitute a release by me of the United States of America, the Department of Homeland Security, the Agency, and/or any employee thereof from any liability for damages alleged to have been caused, directly or indirectly, as a result of the Agency's acquisition, maintenance and/or disclosure of such information, or any subsequent disclosure thereof by any individual or entity. I understand that my execution of this authorization for disclosure of information is not required by law or regulation, and I declare that such execution is my voluntary act. A copy of this executed document shall be considered to be of equal force and effect as the original executed document.

Signature of Applicant.....

Date



DECLARATION OF PREVIOUS NON-VERIFIABLE EMPLOYMENT STATUS

The Federal Motor Carrier Safety Regulations (FMCSR) requires RTL Round-the-Lakes Motor Express to verify the employment history of all prospective drivers for the preceding 36 months (3 years).

This form will enable you to account for the period(s) when you were self-employed or involved in other activities that can not be verified by any other means.

Dates: From (MM/DD/YYYY) To: (MM/DD/YYYY)

During that period I was engaged as follows:

.....
.....

During this period:

- (x) I was not employed in any capacity on a full-time or part-time basis
I was self-employed
I did not apply nor receive unemployment insurance payments
I was not convicted of a crime or felony
I was not an inmate at any correctional facility
I held a valid drivers license (no suspension)
I was not involved in a motor vehicle accident of any type
I was not involved in a personal injury

Below, I have supplied the names of two persons that are not related to me in any manner that can verify the information provided:

I,, hereby declare that the statements and information listed are true and authorize you to contact all parties for further verification.

Date

Signature of Applicant

Social Insurance Number

Contacts:

Name: Address: Phone Number

.....
.....