

SASKATOON HOTSHOT TRANSPORTER SERVICES

PHONE: (306) 653-5255
(800) 665-5855

2342-B HANSELMAN AVENUE
SASKATOON, SASKATCHEWAN
S7L 5Z3

FAX: (877) 653-0186

Contact and Personal Information: (All * are required fields.)

Application Date: _____ **Available Start Date:** _____

*Full Name: _____

*Street Address: _____

*Previous address if less than 3 yrs: _____

*Town: _____ *Province: _____ *Postal Code: _____

*Phone: (____) _____ *Cell Phone #: _____ *Fax #: _____

*Date of Birth: _____ *SIN # _____ E-mail: _____

*Legal to work in Canada? _____ *Are you 21 years of age or more? _____ *Relatives or friends employed by us?
 ___ Yes ___ No ___ Yes ___ No Name _____

Do you have any medical condition that would prevent you from performing necessary duties of a commercial transport operator? ___ Yes ___ No Details: _____

Do you have any violations that would restrict you from operating in any Canadian or US jurisdictions? ___ Yes ___ No
 Details: _____

Have you included your drivers abstract with this application? ___ Yes ___ No (if in Ontario include a CVOR)

How did you hear about us?
 ___ Newspaper ___ Word of mouth ___ Internet ___ Seen our Trucks Other: _____

***Current Driver's License Information:**

Licence #: _____

Expiration Date: _____

Driver School Graduate? ___ Yes ___ No

Licence Class Currently Held:	Endorsements:
___ Class 1 ___ Class 2 ___ Class 3	___ Hazmat
___ Class 5 ___ Class A ___ Class D	___ Heavy Trailer
___ Class G other _____	___ Air Brakes

Driving History & Driving Information:

Years of tractor trailer driving experience: _____

Years of RV hauling experience: (personal and professional) _____

Are you experienced running mountains? ___ Yes ___ No

Regions you have experience driving in (check all that apply):

___ Northwest US ___ Southwest US ___ Central US ___ Eastern Canada
 ___ Northeast US ___ Southeast US ___ Western Canada ___ Maritimes

I Would Like to Run: ___ Single ___ Team ___ Husband/Wife

Employment History:

List all jobs held, including self-employment, for past ten (10) years for driving positions and five (5) years for all others. Please begin with the most recent and attach additional paper if necessary. Gaps in employment of thirty (30) days or more are to be identified.

Name of Company: _____ Phone: _____

Address: _____ City: _____

Dates Employed From:(month/year) _____ to _____ Final rate of pay: _____

Title: _____ Duties: _____

Supervisor's Name: _____ Reason for leaving(amplify) _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

Name of Company: _____ Phone: _____

Address: _____ City: _____

Dates Employed From:(month/year) _____ to _____ Final rate of pay: _____

Title: _____ Duties: _____

Supervisor's Name: _____ Reason for leaving(amplify) _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes _____ No _____

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Name of Company: _____ Phone: _____

Address: _____ City: _____

Dates Employed From:(month/year) _____ to _____ Final rate of pay: _____

Title: _____ Duties: _____

Supervisor's Name: _____ Reason for leaving(amplify) _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

As a condition of your employment, you must provide proof that you can travel unimpeded in both Canada and the United States. Are you able to meet this requirement? Yes _____ No _____

Use this space to summarize any additional information necessary to describe your full qualifications.

Accident Report for Past three (3) years. (Including Vehicle, personal, and product handling incidents)

Date: _____ Accident Nature: _____

Where _____ Injury/Faitalities _____

Date: _____ Accident Nature: _____

Where _____ Injury/Faitalities _____

Date: _____ Accident Nature: _____

Where _____ Injury/Faitalities _____

To be read and signed by applicant:

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. "I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

For Company Use

Application Complete _____ Drivers Abstract Submitted _____ Employer history confirmation _____ Previous D/T _____ Results _____

Interview Results:

Vehicle Make / Model / Year: _____

Date: _____ Interviewer Signature: _____

Does the applicant meet Company hiring criteria? _____ Date Hired: _____