

## APPLICATION FOR EMPLOYMENT

<b>123 – 55202 SH 825</b> <b>Sturgeon Industrial Park</b> <b>Sturgeon County, AB</b> <b>T8L 5C1</b>		<b>Main Line: 780-998-1883</b> <b>FAX: 780-998-1884</b> <b>WEB: www.rbsbulk.com</b>
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PERSONAL INFORMATION		
Legal Last Name:	Legal First Name:	Middle Name(s):
Current Address:	City:	Home Phone:
Province:	Postal Code:	Cell Phone:

Current Issuing Province of Driver's License:

HIRING STANDARDS					
Do you have a valid Class 1/A License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you over the age of 21?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 Demerits or Less on Driver's License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you legally eligible to work in Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any physical limitations we should be aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been convicted of a crime for which a pardon has not been granted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you held a valid Class 1/A License in other province with the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

TRACTOR/TRAILER DRIVING EXPERIENCE		
Indicate your commercial driving experience.	What types of commercial vehicles have you driven?	Rate your experience: 0=None 1=Limited (under 1 year) 2=Some Experience (1-3 years) 3=Experienced (3 years or more)
<input type="checkbox"/> Student training only <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 Months to 1 year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 or more years	<input type="checkbox"/> Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Tri-Axel/Tandem <input type="checkbox"/> Bulk Liquid <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> Other	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Has your license ever been suspended or revoked for any reason, or have you ever been denied a license for any reason? If no, please check box <input type="checkbox"/>		

**EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 lbs. or more (2) designed to transport nine or more passengers of (3) is of any size and is used to transport hazardous materials in quantities requiring placarding.

Please list your employment for the past five (5) years. All time gaps must be accounted for and the reason provided (i.e. unemployed/self-employed/attending school).

*Please begin with your most recent employer.*

<b>1. Last/Current Employer</b>			<b>From:</b>	<b>To:</b>
Position Held:		Name of Supervisor or Manager:		
Address:		City:	Province:	
Phone Number:		Reason(s) for leaving:		
Type of Business:		Were you subject to FMCSRs (see description above) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was your job designated as a safety function subject to drug and alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>2. Last/Current Employer</b>			<b>From:</b>	<b>To:</b>
Position Held:		Name of Supervisor or Manager:		
Address:		City:	Province:	
Phone Number:		Reason(s) for leaving:		
Type of Business:		Were you subject to FMCSRs (see description above) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was your job designated as a safety function subject to drug and alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>3. Last/Current Employer</b>			<b>From:</b>	<b>To:</b>
Position Held:		Name of Supervisor or Manager:		
Address:		City:	Province:	
Phone Number:		Reason(s) for leaving:		
Type of Business:		Were you subject to FMCSRs (see description above) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was your job designated as a safety function subject to drug and alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>				

<b>4. Last/Current Employer</b>		<b>From:</b>	<b>To:</b>
Position Held:		Name of Supervisor or Manager:	
Address:		City:	Province:
Phone Number:		Reason(s) for leaving:	
Type of Business:		Were you subject to FMCSRs (see description above) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety function subject to drug and alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>5. Last/Current Employer</b>		<b>From:</b>	<b>To:</b>
Position Held:		Name of Supervisor or Manager:	
Address:		City:	Province:
Phone Number:		Reason(s) for leaving:	
Type of Business:		Were you subject to FMCSRs (see description above) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety function subject to drug and alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			

PLEASE INCLUDE THE FOLLOWING
<input type="checkbox"/> CDL – A <b>5 Year Commercial Abstract</b> (current within the past 30 days of Application) <input type="checkbox"/> A copy of a current up to date work <b>Resume</b> <input type="checkbox"/> A Copy of a valid work certificates <ul style="list-style-type: none"> <li><input type="checkbox"/> Valid H2S</li> <li><input type="checkbox"/> Valid Standard First Aid</li> <li><input type="checkbox"/> Any additional certificates applicable to work experience</li> </ul>

**RELEASE CLAUSE**

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED AND THAT PRIOR EMPLOYERS WILL BE CONTACTED.

It is agreed and understood that this application for employment in no way obligates RBS Bulk Systems to employ the applicant.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

It is agreed and understood that RBS Bulk Systems may investigate the applicant's background to ascertain all information of concern to applicant's record. This includes personal history, employment history, credit history, driving record, criminal record, drug and alcohol test results from previous employers (or their consortium) and other related matters. Generally, inquiries regarding medical history will be made only if required, and after a conditional offer of employment has been extended.

I hereby release employers, schools, health care providers and other person from all liability in responding to inquiries and releasing information in connection with my application.

It is agreed and understood that the applicant releases employers and persons named herein from all liability for any damages on account of the applicant 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.

If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment of contract period.

Furthermore, I understand that the Company and/or its agents may keep information on file (including work performance) as related to my employment, and make it available to any second party with my written consent.

It is agreed and understood that if employed, the employee will be on a probationary period (90 days) during which time the employee may be discharged without cause of recourse. If I am accepted for employment, I will not publish or disclose to anyone outside the Company, any trade secrets or confidential technical or business information during or after employment by RBS Bulk Systems, except with the company's written permission.

**SIGNATURE**

*I certify that all information contained in this application is complete and accurate to the best of my knowledge.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_