

SPS

SARNIA PAVING STONE LTD. TRUCKING DIVISION

TO ALL PROSPECTIVE EMPLOYEES OF SARNIA PAVING STONE LTD.

This application must be completely filled out to the best of your ability.

We require:

- Current copy of drivers C.V.O.R. abstract
- Current copy of drivers abstract
- Copy of criminal record search – three months old or less
- Copy of birth certificate, passport or Canadian citizenship

We require your work history, driving and non driving jobs included. The dates you worked there and the phone numbers are very important.

Remember the more helpful you are, the faster and easier it is for our Recruiting Department to process your application.

Thank you.

Recruiting Department
Sarnia Paving Stone Ltd.

**DRIVER'S
APPLICATION FOR EMPLOYMENT**

Sarnia Paving Stone Ltd.
764 Campbell Street, Sarnia, Ontario N7T 2J6

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of Application _____

Position(s) Applied for _____

Name _____ Social Insurance No. _____

Last First Middle

Address _____

Street City

Province Postal Code Cell # Phone _____

Address for past 3 years } _____ How long _____

Street City Province & Postal Code

Address for past 3 years } _____ How long _____

Street City Province & Postal Code

Are you 21 years or more and less than 65 years of age? _____ Can you provide proof of age? _____

Are you bondable? _____

In case of emergency notify _____

Name Address Phone

Have you worked for this company before? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

PHYSICAL HISTORY

List any handicap that prevents you from doing certain kinds of work _____

Are you physically capable of heavy manual work? _____

Ever injured on the job? _____ Give nature and degree of such injuries _____

How much time lost from work in the past three years for illness? _____

Would you be willing to take physical examination? _____

Have you ever: A) Tested positive for a controlled substance? _____

B) Refused a drug test? _____

C) Has a breath alcohol test greater than 0.04 for a company to which you applied but did not work for. _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 7 years. Applicants to drive a commercial motor vehicle shall provide 7 years' information on those employers for whom the applicant operated such vehicle.

Note: List employers in reverse order starting with the most recent and attach sheet if space is needed.

EMPLOYER			DATES	POSITION HELD
NAME			FROM (M/Y)	REASON FOR LEAVING
ADDRESS				
CITY	PROVINCE	P.CODE	TO (M/Y)	
PHONE #				

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ADDRESS				
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PHONE #				

EMPLOYER			DATES	POSITION HELD
NAME			FROM (M/Y)	REASON FOR LEAVING
ADDRESS				
CITY	PROVINCE	P.CODE	TO (M/Y)	
PHONE #				

Accident record for the past 3 years or more (attach sheet if more space is needed)

DATES (M/Y)	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8

High school: 1 2 3 4 College: 1 2 3 4

Last school attended: _____

EXPERIENCE AND QUALIFICATION – DRIVER

DRIVER LICENSES	PROVINCE	LICENCE #	CLASS	EXPIRATION DATE

A) Have you ever been denied a licence, permit or privilege to operate a motor vehicle? _____

B) Has any licence, permit or privilege ever been suspended or revoked? _____

If the answer to either A or B is YES, attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

List states operated in for last 5 years: _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking or other experience that may help in your work for this company. _____

List courses and training other than shown elsewhere in this application. _____

List special equipment or technical materials you can work with (other than those already shown) _____

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by law.

_____ Date

_____ Signature

PROCESS RECORD

(Completed by SPS)

Applicant hired _____
Date employed _____
Department _____

Rejected _____
Point employed _____
Classification _____

	Superior	Good	Fair	Below Average	Poor
Applicant					
Interview					
Past employment					
Written exam					
Road test					
Police/traffic record					

Signature of reviewing officer _____

TERMINATION OF EMPLOYMENT

(Completed by SPS)

Date terminated _____ Department released from _____
Dismissed _____ Voluntary quit _____ Other _____
Termination placed in file _____

Certification of Compliance with Driver Licence Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVERS REQUIREMENTS: Parts 383 and 391 of the Federal Motor carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- A) You, as a commercial vehicle driver, may not possess more than one licence. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one licence, you should keep the license from your state of residence and return the additional licences to the states that issued them. DESTROYING a licence does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- B) Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer to the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License No. _____ Province _____ Exp. Date _____

Driver's Signature _____

Notes:

Request/ Consent for Information from Previous Employer
on Alcohol & Controlled Substances Testing

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (print name) _____
First, M.I., Last S.I.N

Hereby authorize that:

Previous Employer: _____

Street: _____ Telephone: _____

City, Province, Postal Code: _____ Fax #: _____

May release and forward information requested by section 2 of this document concerning my Alcohol and Controlled Substances testing records to:

Prospective Employer: Sarnia Paving Stone Ltd., Attention Dino
764 Campbell Street, Sarnia, ON, N7T 2J6
Ph: 519-3377668, Ph: 519-337-0810
Fax: 519-332-0828

Applicant Signature Date

This is in compliance with 382.405(f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from the driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

282.413(a)(b)(d)(e)(f)(h) further state:

382.413 Inquiries for alcohol and controlled substances information from previous employers.

(A)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under 382.401 (b)(1) (1)through (iii)of this subpart:

- (i) Alcohol tests with a result of 0.04 alcohol concentration or greater,
- (ii) Verified positive controlled substances test results; and
- (iii) Refusals to be tested

(2) the information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other pervious employers under paragraph (a)(1) of this section.

(B) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as son as possible. If a driver hired or used by the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period or before the employer has obtained the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information.

(d) The prospective employer must provide to each of the driver's previous employers the driver's specific, written authorization for release of the information in paragraph (a) of this section.

(e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.

(f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer assures it self that the information is true and accurate.