



9-45th Parallel Drive Ingleside, ON K0C 1M0
 Phone: (613) 537-8900 Fax: (613) 537-9450
 Toll Free: (800) 387-2804

Application for Employment

Applicant Information

Name: _____ Phone: _____
 First Middle Last

Date of Birth (dd/mm/year): _____ SIN: _____

Current Address: _____
 Street City Province Postal Code

***If at the above residence for less than three years, list below all residences for the past three years**

Previous Address: _____
 Street City Province Postal Code

Previous Address: _____
 Street City Province Postal Code

Position applied for: _____ Part-time: _____ Full-Time: _____

Have you worked for us before? _____

If yes; from: _____ to: _____
 Month/year Month/year

Reason for leaving: _____

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

Have you ever been convicted of a criminal offence? Yes: _____ No: _____

*If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Education

Circle the highest level of education completed: Secondary Education: 8 9 10 11 12 Post Secondary: 1 2 3 4

Degree received: _____

Last school attended: _____
 Name Address



9-45th Parallel Drive Ingleside, ON K0C 1M0
 Phone: (613) 537-8900 Fax: (613) 537-9450
 Toll Free: (800) 387-2804

Driver Qualifications

Driver's Licenses Held in the past 3 years				
Province:	License Number:	Class:	Endorsement(s):	Expiration Date:

- A. Have you every been denied a license, permit, or privilege to operate a motor vehicle?
 Yes: _____ No: _____
- B. Has any license, permit or privilege ever been suspended or revoked?
 Yes: _____ No: _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
 Yes: _____ No: _____

*If you answered "yes" to A, B, or C, please attach a statement providing details

Driver Experience

Class of Equipment:	Type of Equipment (Van, Tank, Flat, etc.)	Dates: (From – To)	Approximate Total Miles:
Straight Truck			
Tractor or Semi Tractor			
Twin Trailers – LCV's			
Other			

- A. List states operated in during last five years: _____
- B. List special courses or training that will help you as a driver: _____
- C. List driving awards held and who awards were presented by: _____



9-45th Parallel Drive Ingleside, ON K0C 1M0
 Phone: (613) 537-8900 Fax: (613) 537-9450
 Toll Free: (800) 387-2804

Accidents/Convictions

Accident review for the past 3 years (attach a separate sheet of paper if more space is needed)

Date of Accident:	Nature of Accident: (Head-on, Rear-end, Overturn, etc.)	Fatalities?	Injuries?

Traffic conviction and Forfeitures for the past 3 years (exclude parking violations)

Location	Conviction Charge:	Date:	Penalties:



9-45th Parallel Drive Ingleside, ON K0C 1M0
 Phone: (613) 537-8900 Fax: (613) 537-9450
 Toll Free: (800) 387-2804

Past Employment Record

The U.S. Department of Transportation requires that driver applications show all employment for the past 3 years. They must also show commercial driver employment for the seven years immediately preceding this three-year period. §391.21 (b)(10), (11) **(Please provide past 10 years)**

List most recent employment first - please include military experience. (Attach a separate sheet if necessary)

EMPLOYER:			DATE:	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS			POSITION HELD:	
CITY	PROV.	POSTAL CODE:	SALARY/WAGE:	
CONTACT PERSON:		PHONE:	REASON FOR LEAVING:	

- A. Were you under the rules of the FMSCA at this job? Yes: _____ No: _____
 B. Did you have to have drug and/or alcohol test at this job? Yes: _____ No: _____

EMPLOYER:			DATE:	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS			POSITION HELD:	
CITY	PROV.	POSTAL CODE:	SALARY/WAGE:	
CONTACT PERSON:		PHONE:	REASON FOR LEAVING:	

- A. Were you under the rules of the FMSCA at this job? Yes: _____ No: _____
 B. Did you have to have drug and/or alcohol test at this job? Yes: _____ No: _____

EMPLOYER:			DATE:	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS			POSITION HELD:	
CITY	PROV.	POSTAL CODE:	SALARY/WAGE:	
CONTACT PERSON:		PHONE:	REASON FOR LEAVING:	

- A. Were you under the rules of the FMSCA at this job? Yes: _____ No: _____
 B. Did you have to have drug and/or alcohol test at this job? Yes: _____ No: _____



9-45th Parallel Drive Ingleside, ON K0C 1M0
 Phone: (613) 537-8900 Fax: (613) 537-9450
 Toll Free: (800) 387-2804

EMPLOYER:			DATE:	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS			POSITION HELD:	
CITY	PROV.	POSTAL CODE:	SALARY/WAGE:	
CONTACT PERSON:			PHONE:	REASON FOR LEAVING:

A. Were you under the rules of the FMSCA at this job? Yes: _____ No: _____

B. Did you have to have drug and/or alcohol test at this job? Yes: _____ No: _____

EMPLOYER:			DATE:	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS			POSITION HELD:	
CITY	PROV.	POSTAL CODE:	SALARY/WAGE:	
CONTACT PERSON:			PHONE:	REASON FOR LEAVING:

A. Were you under the rules of the FMSCA at this job? Yes: _____ No: _____

B. Did you have to have drug and/or alcohol test at this job? Yes: _____ No: _____



9-45th Parallel Drive Ingleside, ON K0C 1M0
Phone: (613) 537-8900 Fax: (613) 537-9450
Toll Free: (800) 387-2804

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I may be conditional on the results of a physical examination and drug test. I certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative consumer Report, including information regarding my character, general reputation, personal characteristics, and model of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer. 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.

Signature of Applicant

Date



9-45th Parallel Drive Ingleside, ON K0C 1M0
Phone: (613) 537-8900 Fax: (613) 537-9450
Toll Free: (800) 387-2804

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER [391.23 (2)]

From: Prospective Employer
Company: Konink Logistics Inc.
Street: 9-45th Parallel Dr`
City: Ingleside
Province: ON Postal Code: K0C 1M90

To: Previous Employer
Company: _____
Street: _____
City: _____
Province: _____ Postal Code: _____

Personel Manager:

_____ (applicant), _____ (social security number) has completed an application to this company for a position as _____ (position applied for) and states that he/she was employed by you as a _____ (position worked) from _____ (dates worked). Please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience you may send form to return email: jayde@koninkl.com

Yours Truly, Safety Department

1. Is the employment record with your company correct as states above? Yes _____ No _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? Yes _____ No _____
If yes: Tractor Trailer ___ Straight Truck ___ Twin-Trailers ___ Bus ___ Other (specify) _____
4. Was the applicant a safe and efficient driver? Yes _____ No _____ N/A _____
5. If applicant was involved in an accident, please provide the dates of incidents: _____
6. Reason applicant left employment: Discharged ___ Laid Off ___ Resigned ___
Remarks: _____
7. Was the applicant's general conduct satisfactory? Yes _____ No _____
8. Is the applicant competent for the position sought? Yes _____ No _____
9. Did the applicant consumer any alcoholic beverages while on duty? Yes _____ No _____
10. Would you rehire this applicant? Yes _____ No _____ Please explain _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work					
Cooperation with others					
Safety Habits					
Personal Habits					
Personal Cleanliness					
Driving Skills					
Attitude					

Remarks: _____

Signature: _____ Date: _____
(Signature of Previous Employer)

(Former Employer)

Date:

You are hereby authorized to give **Konink Logistics Inc.** all information regarding my services, character, and conduct while employed, and you are released from any and all liability that may result from furnishing such information to the above-named company.

Signature of Applicant



9-45th Parallel Drive Ingleside, ON K0C 1M0
Phone: (613) 537-8900 Fax: (613) 537-9450
Toll Free: (800) 387-2804

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Sec. 40.25 (j): As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive function for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 4.25(b)(5) and (e))

Company Name: _____

Street: _____

Province/Postal Code: _____

Prospective Employee Name: _____

ID Number: _____

The prospective employee is required by Sec. 4.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes: _____ No: _____

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes: _____ No: _____

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____



9-45th Parallel Drive Ingleside, ON K0C 1M0
Phone: (613) 537-8900 Fax: (613) 537-9450
Toll Free: (800) 387-2804

Request/Consent for Information on Alcohol & Controlled Substances Testing

Section 1: To Be Completed By Prospective Employee

_____ identified by _____, has applied to our company

Print: First, M.I., Last Name

Donor's ID Number

for a safety sensitive position as outlined in 49 CFR 382.107. In accordance with DOT regulations 49 CFR 382.413 and 391.23, we are hereby requesting information regarding this individual's involvement and participation in your company's drug and alcohol testing program. This request for drug and alcohol testing information is directed to the attention of:

Previous Employer: _____ Phone: _____

Street: _____ Fax: _____

City, Province, Postal Code: _____

In accordance with 49 CFR 382.405(f), by my signature below, I authorize you to release any and all information regarding drug and alcohol testing done on myself while in your employ, acting as your agent, under contract to you, or acting as your representative in any capacity during the preceding three years from the below date. This information is released to:

Prospective Employer: Konink Logistics Inc. Phone: 613-537-8900

Attention: Barry Konink Fax: 613-537-9450

Street: 9-45th Parallel Drive

City, Province, Postal Code: Ingleside Ontario K0C 1M0

Applicant Signature

Date of Hire

Section 2: To Be Completed By Previous Employer:

Please complete to determine pre-employment qualification under 49 CFR 382.301:

1. Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No

2. Did the company's drug & alcohol program comply with DOT regulations part 40? Yes No

3. Was the applicant qualified to drive as set forth in Part 382? Yes No

4. Name and Address of Consortium (TPA): _____

5. Date of Employment: From _____ To _____

6. Date of Last Test: _____ Type of Test: _____ Results: _____

7. Any other violation of 49 CFR 382? Yes Explain: _____ No:



9-45th Parallel Drive Ingleside, ON K0C 1M0
Phone: (613) 537-8900 Fax: (613) 537-9450
Toll Free: (800) 387-2804

Drug & Alcohol Testing Information Request

For verification of driver's participation in a compliant testing program under 49 CFR, 382.413 & Part 40.25:

Driver's Name: _____ Driver's Signature: _____

- 1. Has the applicant ever tested positive, as verified by an MRO, for a controlled substance test covered under Part 40 in the last 3 years? Yes No
- 2. Has the applicant ever had an alcohol test with a Breath Alcohol Concentration 0.040 or greater in the past 3 years? Yes No
- 3. Has the applicant ever refused a DOT required drug or alcohol test in the last 3 years? Yes No
- 4. To the best of your knowledge, has the applicant ever violated any other DOT drug & alcohol testing regulations other than questions 1-3 above in the last 3 years? Yes No
- 5. If yes to any of the above, did the applicant comply with the referral rehabilitation requirements of the Substance Abuse Professional (SAP)? Yes No

- a. Was the person referred to a SAP? Yes No
If employment with your company continued:
 - i. Was the applicant evaluated by the SAP? Yes No
 - ii. If yes, did the SAP recommend treatment and/or education? Yes No
 - iii. Did the applicant complete the treatment and/or education determined by the SAP? Yes No
 - iv. Did the applicant undergo a return to duty test? Yes No
 - v. If yes, was the return to duty test was negative? Yes No
 - vi. Did the SAP recommend follow-up testing? Yes No
 - vii. Did the applicant complete the follow-up testing? Yes No

If applicable, please submit a copy of the documentation to show completion of return to duty and follow-up testing.

Comments: _____

I confirm the above information is accurate:

Print Name: _____ Date: _____

Signature: _____ Company: _____