



Attention: Operations Manager

In order to properly process this application, please complete the following and return as the application package cover sheet. Fax (506) 384-4168

Applicant's Name: _____

Type of Equipment applicant will be driving (PLEASE SPECIFY) :

Tractor Trailer

Area in which applicant will be driving:

City (yes or no). If yes, specify area:

Regional (yes or no). If yes, specify area:

Longhaul (yes or no). If yes, specify area:

Required to be in Dispatch System (yes or no):

Remain in random drug testing pool (yes or no):

Required to submit daily logs (yes or no):

Name of MSSl personnel submitting application:



Check List:

1. Driver Application which consists of:
 - Application Cover Sheet
 - 4 page Application completed in full
 - Approval for retention of Criminal Record Search
 - Probationary Job Performance
 - Applicants Statement of Health
 - Authorization to request annual Driver's Abstract

2. Release Alcohol and Substance Abuse Policy (for Drivers who will be subject to pre employment and random drug testing)
3. Maritime Shunting Services Inc. Alcohol and Substance Abuse Policy Acknowledgement (for Drivers who do not require pre employment or random drug testing)
4. Clear copy of Front and back of the Driver's License
5. Current Driver's Abstract - **not older than 30 days**
6. Current Criminal Record Search - **not older than 3 months**. If not available, applicant must complete "Preliminary Criminal Record Search Document" with receipt indicating they have requested the preliminary search. If the applicant discloses they have criminal record, they must complete "Detailed Criminal Record Search Document" with receipt indicating they have requested the detailed search



Position Applied For:	<input type="checkbox"/> Company Driver	<input type="checkbox"/> Administration	
Application to Drive In:	<input type="checkbox"/> Canada Only		
Position Status (check one)	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	

Date of Application: _____

Name _____
Last First Middle

Address _____
Street City Phone No. Province Postal Code

Date of Birth ____/____/____

Address for past three years _____ How Long? _____
Street City Postal Code

_____ How Long? _____
Street City Postal Code

Have you worked for this Company before? _____ Where? _____

Dates From _____ To _____ Position _____

Reason for Leaving? _____

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

Who referred you? _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NUMBER OF MILES
STRAIGHT TRUCK			
TRACTOR & SEMI TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

EMPLOYMENT HISTORY & REFERENCES

All driver applicants must provide the following information on all employers during the preceding 5 years. At the bottom, please include 2 reference contact names and numbers (who are not listed as employer references above).

(Note: Please start with most recent employer.)

EMPLOYER

DATE

Name	FROM		TO
	Mo.	Yr.	Mo. Yr.
Address	Position Held		
City	Prov	Postal Code	Salary/Wage
Supervisor	Phone Number		Reason for Leaving

EMPLOYER

DATE

Name	FROM		TO
	Mo.	Yr.	Mo. Yr.
Address	Position Held		
City	Prov	Postal Code	Salary/Wage
Supervisor	Phone Number		Reason for Leaving

EMPLOYER

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EMPLOYER

DATE

Name	FROM		TO
	Mo.	Yr.	Mo. Yr.
Address	Position Held		
City	Prov	Postal Code	Salary/Wage
Supervisor	Phone Number		Reason for Leaving

REFERENCES *(Do not list Employer references already stated above)*

Name	Phone Number	Relationship
1.		
2.		

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver	Province	License No.	Type	Expiration Date
License				

- A Have you ever 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

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE GIVE DETAILS

ACCIDENT RECORD FOR PAST 5 YEARS (include all preventable, non-preventable, and minor accidents in Canada & U.S. which you were involved as a driver - attach an additional sheet if more space is needed)

	#1	#2	#3
Dates			
Nature of accident (Head-on, rear-end, upset, etc.)			
Fatalities			
Injuries			
Personal or Commercial vehicle			
Preventable or non-preventable			

Road Conditions

Damage Amount \$

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (other than parking)

Location	Date	Charge	Penalty

EDUCATION

Circle highest grade completed:

12 3 4 5 6 7 8 9 10 11 12 13

College/University Degree _____

Last School Attended _____

Name

City

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

If yes, please explain _____



TO BE READ AND SIGNED BY APPLICANT

I authorize Maritime Shunting Services Inc. to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at a final decision to allow myself to become an approved employee/driver. I hereby release employers, schools and other persons from all liability in responding to inquiries and releasing information in connection with my application. I agree to furnish such additional information and complete such examinations as may be required by the Company in order to complete the approval process.

If approved as an employee/driver, I understand that false or misleading information given in my application or interview(s) may result in termination of my driving privileges and/or contract now or in the future. I understand that I am required to abide by all rules and regulations of the Company.

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.

Date

Applicant's Signature



Criminal Record Search

Information provided to Maritime Shunting Services Inc. will be held in accordance with The Personal Information Protection and Electronic Documents Act. The Company will take appropriate steps to ensure the security of your information and will not provide information to another party except as approved by you, or to meet legal or legislated requirements.

I _____ Date of Birth ____/____/____
(Print name) month day year

authorize Maritime Shunting Services Inc. to retain, on file, the Criminal Record Search that I have provided as a condition of becoming an approved employee/driver within the Maritime Shunting Services Inc. system.

Signature: _____ Date: _____



Probationary Period - Job Performance

During the initial 90 days of driving/operating in the Maritime Shunting Services Inc. system, it is critical that an accident free driving record be maintained. If you are involved in a preventable accident during that time period, fail to follow standard operating procedures, or your behavior is below company standard, you may have your driving privileges immediately removed.

Following the probationary period, if you have a preventable accident or fail to perform your duties in a fully satisfactory manner, you will be subject to disciplinary action up to and including withdrawal of your driving privileges.

I have read and understand the conditions of driving/operating in the Maritime Shunting Services Inc. system as outlined above. I agree to these conditions if my application to drive/operate in The Maritime Shunting Services Inc. is approved

Signature: _____ Date: _____



APPLICANT'S STATEMENT OF HEALTH

Name: _____ Location: _____

Position Applying For: _____

NOTE: This statement of health is to be completed by the applicant. If answering "Yes" to any statement, please give details on the lines provided.

1. When did you have your last physical examination? _____

2. Have you, in the past three (3) years, consulted a doctor, or sought advice for:

a) Dizzy spells, epilepsy, or nervous disorders? No Yes

b) Asthma, bronchitis, or lung problems? No Yes

c) High blood pressure, pain in chest, or difficulty with the heart or blood vessels? No Yes

d) Arthritis, rheumatism, back problem, disc disease, joint or bone disorder? No Yes

e) Urine, kidney, or bladder disorder? No Yes

f) Difficulty with eyes? No Yes

g) Difficulty with ears? No Yes

h) Do you have Diabetes? No Yes

How is it controlled? _____

PLEASE READ BEFORE SIGNING:

I declare that, to the best of my knowledge and belief, the answers given in this Statement of Health are true and accurate.

Date _____ Signature _____



Authorization to Request Driver Abstract

By my signature below, I hereby authorize Maritime Shunting Services Inc. to request and obtain a driver's record/abstract on my behalf. I understand while operating as an approved driver in the Maritime Shunting Services Inc. system, Maritime Shunting Services Inc. will request and obtain a current copy my driver's record/abstract each year.

Drivers License.# _____

Province License Issued _____

Date of Birth ____/____/____

Day Month Year

Print Name: _____

Signature: _____

Date: _____



RELEASE

ALCOHOL AND SUBSTANCE ABUSE POLICY

I understand that, in accordance with the policy of Maritime Shunting Services Inc., as a prospective employee, I will be required to submit to a Drug Screening urinalysis test as a condition of my employment and I agree to that condition.

I understand and acknowledge that an unsatisfactory result (positive) of such a test shall preclude any further consideration of employment with Maritime Shunting Services Inc.

"While on Maritime Shunting Services Inc. premises or while conducting business-related activities of Maritime Shunting Services Inc. premises, no employee, can have or may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an individual's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace. "

"Should there be a violation of the above policy, it will serve as a basis for discipline up to and including termination of employment even for a first offense. "

I acknowledge that I have read the above Maritime Shunting Services Inc. policy statement on alcohol and drug abuse and I accept each of the provisions.

I understand that, if accepted for employment, a condition of my continued employment is that I agree to submit to alcohol and drug tests on a random basis, post-accident or on the basis of reasonable suspicion. I also acknowledge and accept that refusal to submit to a test or a positive test result may bring about the termination of my employment.

I authorize the release of any alcohol and drug test results to Maritime Shunting Services Inc. and to its authorized representatives.

Applicant Name _____
(Please Print)

Applicant Signature _____

Date _____



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I acknowledge that I have read the above Maritime Shunting Services Inc. policy statement on alcohol and drug abuse and I accept each of the provisions.

Applicant Name _____
(please print)

Applicant Signature _____

Date _____



Preliminary
Criminal Record Search Document

I am unable to provide a current criminal record search to Maritime Shunting Services Inc. at this time. I have requested a copy of this report from the appropriate authorities and am awaiting receipt of the document. Attached is the receipt showing I've paid for this criminal record search.

If approved as a driver in the Maritime Shunting Services Inc. system, I agree to produce a current criminal record search to Maritime Shunting Services Inc. when received, **but not more than 1 month from today's date.**

If the information found on this criminal record search does not correspond with information stated below, I understand my driving privileges will be terminated immediately.

Have you been convicted of a criminal offence? Yes No

If "Yes", please list any and all violations below:

Print Name: _____

Signature: _____

Date: _____



Detailed
Criminal Record Search Document

I am unable to provide a detailed criminal record search to Shunting Services Inc. at this time. I have requested a copy of this report from the appropriate authorities and am awaiting receipt of the document.

If approved as a driver with Shunting Services Inc., I agree to produce a current detailed criminal record search to Shunting Services Inc. when received, **but not more than 4 months from today's date.**

If the information found on this criminal record search does not correspond with information stated below, I understand my driving privileges will be terminated immediately.

Have you been convicted of a criminal offence? Yes No

If "Yes", please list any and all violations below:

Print Name: _____

Signature: _____ Date: _____