

APPLICATION FOR QUALIFICATION

Company _____

Address _____

City _____ State _____ Zip Code _____

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for; Check One: Contractor Driver Contractor's Driver

Name _____
(First) (Middle) (Last)

Phone Number (_____) _____ Emergency Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

**The age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Driving Experience

Class of Equipment	From	Dates	To	Approximate Number of Miles (Total)
Straight Truck				
Tractor and Semi-trailer				
Tractor -two trailers				
Tractor-three trailers (triples)				
Other				

List states operated in, for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc.) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for the past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- 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
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... Yes No
- D. Have you ever been convicted of a felony?..... Yes No

If the answers to A, B, C or D is "YES", give details _____

Personal Reference

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of the concern to applicant's record, whether same is of record or not, and the applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. 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 investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certified 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.

Applicant Signature _____ **Date** _____

Remarks (For office use only)

Fully complete this form and FAX it to

Culberson Trucking Ltd
(506) 328 - 4747
Attn: Sandra DeMerchant

OR

Mail it to:
Culberson Trucking Ltd.
682 Route 560
Jacksonville, NB
E7M 3J8

F Yei Yghzcf 'bzfa Ujcb'zca 'DfYj Jci g'9a d`cmYf

I hereby authorize you to release the following information to Culberson Trucking Ltd. for purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any liabilities which may result from furnishing such information.

Date: _____ Applicant: _____

SIN: _____ Applicant Signature: _____