



1440 Fleury Street
 Regina, Sk S4N 5B1
 Phone: (306)585-6770 or Toll Free 1-866-585-6770
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APPLICATION FOR EMPLOYMENT

Name _____ Phone# _____ Cel# _____
 (First) (Middle) (Maiden Name, if any) (Last)

Email: _____

Date of Birth _____ Social Insurance # _____

Address _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

For Past _____ HOW LONG? _____
 3 Years (Street) (City) (State & Zip Code)

EXPERIENCE AND QUALIFICATIONS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

| | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-----------------|-------|-------------|------|-----------------|
| DRIVER LICENSES | | | | |
| | | | | |
| | | | | |

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APPROX. NO. OF MILES (TOTAL) |
|--------------------------|---|-------|----|------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI-TRAILOR | | | | |
| TRACTOR - TWO TRAILERS | | | | |
| OTHER | | | | |

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | 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 |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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, attach statement giving details)

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all information documented is true and complete to the best of my knowledge.

Date _____ Applicant's Signature _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT
TESTING INFORMATION BY APPLICANT/DRIVER REQUIRED
BY PART 40.25(j).**

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

NAME _____ DATE _____

SOCIAL SECURITY # _____

Applicant/Driver to answer items listed below.

During the past two (2) years have you **tested positive** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ **NO** _____

During the past two (2) years have you **refused to test** on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ **NO** _____

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return to-duty process required by Part 40 Subpart O.

Date _____ Name (printed) _____

Signature of Applicant/Driver _____

Witness _____

GENERAL INFORMATION

As a leased operator, it's your decision to run under our plating, insurance coverage, DOT#, or provide your own. Our coverage and costs are outlined below:

- 1 – Truck plates approximate yearly cost is \$1500 to \$3500 (depending on province/year/make/model/mileage of truck).
Saskatchewan & Minnesota trailer plates are covered in Cargo & Liability costs.
- 2 – Insurance premiums for Cargo & Liability are calculated from the first of the month. Insurance is payable 30 days after plates are surrendered.
- 3 – Cargo and Liability Insurance is charged monthly at a rate of \$550/month
- 4 – Trail-X decals cost \$35 (must be on truck).
- 5 – Hold back is \$1500, which is refundable upon resignation as outlined in the Leased Operator Contract (9a).
- 6 – A Deposit of \$1500 is required (unless you decide to pay for truck plate and first month of cargo & liability insurance up-front OR you chose to use your own coverage). The \$1500 deposit is approximately 1/2 of your start-up costs (we'll carry the balance until your first pay statement).
- 7 – Workers Compensation fees are deducted monthly (based upon gross earnings)
- 8 – Esso fuel cards are available, with savings between \$.07 - \$.12 per litre. Deposit of \$500 required.
- 9 – Current rate of pay is \$2.00 per loaded mile if you decide to use our coverage, \$2.05 per loaded mile if you have your own coverage (fuel subsidy included in rates).

WHAT WE NEED FROM YOU

- 1 – Application for employment.
- 2 – Driver abstract (no older than 30 days).
- 3 – Police record report (Criminal record check).
- 4 – Copy of driver's license (with photo).
- 5 – Bill of sale or your lease agreement on your vehicle. If a new vehicle, we also require an NVIS (new vehicle information statement).
- 6 – Commercial safety for your vehicle.
- 7- \$1500 Deposit (without fuel card), \$2000 Deposit (If you want a fuel card). No deposit is required if you have your own coverage OR you pay upfront for the full amount of truck plate & 1st month of Cargo & Liability insurance.

Provincial Required Licensing

British Columbia- Class 5 with 51 Endorsement

Alberta- Class 5

Saskatchewan- Class 1G (Class 5 can haul up to 4,600kg=10,120lbs)

Manitoba- Class 3

**Ontario- Class A (Class G can haul up to 4,600kg=10,120lbs)
(Class D can haul up to 4,600kg=10,120lbs)**

Quebec- Class 1

New Brunswick- Class 3

Nova Scotia- Class 5 with condition 15

Prince Edward Island- Class 3

REQUIREMENTS

- 1 – RV's will weigh up to 12 000 lbs.**
- 2 – Require at least ¾ ton diesel truck, but prefer 1 ton diesel. Trucks no older than five years of start date (unless otherwise approved by Trail-X Express).**
- 3 – Hitches: Travel Trailer Hitch category IV, 5th Wheel Hitch rated 12000 – 16000 lbs.**
- 4 – Regular manufacturer mud flaps and full length rock guard across back of truck within 4” of the ground.**
- 5 – Truck must have current commercial safety sticker on at all times. (You must have a mounted fire extinguisher, flares, extra fuses, reflective safety triangles, etc.).**
- 6 – 12 volt battery for trailer to power brake-away switch (small garden tractor battery is sufficient).**
- 7 – As a leased operator, you are responsible for ALL of your expenses (plates, insurance, fuel, repairs, etc.).**
- 8 – You are a leased operator of a commercial truck and must follow all rules that pertain to semi-drivers (log books, trip reports, laws & regulations, etc.)**
- 9 – All paper work must be turned in at the completion of each trip. This includes log sheets, trip reports, invoices, etc.**

PAY SCHEDULES

- 1 – Rate is based on the “loaded mile”.**
- 2 – Payday is on the 15th of the month following.**
- 3 – Last day of the month we provide an advance up to \$1500 (as long as you are currently running and have money owed to you).**
- 4 – Fuel card purchases are deducted on your monthly statements.**
- 5 – Payment will be made in one of the following ways:**
 - a – Bank of Montreal account where we will direct deposit**
 - b – Pick up your pay cheque at the office in Regina**
 - c – We mail your cheque to you.**



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Esso Key to the Highway Fuel Card Agreement

I, _____, do hereby accept fuel cards # _____ and
_____ issued to me on _____. By accepting these cards

I agree to be solely responsible for **all** purchases charged to these pertained cards,
and agree to have **Trail-X Express LTD** deduct these amounts including their 4%
financing fee from my monthly statement.

By signing this agreement I also agree to have a \$500 security deposit held back for
use of these cards.

Card User Signature: _____ **Date:** _____

Trail X Express Ltd: _____ **Date:** _____