

Employment Application



Application date:

Position Applied for:

Name:

Address:

State/Province:

City:

Zip/Postal Code:

SIN Number:

Date of birth:

Drivers license #:

Exp. date:

Home Phone:

Cell Phone:

E-mail:

PBX Logistics Ltd
#2 5628 Riverbend Drive
Burnaby, BC
Canada
V3N 0C1
Phone: +1 604 777 9720
Fax: +1 604 777 1049
www.pacificblue.ca

Hours Available to Work:

☐ Full-Time ☐ part-time ☐ Full or part-time

When available to begin work?

Driver license(s)

License number	State or province of issue	Class of license held	Expiration date

Addresses for previous 3 years (as per FMCSA Section 391.21(b)(3))

Street	City	Province	Postal code	Number of years

Have you ever been convicted of a crime: ☐ yes ☐ no

If yes, please explain

Employment history (for previous 3 years as per FMSCA Section 391.15)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

Were you subject to The Federal Motor Carrier Safety Regulations while employed with this employer?

☐ Yes

☐ No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?

☐ Yes

☐ No

May we contact your employer:

☐ Yes

☐ No

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

Were you subject to The Federal Motor Carrier Safety Regulations while employed with this employer?

☐ Yes

☐ No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?

☐ Yes

☐ No

May we contact your employer:

☐ Yes

☐ No

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

Were you subject to The Federal Motor Carrier Safety Regulations while employed with this employer?

☐ Yes

☐ No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?

☐ Yes

☐ No

May we contact your employer:

☐ Yes

☐ No

Please list 2 people who have knowledge of your work performance withing the last 4 years. Please include professional references only.

Name		
Position		
Company		
Telephone		

Driving experience:

Class of equipment	Type of equipment	From date	To date	Company

Accident(s) record for the past 5 years:

Date	Nature of accident (head-on, rear-end, upset...)	Number of fatalities	Number of injuries	Type of vehicle

Traffic convictions and forfeitures for the past 5 years (do NOT include parking violations):

Date of conviction	Violation	State / Province	Penalty points

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

If yes, please explain

Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain

Do you currently hold more than one driver license? ☐ Yes ☐ No

Have you ever applied or worked for this company before? ☐ Yes ☐ No

If yes, please explain and include dates

If hired, are you willing to submit to a controlled substance test? ☐ Yes ☐ No

Can you legally work in Canada? ☐ Yes ☐ No

Have you ever failed a controlled substance test? ☐ Yes ☐ No

If yes, please explain and include dates

Can you provide a criminal record check? ☐ Yes ☐ No

If no, please explain

If hired, would you have transportation to/from work? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ☐ Yes ☐ No

If yes, please explain and include dates

Do you have any legal problems going into the United States of America? ☐ Yes ☐ No

Have you ever been denied entry into the USA or Canada? ☐ Yes ☐ No

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability and application was completed by me. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant signature: _____

Date:

Drivers certification of violations



Name:			
Address:			
State/Province:			
City:			
Zip/Postal Code:			
SIN Number:			
Date of birth:			
Drivers license #:		Exp. date:	

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I certify that the following is true and complete list of traffic violation(s) (other than parking violations) for which I have been convicted or forfeited or collateral during the past 12 months.

Date	Offence	Location	Type of vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Applicant signature: _____

Date:

Reviewed by: _____

Date of review:

Certification of compliance with Driver License Requirement



Name:			
Address:			
State/Province:			
City:			
Zip/Postal Code:			
SIN Number:			
Date of birth:			
Drivers license #:		Exp. date:	

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MOTOR CARRIER INSTRUCTION:

The requirement 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 or can transport more than 15 people, or transports hazardous materials that require placards.

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

DRIVER REQUIREMENTS:

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

POSSESS ONLY ONE LICENSE:

you, as a commercial motor vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. **DESTROYING** a license 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, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:

Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking) you must report it within 30 days to 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employing carrier and the state must be in writing.

DRIVER'S CERTIFICATION:

I certify that I have read and understood the above requirements.

Applicant signature: _____

Date:

--

Driver's statement of on-duty hours



Name:		
Address:		
State/Province:		
City:		
Zip/Postal Code:		
SIN Number:		
Date of birth:		
Drivers license #:		Exp. date:

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INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from a driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Day	1	2	3	4	5	6	7
Date:							
Hours worked:							
Total hours:							

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at ☐ AM ☐ PM on

Driver's certification for the other compensated work

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employer(s). The definition of on-duty from in Section 395.2 Paragraph (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?

☐ Yes

☐ No

At this time do you intend to work for another employer while still employed by this company?

☐ Yes

☐ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's signature: _____

Date:

Authorization for claims history



Name:			
Address:			
State/Province:			
City:			
Zip/Postal Code:			
Date of birth:			
Drivers license #:		Exp. date:	
BC Plate / Policy #:			

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To assist PBX Logistics Ltd in analyzing my application for employment, I hereby authorize the Public Inquiry Department, Insurance Corporation of British Columbia, to permit the above name Company to be given a full copy of all claims history information concerning:

I hereby certify that the information given above is correct and true to my best knowledge.

Return To:

ICBC
Public Inquiries
#136 151 West Esplanade
North Vancouver, BC
V7M 3H9
Fax: +1 604 646 7400

Note:

Please fax the information back to PBX Logistics Ltd at +1 604 777 1049 or e-mail at emanuel@pacificblue.ca

Signature: _____

Date:

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Company policies



Name:			
Address:			
State/Province:			
City:			
Zip/Postal Code:			
Date of birth:			
Drivers license #:		Exp. date:	

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I acknowledge that I have received and read the PBX Logistics Ltd company policy.

For the duration of my employment, I shall abide by all of the policy and procedure outlined. Any ACTs or regulations included are for my reference, and I shall abide by them. If I am at fault for any terms or condition of this policy, I know that I will be subject to disciplinary actions and/or termination.

CONSENT

I have received, read, and understand PBX Logistics. Drug Free Workplace Program including Annex "A", and I understand that Compliance with the Drug free workplace Program is a term and condition of employment at the company. I understand that failure or refusal to cooperate fully, sign any required documents, or submit to any requested or recommended tests, will constitute grounds for immediate termination. I agree to follow and abide by PBX Logistics Drug Free Workplace Program.

I understand that the company will be responsible for paying the cost of the random pool testing. Should I test positive for drugs or alcohol, I understand I am responsible for all other costs associated to the drug and alcohol testing program such as, Substance Abuse Professional interviews, return to duty, and follow up testing etc.

The person designated by the company to answer drivers questions is: Miljan Cirovic.

Signature: _____

Date:

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