



Thank you for your interest in Armour Transportation Systems

Armour is one of Canada's 50 Best Managed Companies, is the 10th Largest LTL Carrier in Canada and was recently recognized as a "Carrier of Choice".

BEFORE YOU SUBMIT AN APPLICATION, PLEASE CONSIDER THE FOLLOWING:

- ✓ To apply, you must have recent verifiable experience (min. 2 years) in the class of equipment you are applying for or have graduated from a recognized 12 week course. We require a clean driver's abstract and clean criminal history.
- ✓ If hired, you will be required to attend a paid 3 day Orientation Session at our Moncton Terminal.
- ✓ You will be subject to a 90 day Probation Period (including 30 & 60 day reviews).
- ✓ You must complete and pass a pre-employment drug & medical test.
- ✓ The position you are applying for may require lifting of upwards of 50 lbs.
- ✓ Slip-seating is possible. Trucks are not permitted to be taken home.
- ✓ Your schedule may require working weekends and holidays. Each year our company experiences seasonally adjusted periods and as a results miles may vary during these months. Wage smoothing is offered through our Payroll Department.

Application Procedure:

To be considered for a driving position we require the following:

1. Completed application form.
2. Current Driver's abstract (not older than 30 days)
3. Criminal Search (not older than 90 days)

Please forward completed application and supporting documents to:

New Brunswick, Nova Scotia, Prince Edward Island:

- Kevin Blackman, Ph: (506) 853-4430 Fax: (506) 383-6572 or kblackman@armour.ca
- Chassity Campbell, Ph: (506) 859-4050 Fax: (506) 861-0686 or chcampbell@armour.ca

Newfoundland:

- Calvin Churchill, Ph: (709) 782-5538, Fax: (709) 782-7415 or cchurchill@armour.ca

We thank all applicants; however only those selected for an interview will be contacted. Armour Transportation Systems is an Equal Opportunity Employer. All qualified individuals are encouraged to apply.

Date



EMPLOYMENT APPLICATION

This application is to be used for all subsidiary companies of Armour Transportation Systems.
689 Edinburgh Dr., Moncton, NB E1E 2L4

PERSONAL

SURNAME		GIVEN NAME		HOME TELEPHONE	CELLULAR TELEPHONE
STREET ADDRESS		CITY	PROVINCE	POSTAL CODE	
SOCIAL INSURANCE NUMBER				TYPE OF WORK DESIRED Dock Office Driving Other	
MINIMUM HOURLY WAGE REQUIRED		FULL OR PART TIME?		DATE AVAILABLE	
ARE YOU AVAILABLE TO WORK EVENING SHIFTS? YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/>					
ARE YOU AVAILABLE TO WORK WEEKENDS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
WOULD YOU ATTEND SAFETY MEETINGS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
ARE YOU PREPARED TO TRAVEL OR BE TRANSFERRED TO ACCOMPLISH THE DUTIES FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/>					
ARE YOU ABLE AND WILLING TO CROSS THE USA BORDER IF IT IS A JOB REQUIREMENT YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>					

EMPLOYMENT HISTORY

BEGIN WITH MOST RECENT POSITION, We require a minimum of 3 years for all positions, and 10 years for driving positions (if applicable). If additional space is required, please attach separate sheet.

	Job 1	Job 2	Job 3	Job 4
DATES EMPLOYED YEAR/MONTH TO YEAR/MONTH				
EMPLOYER				
POSITION TITLE				
ADDRESS				
SUPERVISOR'S NAME				
TELEPHONE NUMBER				
SALARY				
RESPONSIBILITIES				
REASON FOR LEAVING				



DECLARATION OF EMPLOYMENT STATUS

Motor Carriers are required to verify employment background of all prospective employees for the proceeding five (5) years. You are also required to list your employment for the proceeding ten (10) years for USA travel. You have advised that you were unemployed or self-employed during the time period shown below. This form is designed to enable you to account for that period of your employment history or period when you were not employed, which cannot be verified by any other means. In this section below, please fill in the dates and describe your activities during that time.

(This is for when you have been unemployed or self-employed within the last 10 years, please fill in the dates and check all that apply, sign and date.)

Dates From: _____ To: _____
From: _____ To: _____

During the period specified I was engaged as follows (unemployed, self-employed, etc.)

Three horizontal lines for describing activities during the period.

I also confirm that during that period, the statement(s) are true:

- I was not employed in any capacity of a full-time or regular part-time basis
I was self-employed
I did not collect unemployment during that period
I did not collect Worker's Compensation benefits during that time
I was not convicted of a crime or felony involving a motor carrier or any aspect of the motor carrier industry
I was not involved in a motor vehicle accident of any type

Date: _____

X _____

(Applicant Signature)

(Print Name)

EDUCATION AND TRAINING

SCHOOL	NAME OF PROGRAM	CIRCLE LAST YEAR COMPLETED	CERTIFICATE/DEGREE AWARDED
SECONDARY		10 11 12	YES <input type="checkbox"/> NO <input type="checkbox"/>
UNIVERSITY		1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER (SPECIFY)			YES <input type="checkbox"/> NO <input type="checkbox"/>
LIST ANY OTHER RELEVANT WORK-RELATED SKILLS OR TRAINING			
LIST ANY COURSES/WORKSHOPS ATTENDED			

MISCELLANEOUS INFORMATION

HOW DID YOU HEAR OF ARMOUR TRANSPORTATION SYSTEMS?	
ARE YOU BONDABLE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER WORKED FOR US BEFORE? IF YES, IDENTIFY LOCATION, DATES OF EMPLOYMENT AND REASON FOR LEAVING	YES <input type="checkbox"/> NO <input type="checkbox"/>
FLUENCY IN BOTH OFFICIAL NATIONAL LANGUAGES IS AN ASSET - PLEASE INDICATE PROFICIENCY BY NUMBER	
1 - FLUENT - SPEAK, UNDERSTAND, READ & WRITE 2 - VERY WELL - SPEAK UNDERSTAND 3 - LIMITED - UNDERSTAND 4 - NONE	ENGLISH _____ FRENCH _____

REFERENCES

WE REQUIRE 3 PROFESSIONAL REFERENCES FROM PREVIOUS EMPLOYMENT. A RELATIVE, FRIEND, OR COWORKER WILL NOT BE ACCEPTED. WE REQUIRE TWO POSITIVE REFERENCES TO OFFER EMPLOYMENT.			
NAME	OCCUPATION	RELATIONSHIP TO YOU	CONTACT NUMBER

WORK REQUIREMENTS

ARE YOU ABLE TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? (EITHER WITH OR WITHOUT ACCOMMODATION) YES NO

IF NO, PLEASE GIVE DETAILS:

DRIVING INFORMATION / HISTORY

DRIVERS LICENCE NUMBER

PROVINCE

CLASS

EXPIRY DATE

HAVE YOU RECEIVED ANY SAFE DRIVER AWARDS OR OTHER DRIVING COMMENDATIONS? YES NO

IF YES, PLEASE DESCRIBE.

- 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) HAVE YOU RECEIVED A FINE OR TICKET THAT YOU BELIEVE MIGHT NOT BE CLOSED OR PAID ? (INCLUDING OTHER CARRIERS) YES NO

IF YOU ANSWERED **YES** TO ANY OF THE ABOVE, PLEASE GIVE DETAILS.

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT AND TRANSMISSION	DATES FROM	TO	APPROXIMATE NUMBER OF MILES (TOTAL)

MOTOR VEHICLE ACCIDENT(S)

LIST EACH MOTOR VEHICLE ACCIDENT YOU HAVE BEEN INVOLVED IN AND ITS TYPE (REAR END, SIDESWIPE, ETC.). SHOW HOW EACH WAS CLASSIFIED AS PREVENTABLE OR NON-PREVENTABLE.

DATE	LOCATION	TYPE OF ACCIDENT	PREVENTABLE OR NON-PREVENTABLE

ARMOUR TRANSPORTATION SYSTEMS EMPLOYMENT APPLICATION

Please read the following carefully, and sign if you are in agreement

By applying for this position the applicant gives their consent for Armour Transportation or assigned parties, to obtain reference information from previous employers, academic institutions or any other information source legally authorized to provide references which may be useful in the selection process. I certify that all of the facts set forth in this application are true. I understand that any deliberate omission or falsification of information will be sufficient grounds for dismissal after hiring. I understand it is a condition of employment that I shall be required, when eligible, to join all compulsory company benefit plans. In addition attitude and/or integrity testing may be required prior to or during employment. As a condition of employment and continuing employment, I will agree to undergo a company medical examination when requested. In addition, for safety sensitive positions, I agree to submit to a pre-employment drug screening, and enroll in the random drug testing pool as requested.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

CROSS BORDER APPLICANTS PLEASE SEE NEXT PAGE

New Employee's Drug and Alcohol Statement – Cross Border Applicants Only

In accordance with 49 CFR 40.25 (j), as the employer, you must ask any prospective 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 two years.

**Company Name: Armour Transportation Systems including affiliated companies,
Head Office- Moncton NB**

To be answered by the employee:

Have you tested positive, or refused to test, including 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

Prospective Employee Signature

Date

Witnessed (Printed Name)

Date

Witnessed By (Signature)

Title



New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective 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.

Company Name: _____

Address: _____

Prospective Employee Name: _____

Prospective Employee's ID number: _____

To be answered by the employee:

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 three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

Prospective Employee Signature

Date

Witnessed By (Printed Name)

Date

Witnessed By (Signature)

Title



A. Personal Information

Surname (last name):		Given name(s):	
Surname (last name) at birth:		Former name(s):	
Place of birth (City, Province/State, Country):			
Date of birth (YYYY-MM-DD):		Sex (check one)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Phone number(s):		Email address:	
Current Home Address			
Number	Street	Apartment	City
		Province/Territory/State	Postal/ZIP code
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)			

B. Reason for the Criminal Record Verification

Reason for Request (example Employment - Employer - Job Title):	Employment
Organization Requesting Search:	Armour Transport
Contact Name: Chassity Campbell	Contact Phone Number: (506) 859-4050

C. Informed Consent

SEARCH AUTHORIZATION - I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.

POLICE INFORMATION SYSTEM(S) - I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):

CPIC Investigative Data Bank Police Information Portal (PIP)

OTHER:

AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.

I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to Armour Transport , located in Moncton, CA
Company Name City and Country

I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Charlottetown Police Service to C5 ID and Fingerprinting Solutions Inc. , Charlottetown, PEI
Name of Processing Police Service Company Name City and Country

Signature of Applicant	Date			Signed at	
	Year	Month	Day	City	Province/Territory

D. Identification Verification Physical Identity Verification (fill in section D) Electronic Identity Verification

Witnessing Agent's Name: Chassity Campbell	Identification Verified:
Witnessing Agent's Signature	Type of Photo ID Viewed (Government Issued) & Secondary ID

Name and location of the company where information will be stored in Canada: C5 ID and Fingerprinting Solutions Inc., Charlottetown, PEI

Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation.

**Acceptable Identification for the
CONSENT TO DISCLOSE PERSONAL INFORMATION**

You will require two copies of identification from the following list with the application.

AT LEAST ONE MUST BE FROM THE PHOTO IDENTIFICATION LIST

Photo Identification (Provides photo, name and date of birth)	Non-Photo Identification
Driver's License	Birth Certificate
Government Employment Card	Baptismal Certificate
Military Employment Card	Hunting License
Age of Majority Card	Fishing License
Canadian Citizenship Card	Outdoor Card
Indian Status Card	Immigration Papers
International Student Card	Canadian Blood Donor Card
Passport	
Permanent Resident Card	
Possession and Acquisition License	
Canadian National Institute for the Blind Card	

Health cards are now acceptable ID providing you do not record the health # on the form and block the number when the photo copy or scan is made.

Additionally other acceptable ID's are credit cards, driver's registration, and a bill that has the name on it. Virtually anything but SIN cards with the name on it can be accepted



**Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements 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, can transport more than 15 people, or transports hazardous materials that require placarding.

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

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

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial 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.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**
Sections 391 .1 5(b)(2) 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 employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

ORIGINAL MAY BE RETAINED IN PERMANENT FILE

