

APPLICATION FORM



Dear Applicant:

On behalf of RST Industries Limited and Sunbury Transport Limited I would like to thank you for your interest in applying to join our team.

Within this package, you will find all the required forms to begin the application process. In addition, photocopies of your personal documents will need to be included in order to process your application. As part of your qualification process we will also require some additional documentation, a pre-employment drug test, road test and surveys for which you would be contacted in due course.

Please do not hesitate to inquire should you have any questions regarding the process.

Thank you,

Date: _____

Applicant's Name: _____

Position Applied For:

- Company Driver
- Owner Operator
- Owner Operator Driver

Company Applied For:

- RST Industries Limited
- Sunbury Transport Limited

The following is a list of the required documentation that will need to be completed and/or submitted to assist us in the process of selection for interviews.

TO BE SUBMITTED BY APPLICANT (photocopies)

- Driver's License (both sides)
- Driver's License Abstract / MVR (must be dated within the past **30 days**)
- Driver's CVOR (ON ONLY must be dated within the past **30 days**)
- Criminal Record Search (must be dated within the past **30 days**)
- FAST Registration card (Both sides - If Applicable)
- Copy of Passport (If Applicable)

How to do an E-Signature

1. Click on Fill & Sign in the tools pane on the right.
2. Click Sign, and then select Add Signature.
3. A popup will open, giving you 3 options – type draw and Image.
4. Drag resize and position the signature inside the PDF.

APPLICATION FOR QUALIFICATION



PERSONAL DATA

Name (Last)	(First)	(Middle)	Home Phone
Address			Business / Cell Phone
City	State/Province	Zip/Postal Code	How long have you lived at your current address?
Are you legally eligible to be employed in Canada?	Yes No	<i>Used only for minimum qualification criteria</i> Date of Birth: (y/m/d) _____	Email Address
Have you ever been employed by the JD Irving Group?	Yes No	Social Insurance Number	What was your reason for leaving?

ADDRESS HISTORY 3 years from date of application (49 C.F.R. §391.21(a)(3))

Street:	City:	Province:	Postal Code:	How Long?
Street:	City:	Province:	Postal Code:	How Long?
Street:	City:	Province:	Postal Code:	How Long?

EMPLOYMENT EXPERIENCE

Are you presently employed? ___ Yes ___ No

Please list most current employer first. Applicants must provide the following information on all employers during the previous three years. You must give the same information for all employers that you have driven a commercial motor vehicle for, the seven years prior to the initial three years (**total of ten years employment record**).

Company Name		Address		Supervisor Name/Title	
Telephone ()	Final Earnings \$ hr / wk / yr	Position/Title		Date Started	Date Completed
Responsibilities / Accomplishments					
Reason for Leaving?					
Were you subject to U.S. DOT rules while working for this company? Yes No			Were you subject to U.S. DOT - Drug & Alcohol test requirements? Yes No		

Company Name		Address		Supervisor Name/Title	
Telephone ()	Final Earnings \$ hr / wk / yr	Position/Title		Date Started	Date Completed
Responsibilities / Accomplishments					
Reason for Leaving?					
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Telephone ()	Final Earnings \$ hr / wk / yr	Position/Title		Date Started	Date Completed
Responsibilities / Accomplishments					
Reason for Leaving?					
Were you subject to U.S. DOT rules while working for this company? Yes No			Were you subject to U.S. DOT - Drug & Alcohol test requirements? Yes No		

Company Name		Address		Supervisor Name/Title	
Telephone ()	Final Earnings \$ hr / wk / yr	Position/Title		Date Started	Date Completed
Responsibilities / Accomplishments					
Reason for Leaving?					
Were you subject to U.S. DOT rules while working for this company? Yes No			Were you subject to U.S. DOT - Drug & Alcohol test requirements? Yes No		

Any gaps in employment and /or unemployment must be explained. Include dates (month/year) and reason:

PREVIOUS EMPLOYMENT DRUG AND ALCOHOL STATEMENT

FMCSR Sec. 40.25(j) The employer, must ask the employee whether he or she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer which the employee applied for, but did not obtain, safety-sensitive transportation work covered by U.S. DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, the carrier must not use the employee to perform safety-sensitive functions, until and unless the employee documents successful complete of the return-to-duty process (see Sec. 40.25(b)(5) and(e))

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 U.S. DOT agency drug and alcohol testing rules during the past two years?	Yes No
If you answered yes, can you provide/obtain proof that you have successfully completed the U.S. DOT return-to-duty requirements?	Yes No

REFERENCES

1	Name	Occupation
	Address	Telephone
2	Name	Occupation
	Address	Telephone

COMMERCIAL DRIVING EXPERIENCE

Accident History (Past three years – Attach a separate sheet if needed)

Date (mm/dd/yy)	Nature of Accident (Head on, Rear End, etc.)	Number of Injuries	Number of Fatalities
Last Accident:			
Next Previous:			
Next Previous:			

Traffic Convictions and Forfeitures (Other than parking violations - Past three years – Attach a separate sheet if needed)

Date (mm/dd/yy)	Location	Charge	Penalty
Last:			
Next Previous:			
Next Previous:			

License Experience and Qualifications

Driver's License Number	State / Province and Country of Issue	License Type or Class	Expiration Date

- 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: _____
- Have you ever been convicted of a felony while operating a commercial vehicle? Yes No
If yes, please explain: _____

Driving / Equipment Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, A / B Train, etc.)	Dates From / To	Approx. No. of Miles (total)
Tractor Trailer			
Straight Truck			
Motor Coach / Bus			
Other			

- Please provide a list of the States/Provinces that you have operated in during the last five years.

- Please provide details for any special courses or training that you have received.

- Please provide details for any safe driving awards you have received, including from whom.

- Please list other applicable experience(s) or skill(s).

How did you hear about the position you are applying for?

Industry Association Job Bank University Recruiting Employment Agency Indeed Kijiji Facebook Ad Facebook Driver Page Job Fair
Government Organization Print Ad MET Referral Walk-In Other (please specify) _____



Driver Disclosure and Authorization Form

TO BE READ AND SIGNED BY APPLICANT

- I certify that the facts and information provided by me on this application and in my employment, interviews are true and complete, and I agree that, if employed / contracted, any incorrect, incomplete or falsified information will be grounds for my dismissal or disqualification from driving privileges, regardless of when discovered.
- I understand that if I am hired / contracted, my consent will apply, and the Company may obtain reports throughout my employment / contractual relationship. I understand that information contained in my application, or otherwise disclosed by me before or during my employment / contractual relationship may be used for the purpose of determining eligibility for employment.
- 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.

Applicant Name _____ Applicant Signature _____ Date: _____

- **Authorization and release:** I authorize the company to make such investigations and inquiries to my personal, employment, financial, conviction records, reference checks, medical history, and other related matters as it may deem necessary in arriving at an employment qualification decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release my former employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.
- **Safety and Performance History:** I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:
 - Review information provided by current / previous employers;
 - Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
 - Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
- **Drug/Alcohol History:** I hereby authorize any person or company for whom I have worked, or to whom I have applied to work in the past three years, to release the date and type of any drug test with a positive result, any alcohol test with a concentration of 0.04 or greater, or any refusal to take a test. This list should include all tests required by the FMCSR or conducted by such person or company under their policy, and any State that has a drug/alcohol database search. I authorize the release of all information concerning my referral to substance abuse professional (SAP) including all records pertaining to my evaluation and treatment.
- **Review of Records:** Drivers who have previous United States Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-providing investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day's deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
- **Medical Declaration:** On March 30, 1999, United States Federal Motor Carrier Safety Regulations medical requirements for Canadian drivers of commercial vehicles operating in the United States were revised. I acknowledge there is no requirement for a completed United States medical fitness report. This revision does require that a Canadian driver must comply with the medical requirements of the province in which their commercial driver's license is issued and that a medical fitness report is completed on the frequency by the license issuing province. I certify that under the new revisions of the medical requirement to operate a commercial motor vehicle in the United States, that I am not impaired to operate a commercial motor vehicle by any of the following:
 - I have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (administered by injection).
 - I have no established medical history or clinical diagnosis of epilepsy.
 - I have no impaired hearing, first perceives a forced whispered voice in the better ear at not less than 5 feet with or without use of a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951
 - Blood Pressure must be maintain no higher than 140/90
- I also agree to inform the Company, should my medical status change, and if any of the above impairments are subsequently diagnosed to the level of affecting my fitness to operate a commercial motor vehicle in the United States.
- In the event of employment, I understand that I am required to abide by all rules and regulations of the Company.
- RST Industries Limited and Sunbury Transport Limited (collectively in this form referred to as the "Company") are committed to providing a healthy and safe working environment free from the negative effects of alcohol and drug use. The Company has an alcohol and drug policy to support this commitment to health and safety. This policy requires participation in an alcohol and drug testing program, including a pre-employment drug test. In addition, the Company may also require you to undergo a pre-employment physical to ensure that you are capable of meeting the physical and related demands of the job for which you are applying.

Applicant Name _____ Applicant Signature _____ Date: _____

FMCSA PSP Release Form

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service



In connection with your application for employment with Sunbury Transport/RST Industries ("Prospective Employer"), Prospective Employer, its employees, agents, or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decisions regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history of safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA: the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of our report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appeared to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Sunbury Transport/RST Industries ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history for the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractors supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain on my PSR report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

Name: _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

Request for Employment Information



In accordance with 49 C.F.R. Part 380, Entry Level Drivers; and Part 391, Driver Qualification; and 49 C.F.R. Part 40 and Part 382 Drug and Alcohol Testing) For use when obtaining 3 years history (Mandatory), Pre-Employment Test Exemption (optional)

SECTION I: To be signed by the driver, and transmitted confidentially to RST INDUSTRIES LIMITED and SUNBURY TRANSPORT LIMITED:

Driver's Name (First and Last) _____

Driver's S.I.N, S.S.N or ID Number _____

Driver's current application Date: _____ (mm/dd/yy)

Prospective Employer's Statement - *The applicant named above has applied to this company for employment. Your firm is listed by the applicant as a previous employer. The U.S. Department of Transportation (DOT) Federal Motor Carrier Safety Administration (FMCSA) final rule published on March 30, 2004 requires prospective employers to obtain complete driver safety performance information on each DOT qualified applicant. The rule also requires former employers to make this information available to prospective employers. The following minimum information is required from the applicant's previous DOT-regulated employers:*

1. General driver identification and employment verification information.
2. Information indicating whether the driver was involved in any DOT recordable accidents as defined by §390.5 of the FMCSRs.
3. Information related to DOT required drug and alcohol testing
4. Other Safety performance History Information (optional)

The previous employer must also provide specific contact information in the event the driver wants to contact the previous employer to correct or rebut the data.

Applicant's Statement

Safety and Performance History: *I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 C.F.R. § 391.23(d) and (e). I understand that I have the right to: a) Review information provided by current / previous employers; b) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and c) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.*

Driver's Signature _____ **Date:** _____

Drug/Alcohol History: *I hereby authorize any person or company for whom I have worked, or to whom I have applied to work in the past three years, to release the date and type of any drug test with a positive result, any alcohol test with a concentration of 0.04 or greater, or any refusal to take a test. This list should include all test required by the FMCSR or conducted by the company under their company policy, and any State that has a drug/alcohol database search. I authorize the release of all information concerning my referral to any substance abuse professional (SAP) including all records pertaining to my evaluation and treatment.*

Rebuttal of Information: *I understand that this information is must be kept confidential by the prospective employer with the exception of the release of the information to myself for the purposes of rebuttal in accordance with 49 C.F.R. 391.23(j) as necessary. I understand that I have the right to rebut erroneous safety performance information provided by my previous employer in writing and that the previous employer must either correct and forward the information to the prospective employer, or notify me within 15 days of receiving a request to correct the data that it does not agree to correct the data.*

Driver's Signature _____ **Date:** _____

Prospective Employer - Internal Use only

Company: Sunbury Transport Limited
Address: 485 McAllister Drive
Saint John, NB
Phone: () _____
To the attention of: _____

Company: RST Industries Limited
Address: 485 McAllister Drive
Saint John, NB
Phone: () _____
To the attention of: _____

Please use the following CONFIDENTIAL number for return fax or Email. _____

Previous Employer

Company: _____ Date sent to previous employer _____
Address: _____ 1st attempt _____
Phone: _____ Fax: _____ 2nd attempt _____
To the attention of: _____ 3rd attempt _____

Previous Employer - Please complete all information following related to the prospective employee's safety performance history and previous drug and alcohol program compliance. This information is needed to meet 49 C.F.R. §391.23 and/or other applicable U.S. DOT requirements to confirm driver qualification to perform safety sensitive duties,

Request for Check of Driving Record



I hereby authorise you to release the following information to *RST INDUSTRIES LIMITED and/ SUNBURY TRANSPORT LIMITED* for the purpose of investigation as required by Section 391.23 of the United States Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicant's Signature

Date

For Office Use Only

TO: _____

DATE: _____

Dear Sir / Madam:

The following named person has made an application with our company for the position of _____.

As in accordance with Section 391.23, United States Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT

ADDRESS: STREET AND NUMBER CITY STATE / PROV. ZIP / POSTAL CODE

FORMER ADDRESS: STREET AND NUMBER CITY STATE / PROV. ZIP / POSTAL CODE

LICENSE NO.: _____

1. In accordance with the provisions of Section 604 and Section 607 of the United States Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a permissible purpose as defined in the Act, and that the information received will be used for no other purpose.

2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Signature of Requester

Name and Title

Location

()
FAX



MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 of the United States Federal Motor Carrier Safety Regulations apply to every driver who operates in interstate, intrastate, 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 of the United States Federal Motor Carrier Safety Regulations apply to every driver who operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Part 383 and 391 of the United States Federal Motor Carrier Safety Regulations contain some requirements with which you as a driver must comply. These requirements were 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 / province of residence and return the additional license(s) to the state(s) / province(s) that issued them. DESTROYING a license does not close the record in the state / province of issue. You must notify the state / province. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state / province of issuance that you no longer want to be licensed in that jurisdiction.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** 49 C.F.R. §383.33 of the United States 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 at 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 / province that issued your license (if the violation occurs in a state / province other than the one which issued the license). The notification to both the employer and state / province must be in writing.

The following license is the only one that I possess:

Driver’s License Number _____ State / Province _____ Exp. Date _____
(mm/yr)

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

Driver’s Name (printed) _____

Driver’s Signature _____ Date _____

Certification of Violations/ Annual Review of Driving Record



Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (49 C.F.R. § 391.27) Drivers who have provided information required by section 49 C.F.R. §383.31 need not repeat that information form.

Driver requirements: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (49 C.F.R. §391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS			
Name of Driver	Social Security Number (SIN – Canada)	Home Terminal	Date of Employment
	Driver’s License Number	State / Province	Expiration date

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - None.)

DATE	Offense	Location	Type of Vehicle

Date of Certification: _____ Driver Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of violations listed above and other information described in Section 391.25 of the United States Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with 49 C.F.R. §391.25 and find that he/she (check one)

- Meets minimum requirements for safe driving
 Is disqualified to drive a motor vehicle pursuant to Section 391.15
 Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: Signature: _____ Date _____

Printed Name: _____ Title _____

**RST Industries Limited/
 Sunbury Transport Limited**
 485 McAllister Drive
 Saint John, New Brunswick
 E2L 4H8

MAINTAIN THIS DOCUMENT IN THE DRIVER’S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

Sunbury Applicants Only - Onboarding Form



Name (Last) (First) (Middle)	Home Phone
Address	Business / Cell Phone :
City State/Province Zip/Postal Code	Potential Start date: :
Email <i>(Required)</i> :	Drivers License <i>(Required)</i>

The information gathered in this form will be used for registration in our Personal Protective Equipment program, Uniform program, Online training and Orientation.

Please indicate (Circle) Size for Safety Vest

SM/MED LRG/XL 2XL/3XL 4XL/5XL

Please indicate glove size

MED LRG XL 2XL

Please indicate if you require prescription lenses

Yes No

For Office use only

- | | | |
|--|---|---|
| <input type="checkbox"/> Canada only (Non-DOT) | <input type="checkbox"/> Company Driver | <input type="checkbox"/> Chips |
| <input type="checkbox"/> US Eligible | <input type="checkbox"/> Owner Operator | <input type="checkbox"/> Flat Bed |
| | <input type="checkbox"/> Driver for Owner Operator | <input type="checkbox"/> Vans |
| | <input type="checkbox"/> Ship Orientation kit to Saint John | <input type="checkbox"/> Ship Orientation kit to Driver |