

APPLICATION FOR EMPLOYMENT

www.kurtztrucking.com Contact Recruiting at 800-265-2835 Fax 519-836-9396



Brian Kurtz Trucking is an Equal Opportunity Employer, Qualified applicants will be considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status, or non-job related disability.

PLEASE ANSWER ALL THAT PERTAIN TO POSITION BEING APPLIED FOR. **PLEASE PRINT**

Date of Application ____/____/2019

Please check all that apply

Class AZ driving position applied for: Local Long Haul O/O

Other Position: Warehouse Truck Mechanic Licensed Trailer Mechanic

Reefer Mechanic General Shop Help Wash Bay help

Office Help Dispatcher Safety Department Other

Comments

Name _____ **Social Insurance No** ____ - ____ - ____
LAST FIRST MIDDLE

Email Address: _____

List your addresses of residency for the past 5 years

Current address _____ How Long? _____

STREET CITY Phone _____ - _____ - _____

PROVINCE POSTAL CODE Cell _____ - _____ - _____

How Long? _____

STREET CITY Phone _____ - _____ - _____

PROVINCE POSTAL CODE

How Long? _____

STREET CITY Phone _____ - _____ - _____

PROVINCE POSTAL CODE

Do you have the right to work in Canada? Yes No

Do you have the right to work in the United States (Dual Citizenship)? Yes No

Date of Birth ____/____/____

Can you provide proof of age? Yes No

Previous
Addresses

Brian Kurtz Trucking Ltd Application Cont'd

Applicants Name _____

Do you have a FAST Card? Yes No

If not, are you eligible to qualify for a FAST Card? Yes No

Have you ever worked for Brian Kurtz Trucking Ltd before? Yes No

If yes please give date _____/_____/_____ Position _____

Reason for leaving _____

Is there any reason that you may be unable to perform functions of the job you are applying for? Yes No

If yes, explain if you wish

Has someone referred you to Brian Kurtz Trucking Ltd? Yes No

If yes who? _____

How did you hear about Brian Kurtz Trucking Ltd _____

Are you Presently Employed? Yes No

If no, how long since you were last employed? _____

Have you ever been denied entry into the U.S.A. for any reason? YES NO

Comments:

Please list your experience in the situations to follow. Circle the appropriate answer. (4= 4 years experience or more, 3 = 3 yrs, 2=2 yrs, 1= 1 yr or less) If you have no experience at all please draw a line through all numbers i.e. (~~1~~ ~~2~~ ~~3~~ ~~4~~)

Less than Truckload experience (LTL)	1	2	3	4
Time sensitive freight	1	2	3	4
P.A.R.S. clearances	1	2	3	4
Post Audit clearances	1	2	3	4
In Transit Bonds	1	2	3	4
Transport and Entry Bonds (T&E)	1	2	3	4
Reefer experience	1	2	3	4

Brian Kurtz Trucking Ltd Application Cont'd

Applicants Name _____

Eastern seaboard experience (Boston, New York, Philly etc.)	1	2	3	4
West Coast experience U.S.A	1	2	3	4
West Coast experience Canada	1	2	3	4
Experience with DEF	1	2	3	4
Experience with chains	1	2	3	4
Experience with Cummins engines	1	2	3	4
Experience with Cat engines	1	2	3	4
Experience with Auto-shift transmissions	1	2	3	4
Experience with Eaton 13 speed transmission	1	2	3	4
Reefer experience	1	2	3	4
Satellite Communication	1	2	3	4
Experience with Transportation of Dangerous Goods	1	2	3	4

List all accidents\incidents for the past 3 years. If needed attach a separate sheet. If you have had no accidents, write none.

DATE OF ACCIDENT	DESCRIPTION OF ACCIDENT (REAR END, ROLLOVER ETC)	INJURIES	FATALITIES

List all Driving violations or forfeitures in Canada or the U.S.A. for the past 3 years. If none, write none. (Attach an extra sheet if required)

Date	Violation/Charge	Location	Penalty

Experience and Qualifications (Driver applicants only)

DRIVERS LICENSES	PROVINCE	LICENSE #	CLASS	EXPIRATION

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit or privilege ever been suspended or revoked? YES NO

Brian Kurtz Trucking Ltd Application Cont'd

Applicants Name _____

Driving experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		MILES DRIVEN
		FROM	TO	
TRACTOR TRAILER				
STRAIGHT TRUCK				
COACH/SCHOOL BUS				
OTHER				

List States and Provinces operated in for last five years.

If operated in all 48 States check here

If operated all provinces Quebec and west to British Columbia check here

Note any driving awards you have and from whom? _____

List any special courses, training or skills, which may benefit you as a professional driver or employee of Brian Kurtz Trucking Ltd.

Employment History

All applicants must provide the following information on all employers during the preceding 10 years. Do not leave any gaps in employment. List complete mailing address, street number, city, province and postal code and phone & fax numbers and start and finish dates.

(List employers in reverse order starting with the most recent. Request another sheet if necessary)

IT IS IMPORTANT TO PROVIDE US WITH CORRECT PHONE AND FAX NUMBERS.

EMPLOYER:	DATE		
NAME:	START		
ADDRESS:	FINISH		
CITY:	POSITION HELD		
CONTACT:	SALARY		
PHONE: ()	FAX: ()	REASON FOR LEAVING	

Brian Kurtz Trucking Ltd Application Cont'd

Applicants Name _____

EMPLOYER:	DATE		
NAME:	START		
ADDRESS:	FINISH		
CITY:	POSITION HELD		
CONTACT:	SALARY		
PHONE: ()	FAX: ()	REASON FOR LEAVING	

EMPLOYER:	DATE		
NAME:	START		
ADDRESS:	FINISH		
CITY:	POSITION HELD		
CONTACT:	SALARY		
PHONE: ()	FAX: ()	REASON FOR LEAVING	

EMPLOYER:	DATE		
NAME:	START		
ADDRESS:	FINISH		
CITY:	POSITION HELD		
CONTACT:	SALARY		
PHONE: ()	FAX: ()	REASON FOR LEAVING	

EMPLOYER:	DATE		
NAME:	START		
ADDRESS:	FINISH		
CITY:	POSITION HELD		
CONTACT:	SALARY		
PHONE: ()	FAX: ()	REASON FOR LEAVING	

EMPLOYER:	DATE		
NAME:	START		
ADDRESS:	FINISH		
CITY:	POSITION HELD		
CONTACT:	SALARY		
PHONE: ()	FAX: ()	REASON FOR LEAVING	

EMPLOYER:	DATE		
NAME:	START		
ADDRESS:	FINISH		
CITY:	POSITION HELD		
CONTACT:	SALARY		
PHONE: ()	FAX: ()	REASON FOR LEAVING	

Brian Kurtz Trucking Ltd Application Cont'd

Applicants Name _____

Education

High School _____

9 10 11 12 13

College – number of years completed _____

1 2 3 4 5

Comments:

Applicant: Please read and then sign

By signing I am certifying that this application has been completed by me and that all information provided within is true and complete to the best of my knowledge.

With my signature I have authorized you to make investigations and inquires into my employment, financial, personal or medical history. (Only after a conditional offer of employment has been made will Brian Kurtz Trucking make general requests regarding my medical history). I hereby release employers, schools, health care providers and anyone else responding to requests and releasing information with regards to my application for employment from all liability.

In the event I am employed with Brian Kurtz Trucking, I understand that any misleading or false information I have giving during interview(s) or on this application could result in my immediate discharge. By signing below I have also agreed to abide by all rules of the company.

Date


Applicants Signature

Brian Kurtz Trucking Ltd Application Cont'd- Part II

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information on Part II of this form to **Brian Kurtz Trucking Ltd** of Breslau, Ontario for the purpose of investigation as required under FMCSR 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations concerning my past employment record and my DOT regulated drug and alcohol records. This release is in accordance with DOT Regulations 49 CFR Part 40, Section 40.25. By signing below I have released you of any and all liability, which could result from providing such information.

Date _____ * Applicant's Signature _____

	Date: _____ Company: _____ Attention: _____ Fax: _____ 2 Pages Transmitted
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Applicant's Name: _____

Previous Employer: _____ **Former Employee's Name:** _____

1. Employment Dates: START _____ END _____
2. If employed as a driver, indicated equipment driven: Tractor Trailer Straight Truck Van
 Reefer Other _____
3. What position did the driver hold: Company Single Driver Company Team Driver O\O
 Driver for O\O
4. Area of travel: Local Canada Only USA
5. Accidents\Incidents: No Accident\Incidents on File Yes. If yes please list below:

	Non Preventable	Date	Explanation & Amount of Damages\$\$
Preventable			

6. To your knowledge, does this person have any tickets or violations? NO Yes If Yes, please list: _____
 7. Was this person's conduct satisfactory? NO Yes
 8. Overall driving skill: Good Fair Poor
 9. How would you rate this person's attitude: Good Fair Poor
 10. How would you rate this person's disposition, tact, ability to get along with others: Good Fair Poor
 11. Reason for terminations: Resigned Terminated Laid off Other _____
 12. Would you rehire this person? Upon Review Yes NO
- Comments?: _____

Applicant's Name: _____

REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25

If the employee was not subject to drug and alcohol testing under DOT regulations, please check here .

Testing History

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years? Yes NO
2. Has this person every had an alcohol test with a Breath Alcohol Concentration of 0.04 or great in the last 3 years? Yes NO
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug tests results)? Yes NO
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)? Yes NO
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional (SAP)? Yes NO
 - a) Was the person referred to a SAP? Yes NO
If employment with your company continued:
 - b) Was the person evaluated by the SAP? Yes NO
 - c) If yes, did the SAP recommend treatment or education as determined by the SAP? Yes NO
 - d) Did the person complete the treatment and/ or education as determined by the SAP? Yes NO
 - e) Did the person undergo a return-to-duty test? Yes NO
 - f) If yes, was the return-to-duty test negative? Yes NO
 - g) Did the SAP recommend follow up testing? Yes NO
 - h) Did the person complete the follow up testing? Yes NO

*If applicable, please submit copy of documentation of completion of return to duty and follow up testing records.

Name of Company Rep (Print)

Company Name

Signature

Date

Thank you for your prompt assistance. You may either return this document safety@kurtztrucking.com or via fax to 519-836-9396.

Diane Kallitsis
Safety & Compliance Manager
Brian Kurtz Trucking Ltd.

First Attempt ___/___/___ E F P Second Attempt ___/___/___ E F P Third Attempt ___/___/___ E F P

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with BRIAN KURTZ TRUCKING LTD, 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 decision 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 or 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 your 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 appears 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.

PSP AUTHORIZATION

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

I authorize **BRIAN KURTZ TRUCKING LTD.** 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 from the previous three (3) years. I understand and acknowledge that this release of information may assist Brian Kurtz Trucking in make a determination regarding my suitability as an employee. I further understand that neither the Brian Kurtz Trucking nor the FMCSA contractor 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 PSP 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: _____ ***Applicants Signature** _____

Name (Please Print): _____