

Dear Applicant:

Thank you for your interest in Siemens Transportation Group Inc.

Please submit:

- ☐ Application

Upon review, you will be contacted to discuss your qualifications and skills for the applied position.

Sincerely,

Driver Recruitment



connecting the continent siemenstransport.com

KINDERSLEY
Transport Ltd.

HI-TECH
Express Inc.

EDGE
Transportation Services Ltd.

HWT
Limited

QUILL
Transport Ltd.

TRIANGLE
Freight Services Ltd.

STG
Fleet Services

<input type="checkbox"/> Edge Transportation Services Ltd.	<input type="checkbox"/> Hi-Tech Express Inc.	<input type="checkbox"/> Quill Transport Ltd.	<input type="checkbox"/> Triangle Freight Services Ltd.
<input type="checkbox"/> Harv Wilkening Transport Ltd.	<input type="checkbox"/> Kindersley Transport Ltd.	<input type="checkbox"/> STG Fleet Services	

Corporate Human Resources Department, 2411 Wentz Avenue, Saskatoon, Saskatchewan, Canada S7K 3V6

Application For Employment

This application can be provided in alternate formats upon request.

(Please use ink and print all names)

Personal Information

Last Name _____		First Name _____		Middle Name _____	
Current Address					
Street _____			City _____		
State _____			Zip Code _____		
Phone () _____			How Long _____		
Previous Addresses (3 Years)					
Street _____			City _____		
State _____			Zip Code _____		How Long _____
Street _____			City _____		
State _____			Zip Code _____		How Long _____
Street _____			City _____		
State _____			Zip Code _____		How Long _____

Application Information

Date of Application _____		Position(s) Applied For _____	
How were you referred to the Company?			
<input type="checkbox"/> Radio	<input type="checkbox"/> Magazine	<input type="checkbox"/> Sign	<input type="checkbox"/> Referral
		<input type="checkbox"/> Jobsite - Specify _____	
		<input type="checkbox"/> Other _____	
Have you worked for the Company before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, when? _____	

Education and Training

Trade or Special Training	Name of Course
Name of College or University Attended	Standing or Degree Attended

Have you ever failed a Pre-employment drug/alcohol test(s) in the past 2 years? ☐ Yes Date(s) _____ ☐ No

Driver's License Information

Driver's License	State / Province	License Number	Type of License	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐ Yes (attach a statement giving details)

☐ No

Has any license, permit or privilege been suspended or revoked?

☐ Yes (attach a statement giving details)

☐ No

Accident Record

(DOT Positions Only)

The past 3 years or more, preventable and non-preventable (attach sheet if more space is needed).				
	Date	Nature of Accident	Injuries	Fatalities
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures

(DOT Positions Only)

The past 3 years (other than parking violations).			
Location	Date	Charge	Penalty

Driving Experience

(DOT Positions Only)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date To	From	Approximate Number of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Other				

List States/Provinces operated in for the last five years. _____

Show special courses or training that will help you as a driver. _____

Which safe driving awards to you hold and from whom? _____

(DOT Positions Only)

Please rate your experience on the below listed situations

0 – No experience in this situation

2 – Considerable experience in this situation

1 – Limited experience in this situation

3 – Have done this on a regular basis for at least 3 – 5 years

Automatic Transmission	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Standard Transmission - 18 Speed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Standard Transmission - 13 Speed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Canadian Rocky Mountain Experience	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U.S. Experience	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
International Bond Experience	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Tire Chain Experience	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Time Sensitive (Courier) Freight	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Satellite Communication	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province/state and postal codes/zip codes.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such a vehicle.

(*) Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any mid size vehicle used to transport hazardous materials in a quantity requiring placarding.

With regards to Employers listed after October 29, 2004: Please identify in the notes section if you were subject to FMCSR while employed by that Employer and if the job was designed as a safety sensitive function subject alcohol and controlled substance testing.

List employers in reverse order starting with the most recent

Employer	Start Date (MM/YY)	End Date (MM/YY)
Name _____		
Address _____		Position Held _____
City _____		Salary/Wage _____
Phone _____		Reason for Leaving _____
Note: If Employed After October 29, 2004		
Subject to Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as safety sensitive subject to Alcohol and Controlled Substance Testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Start Date (MM/YY)	End Date (MM/YY)
Name _____		
Address _____		Position Held _____
City _____		Salary/Wage _____
Phone _____		Reason for Leaving _____
Note: If Employed After October 29, 2004		
Subject to Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as safety sensitive subject to Alcohol and Controlled Substance Testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No

May we contact your current Employer?

☐ Yes ☐ No

Employer	Start Date (MM/YY)	End Date (MM/YY)
Name _____		
Address _____	Position Held _____	
City _____	Salary/Wage _____	
Phone _____	Reason for Leaving _____	
Note: If Employed After October 29, 2004		
Subject to Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as safety sensitive subject to Alcohol and Controlled Substance Testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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City _____		Salary/Wage _____
Phone _____		Reason for Leaving _____
Note: If Employed After October 29, 2004		
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Was the job designated as safety sensitive subject to Alcohol and Controlled Substance Testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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Name _____		
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City _____		Salary/Wage _____
Phone _____		Reason for Leaving _____
Note: If Employed After October 29, 2004		
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Name _____		
Address _____		Position Held _____
City _____		Salary/Wage _____
Phone _____		Reason for Leaving _____
Note: If Employed After October 29, 2004		
Subject to Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as safety sensitive subject to Alcohol and Controlled Substance Testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Related Experience

List any trucking, transportation or other experience that may help in your work for this Company. _____
List any courses or training other than shown elsewhere in this application. _____
List special equipment or technical materials you can work with (other than those already shown). _____

References

List below references for technical and personal evaluation – do not include relatives.		
Full Name, Address and Telephone	Occupation	How Long Known
1. _____ _____		

2. _____ _____		

3. _____ _____		

Application Questionnaire

1.	Drivers run all 48 States and Canada. Do you anticipate any problems with this? _____
2.	How many miles per week do you expect? _____
3.	What are your "home time" expectations? _____
4.	You will be required to run a legal logbook, keep a re-cap of your hours, and satellite your hours of service in <input type="checkbox"/> Yes <input type="checkbox"/> No every morning by 7:00 am. Do you anticipate any problems complying with this requirement? If yes, please explain. _____

Notice To Employment Applicants Of The Company

The Company realizes that substance abuse is a social and workplace issue. The Company believes that employers and employees should take an active role to address substance abuse in the workplace and to assure a safe and healthy work environment.

Accordingly, the Company has undertaken a Substance Use Prevention Policy and Program, which includes education and prevention. As part of the prevention the Company has implemented Alcohol and Drug testing. Safety Sensitive positions of employment offered by the Company is conditional on negative test results and the selected candidate for the position may be required to take an alcohol and drug test.

Equal Employment Opportunity Statement

We are an Equal Employment Opportunity Employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, religion, sex, pregnancy, citizenship, national origin, age, disability, military service, veteran status, genetic information, union membership, creed, marital status, familial status, sexual orientation, status with regards to public assistance, membership in local human rights commission, or any other category that may be protected by law.

The information collected is used to gather information about the skills, qualifications and experience on the prospective applicant.

Affidavit

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial, criminal or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I hereby authorize the Company to obtain any alcohol and drug information from my previous employer.

Pursuant to FCMSA the applicant's previous employers will be contacted for the purpose of investigating the applicant's safety performance history information.

The applicant has the following rights regarding the investigative information that will be provided to the prospective employer:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

Applicant's Signature

Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Hi-Tech Express Inc. Kindersley Transport Ltd. 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 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.

AUTHORIZATION

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

I authorize Hi-Tech Express Inc. Kindersley Transport 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 the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that 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. 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: _____

Signature

Name (Please Print)

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

Disclosure And Authorization Regarding Background Investigation For Employment Purposes

Disclosure

☐ Hi-Tech Express Inc. ☐ Kindersley Transport Ltd. request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

Applicant can request to receive a copy of the reports obtained with this authorization request.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

This Disclosure and Authorization is in effect for the duration of employment.

Authorization

I hereby authorize the Company to obtain consumer reports described above about me.

Applicant Name Printed

Date of Birth

Social Insurance Number

Applicant Signature

Date