



ELK LOGISTIC INC.

# ELK LOGISTIC INC.

277 Cartesian Gate, Winnipeg, MB, R2P 1W2  
Ph: (204)-914-6414. email: info@elklogistic.com

## **DRIVER APPLICATION FOR EMPLOYMENT** **COMPANY OR OWNER-OPERATOR/DRIVER**

### **TO BE COMPLETED AND SIGNED BY APPLICANT**

**NAME:** \_\_\_\_\_

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED TO ASSESS APPLICANT SUITABILITY AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSES OF EMPLOYMENT INVESTIGATION. I, THE UNDERSIGNED, DO HEREBY AUTHORIZE MY PREVIOUS EMPLOYER(S) TO PROVIDE REQUESTED INFORMATION FOR THE PURPOSES OF THIS INVESTIGATION AS REQUIRED BY SECTION 391.23 OF THE FEDERAL CARRIER SAFETY REGULATIONS, AND RELEASE THEM FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

It is agreed and understood that this application for employment in no way obligates Elk Logistic Inc. to employ the applicant.

It is agreed and understood that any misrepresentations of information shall be considered an act of dishonesty.

My signature certifies that this application was completed by me and that all information on it is true and complete to the best of my knowledge.

It is agreed and understood that the applicant releases employers and persons named herein from all liability for any damages on account of the employer furnishing such information.

The applicant agrees to furnish additional information and complete such examinations as may be required to complete the applicant's employment file within the scope of the position to which s/he is applying.

It is agreed and understood that if employed, the employee will be on a probationary period (90 days) during which time the employee may be discharged without recourse.

If I am accepted for employment, I will not publish or disclose to anyone outside the Company, any operational or customer information during or after employment by ELK Logistic Inc. except with the company's written permission.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### **PERSONAL DATA**

**NAME** \_\_\_\_\_  
Last Name First Middle

**HOME ADDRESS** \_\_\_\_\_  
Street and Number City/Town Province Postal Code

**MAILING ADDRESS** \_\_\_\_\_  
(if different from home) Street and Number City/Town Province Postal Code

**PHONE NUMBERS** \_\_\_\_\_  
Home Cell

**EMAIL ADDRESS:** \_\_\_\_\_

**SOCIAL INSURANCE NUMBER (Optional)** \_\_\_\_\_

**DRIVER LICENSE:** \_\_\_\_\_  
Number Province Expiry Date

How many demerit points on your current driving record? \_\_\_\_\_

Have you received more than 2 moving violations during the last 12 months?  YES  NO

Has your driver's license been suspended during the past 2 years?  YES  NO

If yes, please explain \_\_\_\_\_

How long have you held a Class 1 driver's license? \_\_\_\_\_

Are you legally entitled to work in Canada? \_\_\_\_\_

Do you have a Criminal Record?  YES  NO

**POSITION APPLYING FOR** (Check all that apply)

COMPANY DRIVER

OWNER OPERATOR

O/O DRIVER

BULK

FLATDECK

INTERMODAL

AB REG DECK

If O/O, truck info: \_\_\_\_\_  
Year Make TARE weight Color

How were you referred to ELK Logistic Inc. ? (Please check one) Advertising  Employee  Other

Name: \_\_\_\_\_ Explain: \_\_\_\_\_

**EDUCATION**

Highest Level Attained: \_\_\_\_\_ Name of last school or institution: \_\_\_\_\_

Professional Driving Course Attended (if any): \_\_\_\_\_

**EQUIPMENT OPERATION EXPERIENCE**

Please indicate which type of tractor and trailing equipment you have experience working with (check all that apply)

**Tractor:**  10 speed  13 speed  18 speed  automatic  Day Cab  Sleeper

**Trailer:**  Flatdeck  Dry Bulk  Liquid Bulk  Dry Van  Reefer  Intermodal  Fuel  
 Super B  LCV  Turnpike

Other: \_\_\_\_\_

Type of loads hauled: \_\_\_\_\_

**DRIVING HISTORY**

**MOTOR VEHICLE ACCIDENT RECORD FOR LAST 3 YEARS** (Please Print)

Day	Dates Month	Year	Nature of Accident (Rear End, Wildlife, etc.)	Prov / State Occurred In	Preventable	Non-Preventable

**TRAFFIC CONVICTIONS & FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST 3 YEARS**

Location	Day	Month	Year	Charges	Penalty (fine / warning)	Prov / State Occurred In

Are you able to obtain border crossing clearance to enter into U.S.A.?  YES  NO

If No, please explain: \_\_\_\_\_

Do you currently have a valid Passport?  Yes  No Do you currently have a valid FAST card?  Yes  No

Are you able to be away from home for extended periods of time?  YES  NO

If yes, please specify length of time away: 2 - 5 days  5 - 10 days  10 - 14 days

Do you have any specific requirements for days off, family needs? \_\_\_\_\_

EMPLOYEE AVAILABILITY	Please record your available starting and ending time each day. If available at any time please state "Any"						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Our various driving positions all have bona fide occupational requirements for physical strength and agility. Are you able to perform the basic duties of the position? (climbing, bending, lifting tarps, working with product line hoses)

YES  NO EXPLAIN: \_\_\_\_\_

As part of our safety program and those required by our customers we have protective equipment requirements (hard hats, full body harness for fall arrest, respirators etc.), please indicate any accommodation you would require so we can assess the best job fit for you \_\_\_\_\_

As part of our driver hiring process and safety program we require that all Company Drivers, Owner Operators and Owner Operator Drivers be sent for Pre-Employment Drug Testing, Medical and Fitness Testing. Are you willing to participate in our Drug & Alcohol policy that includes pre-employment and random drug testing?  YES  NO

**INTERVIEWER'S REMARKS: (for office use only)**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

The above information will be kept strictly confidential as we recognize and respect the importance of privacy. Human Resources will be responsible for your information under our control and are committed to follow the Privacy Act outlined by governing bodies

## EMPLOYMENT HISTORY FOR PAST 5 - 7 YEARS

Begin with your present / current employer and work backwards in order, listing all of your employers, driving school and other training programs, periods of military service, self-employment and unemployment for at least 5 - 7 years. All time MUST be accounted for. Should more space be required, please attach to application form.

May we contact your present employer to verify your work record?  YES  NO

Period of unemployment (if any) Date: From (month/year) \_\_\_\_\_ to \_\_\_\_\_

Dates of Employment ____ / ____ to ____ / ____	Position Held: _____
Employer: _____	Supervisors Name: _____
Address: _____	Phone #: _____
	Fax #: _____
Avg Monthly Earnings: \$ _____	Type of Trailer pulled: _____
Reason for leaving: _____	

Period of unemployment (if any) Date: From (month/year) \_\_\_\_\_ to \_\_\_\_\_

Dates of Employment ____ / ____ to ____ / ____	Position Held: _____
Employer: _____	Supervisors Name: _____
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	Fax #: _____
Avg Monthly Earnings: \$ _____	Type of Trailer pulled: _____
Reason for leaving: _____	



# ELK LOGISTIC INC.

## OWNER OPERATOR CREDIT APPLICATION

Address:  
 277 Cartesian Gate  
 Winnipeg, MB, R2P 1W2  
 Ph: (204)-914-6414  
 Email: info@elklogistic.com

Truck info: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 Serial Number \_\_\_\_\_  
 Day Cab  Sleeper Bunk  Color \_\_\_\_\_

### Personal Information

Applicants Name (first name, initial ,last name)	Number of Dependents	Birth Date (m,d,y)	S.I.N
Spouses Name (first name, initial ,last name)		Birth Date (m,d,y)	S.I.N
Nearest Relative Name	City	Province	Phone Number
Registered Business Name (If Applicable)			

### Address Information

Present Address (Street number and Name)	City	Province
Postal Code	How Long? (years/months)	Home Telephone (with area code)
Former Address (if less than 2 years at present)	City	Province
	Own ___ Rent ___	

### Bank Information

Financial Institution Name	Address	Phone	Nature of Dealing	Contact Name



### Other Creditor Information

Financial Institution Name	Address	Phone	Nature of Dealings	Contact Name

Have you filed bankruptcy? (last 6 yrs)	Any Previous Repossessions?
Yes _____ No _____	Yes _____ No _____

I, the undersigned, confirm that I am current with my Canada Revenue and GST filings. Yes \_\_\_\_\_ No \_\_\_\_\_  
 GST Reg. # \_\_\_\_\_

The undersigned hereby affirms that the information provided herein is in all respects true, accurate and complete and is furnished with the intent that is to be relied upon by ELK Logistic Inc. in extending credit to the applicant. I/We consent to ELK Logistic Inc. or its associated corporations to conduct, or cause to be conducted, a credit investigation on a continuing basis to substantiate a line of credit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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**OWNER OPERATOR TRUCK INFORMATION**

Please complete all information below and return **with a photo of the truck** and your completed O/O application form

Owner Operator Name: \_\_\_\_\_

Home Terminal: \_\_\_\_\_

Division Applying for:  L/H Flatdeck  AB Reg Flatdeck  Bulk  Intermodal

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_  Day Cab  Sleeper If sleeper, sleeper size: \_\_\_\_\_

Mileage: \_\_\_\_\_  KM  Miles

TARE weight: \_\_\_\_\_  LBS  KG \*\* (current scale ticket must be attached to verify weight)\*\*

Amount of Fuel when scaled:  Full Tanks  ¾ Tanks  Half Tanks  ¼ Tanks  Empty

Fuel Tank capacity: \_\_\_\_\_

Wheelbase (inches): \_\_\_\_\_ Engine Make: \_\_\_\_\_ HP: \_\_\_\_\_

Transmission: \_\_\_\_\_ Rear Axle Ratio: \_\_\_\_\_

Front Axle Load (lbs): \_\_\_\_\_ Rear Axle Load (lbs): \_\_\_\_\_

Gen Set:  YES  NO Auxillary Heater:  YES  NO If yes:  Cab  Engine  Both

If applying for Flatdeck, does truck have a headache rack?  YES  NO

How long have you had the truck? \_\_\_\_\_

Are you making monthly Finance / Lease Payments?  YES  NO

If yes, what are your monthly payments (including taxes): \$ \_\_\_\_\_

How many payments do you have left? \_\_\_\_\_

Estimated current value of the truck? \_\_\_\_\_

Has the truck ever been in an accident?  YES  NO

Do you own more than one truck?  YES  NO

If yes, how many? \_\_\_\_\_