



## MEDICAL HISTORY

Do you have any physical limitations that would impair your ability to perform the position you have applied for? YES NO

If yes, explain? \_\_\_\_\_

## DRIVING EXPERIENCE

How many years of experience do you have as a professional driver? \_\_\_\_\_

How many years of Super B Train experience do you have? \_\_\_\_\_

How many years of tanker experience do you have? \_\_\_\_\_

Have you hauled petroleum products? YES NO Length of time \_\_\_\_\_

Have you ever held a refinery loading badge? YES NO

If yes: What refinery? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

What refinery? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

What refinery? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

In which general areas have you been driving in the last 5 years \_\_\_\_\_

Do you hold any safe driving awards, and from who? \_\_\_\_\_

## ACCIDENT RECORD

MANDATORY – PLEASE PROVIDE INFORMATION FOR THE LAST 5 YEARS

DATE	TYPE OF ACCIDENT ( Head-on, rear-end, etc)	FATALITIES	INJURIES

## VIOLATION RECORD

MANDATORY – PLEASE PROVIDE INFORMATION FOR THE LAST 3 YEARS

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE	PENALTY

## EMPLOYMENT RECORD

All drivers of commercial motor vehicles are required by regulations to provide previous employment history for the past 3 years even if they do not involve driving duties. Starting with your most recent employer, list all previous employers you have had in the past 3 years. (*Attach additional sheets if necessary*)

### BE SURE TO SUPPLY CURRENT PHONE NUMBERS

#### Last or current employer

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Did you participate in a Drug & Alcohol Testing Program?      Yes      No

#### Second last employer

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Did you participate in a Drug & Alcohol Testing Program?      Yes      No

#### Third last employer

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Did you participate in a Drug & Alcohol Testing Program?      Yes      No

Fourth last employer

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Did you participate in a Drug & Alcohol Testing Program?            Yes            No

Fifth last employer

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Did you participate in a Drug & Alcohol Testing Program?            Yes            No

**TO BE READ AND SIGNED BY THE APPLICANT**

This certifies that I completed this application and that all entries on it and information on it are true and complete to the best of my knowledge.

I authorize the Company and/or their Agent(s) to make such investigations and inquiries of my personal, employment, financial (credit bureau), criminal search, driving abstracts, drug results from previous employers or their consortium or medical history and other related matters as may be necessary in arriving at an employment decision. If hired or contacted, this authorization shall remain on file and serve as on-going authorization to re-check or report as deemed necessary at any time throughout my employment or contract period. (Generally, inquiries regarding medical history will only be made if and after and 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Applicant's signature*

# LEGEND TANK LINES LTD.

## **HEAD OFFICE**

#104-5967 206A Street  
Langley, BC V3A 8M1  
Phone (604) 533-8265 Fax (604) 534-2651  
[headoffice@legendtanklines.com](mailto:headoffice@legendtanklines.com)

## **EDMONTON OFFICE**

803-70<sup>th</sup> Ave NW  
Edmonton, AB T6P 0C4  
Phone (780) 455-8265 Fax (780) 488-2651  
[edmontonoffice@legendtanklines.com](mailto:edmontonoffice@legendtanklines.com)

## **TO BE READ AND SIGNED BY THE APPLICANT**

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 any investigations or inquiries into my personal, financial or medical history and other related matters that may be necessary to arrive at a decision regarding my employment.

I acknowledge that information I have provided may be used, and my previous employers contacted, for the purpose of investigating my background.

I release all persons from all liability in responding to inquiries made in connection with this application

If I am hired, I understand that false or misleading information given in this application or subsequent interviews may result in discharge.

I understand that I am required to abide by the rules and regulations of the company.

I also understand that if I quit or am terminated within my three month probationary period, I will be deducted the costs of OSSA, training, H2S, First Aid or any other courses that I have taken and have been billed back to Legend Tank Lines Ltd in my name.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

## **HIRING RECORD**

Date Applicant Hired \_\_\_\_\_

Date Applicant Rejected \_\_\_\_\_