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Mill Creek Motor Freight LP collects, uses and shares only the information required to administer your potential employment relationship with us, in accordance with its Privacy Policy.

Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Personal Information

Name:	<div style="display: flex; justify-content: space-between;"> Last First Middle </div>	DATE	
Current Address:	<div style="display: flex; justify-content: space-between; font-size: small;"> # & Street City Prov. Postal Code </div>		
Phone No.:		Cell No:	
Previous:		How Long	
Addresses	<div style="display: flex; justify-content: space-between; font-size: small;"> Street City Prov. & Postal Code </div>	How Long	
(3 years)	<div style="display: flex; justify-content: space-between; font-size: small;"> Street City Prov. & Postal Code </div>	How Long	

Owner Operators Only: Business/Vehicle Information

Which of the following applies to your business:	
Proprietorship _____	Partnership _____ Corporation _____
Business Name: _____	
No. of Years in Business: _____	Financial Institution _____
List All Partners and Shareholders: _____	
Vehicle Year, Make & Model: _____	
V.I.N. # _____	
G.V.W. (full fuel): _____	Vehicle Wheel Base: _____
5 th Wheel Height: _____	Tractor Axle Spread: _____
Date of last Annual Inspection: _____	Odometer Reading: _____

Are you in possession of a valid FAST card Yes _____ No _____ Expiry Date _____

Have you ever been convicted of any charge that you have not received both a Canadian and US Pardon for?

Yes _____ No _____

OWNER OPERATOR WSIB/DISABILITY INFORMATION

1. At this time how many vehicles do you plan to contract with Mill Creek? _____
2. At this time how many additional drivers do you have working for you? _____
3. Do you have a WSIB account number? _____
4. Do you have private disability coverage? _____
5. List WSIB Account Number _____
6. List Private Disability Carrier _____

OWNER OPERATOR DRIVER (S) WSIB/DISABILITY INFORMATION

7. Are your drivers covered by WSIB? _____
8. Do you have a current WSIB "Clearance Certificate" for each driver? _____
9. Are your drivers Contract Drivers? (If so we cannot accept) _____
10. Do your employed drivers have private Disability Coverage? _____
11. List all Driver (s) WSIB Account Number (s) _____

12. List all Driver(s) Disability Carrier(s) _____

NO ROAD TESTS WILL BE BOOKED UNTIL THE ABOVE INFORMATION IS RECEIVED AND APPROVED

OWNER OPERATORS ARE REQUIRED TO PROVIDE COPIES OF PRIVATE DISABILITY POLICIES TO MILL CREEK PRIOR TO APPLICATION BEING APPROVED

OWNER OPERATORS WITH WSIB/SCB COVERAGE ARE REQUIRED TO PROVIDE "CLEARANCE CERTIFICATES" PRIOR TO APPLICATION BEING APPROVED

Signature _____ Date: _____

Driver's License Information

Driver's Licenses	PROV.	LICENSE NO.	TYPE OF LIC.	EXPIRATION DATE	

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? **YES** _____ **NO** _____
- B) Has any license, permit or privilege ever been suspended or revoked? **YES** _____ **NO** _____

IF THE ANSWER TO EITHER OF A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

Driving Experience (if none write 'none')

CLASS OF EQUIP.	TYPE OF EQUIP. (VAN, TANK, FLAT ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck Tractor & Semi-Trailer Tractor – Two Trailers Motor Coach – School Bus Other				

List States operated in for the last five years: _____

Show special courses or training: _____

Which Safe Driving Awards do you hold and from whom: _____

Accident Record

**The past 3 years or more preventable & non-preventable (attach sheet if more space is needed).
If none, write 'none'**

	Date	Nature of Accident	Injuries	Fatalities
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures

The past 3 years (other than parking violations). If none, write 'none'

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

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, state and postal 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.

LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT

EMPLOYER (Present)	DATE	
	FROM	TO
NAME:	Mo. Yr.	Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY: PROV.: POSTAL CODE:	SALARY/WAGE:	
CONTACT: PHONE NO.:	REASON FOR LEAVING:	

EMPLOYER	DATE	
	FROM	TO
NAME:	Mo. Yr.	Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY: PROV.: POSTAL CODE:	SALARY/WAGE:	
CONTACT: PHONE NO.:	REASON FOR LEAVING:	

EMPLOYER	DATE	
	FROM	TO
NAME:	Mo. Yr.	Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY: PROV.: POSTAL CODE:	SALARY/WAGE:	
CONTACT: PHONE NO.:	REASON FOR LEAVING:	

EMPLOYER	DATE	
	FROM	TO
NAME:	Mo. Yr.	Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY: PROV.: POSTAL CODE:	SALARY/WAGE:	
CONTACT: PHONE NO.:	REASON FOR LEAVING:	

EMPLOYER	DATE	
	FROM	TO
NAME:	Mo. Yr.	Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY: PROV.: POSTAL CODE:	SALARY/WAGE:	
CONTACT: PHONE NO.:	REASON FOR LEAVING:	

*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 pleadings.

Application Questionnaire

Please answer ALL of the following questions.

- 1) MILL CREEK operates in 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) At MILL CREEK you will be required to run a legal log book, keep a re-cap of your hours, and satellite your hours of service in every morning by 7:00 am. Do you anticipate any problems complying with this requirement? _____

Please rate your experience on the below listed situations.

(0=no experience in this situation, 1=limited experience, 2=considerable experience, 3=have done this on a regular basis for at least 3-5 years)

• Canadian Rocky Mountain Experience	0	1	2	3
• U.S. Northwest Experience	0	1	2	3
• Eastern Seaboard Experience	0	1	2	3
• Tire Chain Experience	0	1	2	3
• CSA Shipments	0	1	2	3
• Time Sensitive (Courier) Freight	0	1	2	3
• Canadian Freight running In transit through U.S.	0	1	2	3
• Freight running under I.T. or T&E Bonds	0	1	2	3
• P.A.R.S. clearances	0	1	2	3
• A&A Manifests	0	1	2	3
• Inward Cargo Manifests	0	1	2	3
• Line Releases	0	1	2	3
• Satellite Communication	0	1	2	3

At MILL CREEK MOTOR FREIGHT drivers are eligible for Group Medical Benefits after six months of service. There is an emergency plan in place to cover the driver while working out of province during the first six months of employment.

This certifies that the below-signed driver understood and completed this form and that all information given is true and accurate.

Driver's Name:

Driver's Signature:

Related Experiences

List any Trucking, Transportation, or other experience that may help in you 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).

Application Information

How were you referred to Mill Creek _____ Have you worked for Mill Creek before _____
If 'yes', when? _____ Are you now employed? _____

If 'no', how long since leaving last employment? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If 'yes', explain if you wish. _____

Please indicate the following documents you are in possession of:

Valid Passport	Y	N	Canadian Pardon	Y	N	N/A
FAST Card	Y	N	T.W.I.C Card	Y	N	N/A

Have you ever been convicted of any charge that you have not received both a Canadian and US Pardon for? Y N

Citizenship _____ Citizenship Status _____

Emergency Contact

Please list the person(s) that Mill Creek should contact in the event of an emergency.

Name: _____ Phone No: _____

Relationship to employee _____

TO BE READ AND SIGNED BY 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 such investigations and inquiries of my personal, employment, financial 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.

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.

Date: _____ Applicant's Signature: _____

Mill Creek Motor Freight Written Questionnaire

Please complete the form in your own handwriting and in complete sentences.
Must be finished before road test

1) What are your expectations from the trucking company you are employed by?

2) What is your strongest quality in the trucking field?

3) What is your weakest quality in the trucking field and how do you overcome it?

4) What do you consider the most difficult aspect of being a truck driver?

Printed Name: _____ Signature _____

Date: _____



Additional information required, please complete the following

Name: _____

Social Insurance Number _____

(Mill Creek Motor Freight L.P. conducts reference checks on potential employees. Your Social Insurance Number is required for this purpose.)

Driver's License Number _____

Mill Creek Motor Freight L.P. is a Canadian/U.S. carrier. The United States Department of Transport requires that Canadian carriers have the following information on file:

Have you ever

- 1) Tested positive for a controlled substance? _____ Yes _____ No
- 2) Refused a drug test _____ Yes _____ No
- 3) Had a breath alcohol test greater than 0.04% _____ Yes _____ No
- 4) Had any other violations of any DOT drug and alcohol rule _____ Yes _____ No

for a company to which you applied but did not work for.

Please list company's _____

Please provide the name/s of Companies that you have applied to in the previous two years for which you completed a pre-employment drug screen but did not work for or worked for a short amount of time:

<u>Company Name and City</u>	<u>Phone Number</u>	<u>Application Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Name _____
(PLEASE PRINT)

Applicant's Signature: _____

Date: _____

Mill Creek Motor Freight _____
(COMPANY REPRESENTATIVE)

(TITLE) (DATE)