



**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 ColorHow were you referred to Kleysen Group LP? (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		Nature of Accident (Rear End, Wildlife, etc.)	Prov / State Occurred In	Preventable	Non-Preventable
	Month	Year				

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

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

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 \_\_\_\_\_

Our respirators require that you are clean shaven in order for them to be effective. Please advise if you are clean shaven, or willing to shave, if this is / becomes a requirement of the position you have applied for?  YES  NO

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: _____
Address: _____	Phone #: _____
_____	Fax #: _____
Avg Monthly Earnings: \$ _____	Type of Trailer pulled: _____
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Employer: _____	Supervisors Name: _____
Address: _____	Phone #: _____
_____	Fax #: _____
Avg Monthly Earnings: \$ _____	Type of Trailer pulled: _____
Reason for leaving: _____	



**OWNER OPERATOR CREDIT APPLICATION**

Address:  
2800 McGillivray Blvd  
Oak Bluff, MB  
R4G 0B4  
Telephone: (204) 488-5550  
Fax: (204) 488-5590

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 Kleysen Group Ltd in extending credit to the applicant. I/We consent to Kleysen Group Ltd, 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: \_\_\_\_\_



## 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: <input type="checkbox"/> L/H Flatdeck <input type="checkbox"/> AB Reg Flatdeck <input type="checkbox"/> Bulk <input type="checkbox"/> 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? \_\_\_\_\_