



64 Aviation Blvd., St. Andrews, MB, R1A 3N5
 Ph: 204-697-1678/800-667-8875/Fax: 204-697-1712
 www.turkenterprises.com

EMPLOYMENT APPLICATION FORM – TURK ENTERPRISES LTD.

Application Date: ____/____/____
Month Day Year

Full Name: _____
First Middle Last

Current Address: _____
Street City, Province Postal Code How Long?

Previous Address: _____
(If less than 3 years at current address) Street City, Province Postal Code How Long?

Home Phone: _____ Cell Phone: _____

SIN #: _____ Driver's Licence #: _____

Date of Birth: ____/____/____ Email Address: _____
Month Day Year

Do you have the legal right to work in Canada? (Please circle) YES NO

Have you worked for Turk Enterprises in the past? (Please circle) YES NO From: ____ to ____
MM/DD/YY MM/DD/YY

Are you currently employed? (Please circle) YES NO If no, how long since last employed? _____

How did you hear about this company / job opening? _____

Is there any reason that you might be unable to perform the functions of the job for which you have applied? (Please circle) YES NO If yes, would you like to explain? _____

If applying as an **OWNER OPERATOR** complete the following information regarding your power unit:

Year Make/Model: _____ Tare Weight: _____

Printed Scale Ticket Attached: YES _____ NO _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	YEARS OF EXPERIENCE	APPROXIMATE TOTAL MILES
Straight Truck			
Tractor and Semi-Trailer			
Tractor – Two Trailers			
U.S. / BC Mountain			



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DRIVER'S DECLARATION OF VIOLATIONS AND ACCIDENTS

I hereby declare that the following is a true and complete list of violations (other than parking violations) and accidents required to be reported under The Highway Traffic Act, that have occurred while operating any motor vehicle in the previous 12 months.

ACCIDENT RECORD (Attach sheet if more space is needed)

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

TRAFFIC CONVICTIONS and FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

DATE	LOCATION	CHARGE	PENALTY

 Applicant Name (Please Print)

 Applicant Signature

 Date

 Safety & Compliance Supervisor Print Name

 Safety & Compliance Supervisor Signature

 Date



EMPLOYMENT HISTORY - list previous 10 years employment history starting with the most recent

<p>If this is your current employer, may we contact them? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Employer Name: _____ Start Date: _____</p> <p>Address: _____ End Date: _____</p> <p>City: _____ Prov: _____ Postal Code: _____ Reason for Leaving: _____</p> <p>Type of Work: _____</p> <p>Contact Person: _____ Phone: _____</p>	Notes:
<p>*Were you subject to the FMCSR's while employed here? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 40CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>Employer Name: _____ Start Date: _____</p> <p>Address: _____ End Date: _____</p> <p>City: _____ Prov: _____ Postal Code: _____ Reason for Leaving: _____</p> <p>Type of Work: _____</p> <p>Contact Person: _____ Phone: _____</p>	Notes:
<p>*Were you subject to the FMCSR's while employed here? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 40CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>Employer Name: _____ Start Date: _____</p> <p>Address: _____ End Date: _____</p> <p>City: _____ Prov: _____ Postal Code: _____ Reason for Leaving: _____</p> <p>Type of Work: _____</p> <p>Contact Person: _____ Phone: _____</p>	Notes:
<p>*Were you subject to the FMCSR's while employed here? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 40CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>Employer Name: _____ Start Date: _____</p> <p>Address: _____ End Date: _____</p> <p>City: _____ Prov: _____ Postal Code: _____ Reason for Leaving: _____</p> <p>Type of Work: _____</p> <p>Contact Person: _____ Phone: _____</p>	Notes:
<p>*Were you subject to the FMCSR's while employed here? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 40CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	



EMPLOYMENT HISTORY (continued...)

Employer Name: _____ Start Date: _____ Address: _____ End Date: _____ City: _____ Prov: _____ Postal Code: _____ Reason for Leaving: _____ Type of Work: _____ Contact Person: _____ Phone: _____	Notes:
*Were you subject to the FMCSR's while employed here? YES <input type="checkbox"/> NO <input type="checkbox"/> Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 40CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer Name: _____ Start Date: _____ Address: _____ End Date: _____ City: _____ Prov: _____ Postal Code: _____ Reason for Leaving: _____ Type of Work: _____ Contact Person: _____ Phone: _____	Notes:
*Were you subject to the FMCSR's while employed here? YES <input type="checkbox"/> NO <input type="checkbox"/> Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 40CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer Name: _____ Start Date: _____ Address: _____ End Date: _____ City: _____ Prov: _____ Postal Code: _____ Reason for Leaving: _____ Type of Work: _____ Contact Person: _____ Phone: _____	Notes:
*Were you subject to the FMCSR's while employed here? YES <input type="checkbox"/> NO <input type="checkbox"/> Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 40CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer Name: _____ Start Date: _____ Address: _____ End Date: _____ City: _____ Prov: _____ Postal Code: _____ Reason for Leaving: _____ Type of Work: _____ Contact Person: _____ Phone: _____	Notes:
*Were you subject to the FMCSR's while employed here? YES <input type="checkbox"/> NO <input type="checkbox"/> Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 40CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>	



DRIVER DISCLOSURE OF LICENCE

DRIVER NAME: _____

CARRIER NAME: **TURK ENTERPRISES LTD.**

DECLARATION

Pursuant to section 318.1(1) of the *Highway Traffic Act*, I, _____,
(Print Name)

hereby disclose the only jurisdiction in which I am licensed, the class of license held, whether or not the license is suspended, and the name in which the license is issued.

Jurisdiction	Class	Suspended?	Driver's Licence #
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- I understand that I can possess only one driver's license.
- I understand that I must inform my employer immediately of any convictions or accidents while operating a motor vehicle.
- I understand that I must immediately inform my employer of any convictions, accidents, suspension, restrictions, prohibitions or any other change in status to my driver's license.

Driver Signature

Date



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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 Turk Enterprises to make such investigations and inquiries of my personal employment, drug & alcohol testing, financial, or medical history and other related matters as may be necessary in arriving at an employment decision.

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. _____
Initial

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

Applicant's Name (Please Print)

Applicant's Signature

_____/_____/_____
Month Day Year