



King Air Transportation INC

O/O & Driver Application for Employment

Last name:	First name:	Middle name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone #Home:	Cell:	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	How long:	
<input type="text"/>	<input type="text"/>	
City/Town:	Province:	Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

If less than 3 years at above address please complete the following: (Attach Sheet If More Space Is Needed)

Address:	City:	Province:	Number Of Years :
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Licence Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's licence". I certify that I do not have more than one motor vehicle licence, the information for which is listed below.

CMV Driver's Licence # :	Expiry Date :	Province:	Date Of Birth :
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been denied a licence, permit or privilege to operate a motor vehicle?
If Yes, Please specify

Yes No

Have any licence, permit or privilege ever been suspended or revoked?
If Yes, Please specify

Yes No

Position Applying For : Permanent Parttime Temporary

Owner Operator :	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tractor year:	<input type="text"/>	Make:	<input type="text"/>
Driver for O/OP :	<input type="checkbox"/> Yes <input type="checkbox"/> No	OP Name:	<input type="text"/>	Unit #:	<input type="text"/>
Company Driver :	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Are You Legally Entitled to work in Canada Yes No

Language Written Fluently English French

Language Spoken Fluently English French Others

Are you bondable? Yes No

Have you ever been bonded? Yes No

Are you legally eligible to enter USA Yes No

Have you ever been denied entry into the USA Yes No

If Yes, Why? _____

Do you require a waiver to enter the USA Yes No

If Yes, Than Expires _____

Driving Experience

<p>Straight Truck</p> <p>Type Of Equipment <input style="width:100%;" type="text"/></p> <p>Dates From <input style="width:50%;" type="text"/> Dates To <input style="width:50%;" type="text"/></p> <p>Approx. No. Of KM(Miles) <input style="width:100%;" type="text"/></p>	<p>Tractor & Semi Trailer</p> <p>Type Of Equipment <input style="width:100%;" type="text"/></p> <p>Dates From <input style="width:50%;" type="text"/> Dates To <input style="width:50%;" type="text"/></p> <p>Approx. No. Of KM(Miles) <input style="width:100%;" type="text"/></p>	<p>Tractor & Two Trailers</p> <p>Type Of Equipment <input style="width:100%;" type="text"/></p> <p>Dates From <input style="width:50%;" type="text"/> Dates To <input style="width:50%;" type="text"/></p> <p>Approx. No. Of KM(Miles) <input style="width:100%;" type="text"/></p>	<p>Others</p> <p>Type Of Equipment <input style="width:100%;" type="text"/></p> <p>Dates From <input style="width:50%;" type="text"/> Dates To <input style="width:50%;" type="text"/></p> <p>Approx. No. Of KM(Miles) <input style="width:100%;" type="text"/></p>
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Accident Record For Past 3 years (Even If not at fault)

If None, write none

<p>Date/MM/Year <input style="width:100%;" type="text" value="dd / mm / yyyy"/></p> <p>Type Of Accident <input style="width:100%;" type="text"/></p> <p>Equipment Type (CAR/TRUCK) <input style="width:100%;" type="text"/></p> <p>Death or Injuries <input style="width:100%;" type="text"/></p> <p>Province or State <input style="width:100%;" type="text"/></p> <p>Night or Day <input style="width:100%;" type="text"/></p> <p>Chemical Spills <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date/MM/Year <input style="width:100%;" type="text" value="dd / mm / yyyy"/></p> <p>Type Of Accident <input style="width:100%;" type="text"/></p> <p>Equipment Type (CAR/TRUCK) <input style="width:100%;" type="text"/></p> <p>Death or Injuries <input style="width:100%;" type="text"/></p> <p>Province or State <input style="width:100%;" type="text"/></p> <p>Night or Day <input style="width:100%;" type="text"/></p> <p>Chemical Spills <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date/MM/Year <input style="width:100%;" type="text" value="dd / mm / yyyy"/></p> <p>Type Of Accident <input style="width:100%;" type="text"/></p> <p>Equipment Type (CAR/TRUCK) <input style="width:100%;" type="text"/></p> <p>Death or Injuries <input style="width:100%;" type="text"/></p> <p>Province or State <input style="width:100%;" type="text"/></p> <p>Night or Day <input style="width:100%;" type="text"/></p> <p>Chemical Spills <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**Traffic Convictions and forfeitures for past 3 years(other than parking)
Motor Vehicle Driver's certificate of violations 391.27**

I certify that the following is true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the 12 months.

If None, write none

DATE	STATE OF VIOIATION LOCATION	TYPE OF VEHICLE OPERATED - CAR/TRUCK	CHARGE	PENALITY

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

NAME: _____ DRIVERS'S SIGNATURE _____

Employment History Past 3 years

Applicants that desire to drive in Intrastate/Interstate commerce provide the following information on all employees during the previous 3 years. You must give the same information for all employees you have driven a commercial motor vehicle for the 7 year prior to the initial 3 years(total 10 years employment record)

Last or Current Employer

Name	Address
<input type="text"/>	<input type="text"/>
City	Province
<input type="text"/>	<input type="text"/>
Postal Code	Contact Person
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Dates From	Dates To
<input type="text"/>	<input type="text"/>
Position Held	Reason For leaving
<input type="text"/>	<input type="text"/>

Any Gap in Employment and/or Unemployment must be explained. Include date(month/year) and reason

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes No
 Was the previous job position designation as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49CFR Part 40? Yes No

2nd Last Employer

Name	Address
<input type="text"/>	<input type="text"/>
City	Province
<input type="text"/>	<input type="text"/>
Postal Code	Contact Person
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Dates From	Dates To
<input type="text"/>	<input type="text"/>
Position Held	Reason For leaving
<input type="text"/>	<input type="text"/>

Any Gap in Employment and/or Unemployment must be explained. Include date(month/year) and reason

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes No
 Was the previous job position designation as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49CFR Part 40? Yes No

3rd Last Employer

Name	Address
<input type="text"/>	<input type="text"/>
City	Province
<input type="text"/>	<input type="text"/>
Postal Code	Contact Person
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Dates From	Dates To
<input type="text"/>	<input type="text"/>
Position Held	Reason For leaving
<input type="text"/>	<input type="text"/>

Any Gap in Employment and/or Unemployment must be explained. Include date(month/year) and reason

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes No
 Was the previous job position designation as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49CFR Part 40? Yes No

4th Last Employer

Name	Address
<input type="text"/>	<input type="text"/>
City	Province
<input type="text"/>	<input type="text"/>
Postal Code	Contact Person
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Dates From	Dates To
<input type="text"/>	<input type="text"/>
Position Held	Reason For leaving
<input type="text"/>	<input type="text"/>

Any Gap in Employment and/or Unemployment must be explained. Include date(month/year) and reason

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes No
 Was the previous job position designation as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49CFR Part 40? Yes No

5th Last Employer

Name	Address
<input type="text"/>	<input type="text"/>
City	Province
<input type="text"/>	<input type="text"/>
Postal Code	Contact Person
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Dates From	Dates To
<input type="text"/>	<input type="text"/>
Position Held	Reason For leaving
<input type="text"/>	<input type="text"/>

Any Gap in Employment and/or Unemployment must be explained. Include date(month/year) and reason

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes No
 Was the previous job position designation as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49CFR Part 40? Yes No

6th Last Employer

Name	Address
<input type="text"/>	<input type="text"/>
City	Province
<input type="text"/>	<input type="text"/>
Postal Code	Contact Person
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Dates From	Dates To
<input type="text"/>	<input type="text"/>
Position Held	Reason For leaving
<input type="text"/>	<input type="text"/>

Any Gap in Employment and/or Unemployment must be explained. Include date(month/year) and reason

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes No
 Was the previous job position designation as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49CFR Part 40? Yes No

Education

Name of High School _____	Location - High School _____	Diploma/Degree - High School _____
Name of University/College _____	Location - University/College _____	Diploma/Degree - University/College _____
Name of Other Training _____	Location - Other Training _____	Diploma/Degree - Other Training _____

Reference

Name _____	Relationship _____	Telephone _____	Years Known _____
Name _____	Relationship _____	Telephone _____	Years Known _____
Name _____	Relationship _____	Telephone _____	Years Known _____

Have you ever completed a driving course? Yes No

If Yes, Please specify

Have you ever received a safe driving award? Yes No

if yes, please specify employer

To Be Read and signed by applicant

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the I hereby authorize KING AIR TRANSPORTATION INC. to make sure investigations and inquiries to my personal, employment, 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. I understand, also that I am required to abide by all rules and regulations of the company.

"I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.32(d) and (e). I understand that I have the right to:

1. Review information provided by current/previous employers:
2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information".

DATE: _____

SIGNATURE: _____

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.

Note: A motor carrier may require an applicant to provide information in addition to the information required by Federal Motor Carrier Safety Regulations.

King Air Transportation INC

O/O & Driver Application for Employment

I hereby authorize you to release the following information to **KING AIR TRANSPORTATION INC.** for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

DATE: _____

APPLICANT'S SIGNATURE: _____

To Previous Employer

Date

Name Of Applicant

Driver's Licence

The above named individual has made application to this company for a position as a _____ and states that he/she was employed by you as a _____ from _____ to _____

1. Is the employment record with your company correct as stated above? Yes No

If No, Provide dates: From-To

2. What kind(s) of work did the applicant do?

3. Did he/she drive commercial vehicles for you? Yes No If Yes, What type Straight Truck Flat Bed Tractor-Train Combination

Others

4. If there is no Safety Performance history to report, check here sign below and return

5. Accident History: Complete the following for any accidents included on your accident register (Reg. 390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there no accident register data for this driver

Date	Type Of Accident	Date	Type Of Accident	Date	Type Of Accident
_____	Fault/Not as Fault	_____	Fault/Not as Fault	_____	Fault/Not as Fault
Location	Fatalities	Location	Fatalities	Location	Fatalities
_____	_____	_____	_____	_____	_____
Injures	Hazmat Spills	Injures	Hazmat Spills	Injures	Hazmat Spills
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies

6. DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here fill in the dates of employment from _____ to _____ complete bottom, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____

A. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? Yes No

B. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No

C. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No

D. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No

E. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? Yes No

F. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Yes No

7. Reason for leaving your employ: Discharged Lay Off Resignation

Remark:

8. Was the applicant a Safe and efficient driver? Yes No

9. Was the applicant's general conduct satisfactory? Yes No

10. Is the applicant competent for the position sought? Yes No

11. Did the applicant drink any alcoholic beverages while on duty? Yes No _____

12. Would you rehire this person? Yes No

Additional Comments

Title

Date

Name of the company

Signature

King Air Transportation Inc

Ontario

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS, Ontario

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in Intrastate, Interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more., can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in Interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the Next Business Day of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employer motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements:

The following license is the only one that I possess:

Driver's License No:

State/Prov:

Expiry. Date:

Driver's Signature:

Print Name:

Attach a photocopy of driver's license and photo identification

King Air Transportation Inc

Ontario

Motor Vehicle Driver's CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor Carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, they shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offence:	Location:	Type Of Vehicle Operated:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's License No:	Prov:	Expiry. Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Carrier's Name:	Motor Carrier's Address:	Title:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's Signature:	Date Of Certification:	
<input type="text"/>	<input type="text"/>	

King Air Transportation Inc

Ontario

PRE - EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 — pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- c) Prior to collection of a urine sample under b391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name:

Prov:

Expiry. Date:

Applicant's Signature:

Month Day Year

WITNESSED BY:

Company Representative's Signature:

Month Day Year

Driver Statement Of On-Duty Hours

Driver's name (Print):

Driver's License Information:

Issuing Province:

Number:

Issuing Identify number of hours worked (On Duty) for each of the last 14 days

Day	1 (Yesterday)	2	3	4	5	6	7
Date							
Hours worked							

Day	8	9	10	11	12	13	14
Date							
Hours worked							

Total On-Duty Hours of last 14 days: _____

I hereby certify that the information given above is correct and to the best of my knowledge and belief. i was last relieved from work at: _____ am/pm on _____
Day Month Year

Driver's Signature:

Date:

Instruction: When using a driver for the first time or intermittently, motor carriers are required to obtain a signed statement giving the driver's total on-duty during the immediately preceding 14 days and time at which the driver was last relieved from duty prior to beginning work for such carrier. On-duty time includes both compensated and uncompensated time working at a motor carrier and compensated work for non-motor carriers.