



APPLICATION FOR EMPLOYMENT PACKAGE

RECRUITING AND RETENTION

Haztran Corp. (hereinafter "Haztran" or the "Company") has made the commitment to source and train the right individuals to strengthen our on and off road teams. A clear understanding of your experience will aid us in attempting to find you a position that best meets your qualifications and needs.

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone Number _____ Cell Phone Number _____

SIN _____

Email Address _____

Basic Information

Application Date _____ Hours of Work: ___ Full Time ___ Part Time

Position Applied for: Company Driver ___ Owner Operator ___ Expected pay range: _____ gross/month

Were you referred by a current Haztran employee? Yes ___ No ___ If yes, please provide their name _____

Have you worked for any of these companies in the past?

Truck Freight International Ltd. ___ Haztran Corp. ___ DJ Knoll ___

If yes, when? _____

Record of Education

Professional Driving School / Course Attended (if any): _____

Date of Completion _____

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				



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Traffic Convictions (other than parking violations) for the Last 3 Years (Please print)

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

Driver Applicants

How many demerit points on your driving record? ____ (Please include a current Driver Abstract with your application)

Are you currently able to enter the US? Yes ___ No ___ Do you hold a border crossing Card (FAST card)? Yes ___ No ___

Have you been convicted of a crime for which you have not yet received a pardon? Yes ___ No ___

If yes, please explain _____

Have you failed / refused any drug / alcohol test for a safety sensitive position within the last two years? Yes ___ No ___

Do you hold a valid Class 1 license? Yes ___ No ___ License #: _____ Issuing Province: _____

Have you ever been injured while at work? Yes ___ No ___ If yes, please explain type of injury sustained and the amount of time missed due to injury/illness in the last 3 years _____

Is there any condition/reason that may impact/limit your ability to perform the intended work? Yes ___ No ___

If yes, please explain _____

Our driving positions have requirements which align with the physical demands as described in HR Trucking Canada.

Professional Experience

6 XL Experience	Months	Years	End Dump	Months	Years
8 XL Experience	_____	_____	Calcium Liquid	_____	_____
Petroleum	_____	_____	Pneumatics	_____	_____
Propane Pressure Vessel	_____	_____	Hopper Bottom	_____	_____
NH3 Anhydrous Ammonia	_____	_____	Fertilizer (Dry)	_____	_____
Asphalt	_____	_____	Fertilizer (Liquid)	_____	_____



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Employment History – for the past 5 years

Begin with your present / current employer and work backwards in order, listing all of your employers, driving school or other training programs, periods of military service, self-employment and unemployment for the last 5 years. All time MUST be accounted for. Should more space be required please attach to application form.

Dates of Employment _____ / _____ to _____ / _____	Position Held: _____
Employer: _____	Supervisors Name: _____
Address: _____	Phone #: _____
Avg Monthly Earnings: \$ _____	Contact Email: _____
Reason for Leaving: _____	

Period of Unemployment (if any) Date: _____ / _____ to _____ / _____

Dates of Employment _____ / _____ to _____ / _____	Position Held: _____
Employer: _____	Supervisors Name: _____
Address: _____	Phone #: _____
Avg Monthly Earnings: \$ _____	Contact Email: _____
Reason for Leaving: _____	

Period of Unemployment (if any) Date: _____ / _____ to _____ / _____

Dates of Employment _____ / _____ to _____ / _____	Position Held: _____
Employer: _____	Supervisors Name: _____
Address: _____	Phone #: _____
Avg Monthly Earnings: \$ _____	Contact Email: _____
Reason for Leaving: _____	

Period of Unemployment (if any) Date: _____ / _____ to _____ / _____

Dates of Employment _____ / _____ to _____ / _____	Position Held: _____
Employer: _____	Supervisors Name: _____
Address: _____	Phone #: _____
Avg Monthly Earnings: \$ _____	Contact Email: _____
Reason for Leaving: _____	

Period of Unemployment (if any) Date: _____ / _____ to _____ / _____



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Acknowledgement

It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentation of information given above shall be considered an act of dishonesty.

The applicant agrees to work according to all safety regulations, policies and procedures as required by the Company or regulatory authority having jurisdiction for the worksite and agrees that failure to do so may result in disciplinary action up to termination of employment for just cause. The applicant further agrees that in the event of a safety incident involving the applicant, and in other circumstances in accordance with the Company's Fitness for Duty Policy, the Company may request a drug and alcohol test, all in accordance with the Company's Fitness for Duty Policy.

It is agreed and understood that the employer, or their agents, may investigate the applicants background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability of any damages on account to their furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his / her employment file. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant. It is agreed and understood that if hired, the employee may be on a probationary period during which time he/she may be discharged without notice or recourse.

Applicant Signature:

Date:

Consent to Disclose

Employment History

I, _____, declare that the information presented above, on my resume, and application form, and information provided verbally by me to Haztran is complete and accurate. I understand that a false statement provides grounds to disqualify me from employment and/or give the Company just cause for my dismissal if I am employed by it.

I understand that a condition of employment with Haztran is the completion of a background check, which will include the following:

- a) Verification of my employment background and history from any source and of all data provided on my resume and / or application.
- b) A check of criminal records for which a pardon has not been granted, and conditional and absolute discharges, which have not been removed from the Canadian Police Information Center system in accordance with the Criminal Records Act.
- c) Driver record check for applicants applying for a position requiring a valid driver's license.

A criminal conviction will not necessarily disqualify a candidate and only convictions relevant to the position applied for will be considered. I consent to the above information arising from the background check being collected for the purpose of conducting pre-employment due-diligence screening or where I am or have been employed, for the purpose of determining my suitability to perform security sensitive services. I understand that the Company will use the results of the background check for the purpose of conducting pre-employment due-diligence screening or where I am or have been employed, of screening my suitability to perform security sensitive services.

Where this information is being collected for the purpose of conducting pre-employment due-diligence screening, and if I am hired, I consent to the information being transferred to my employee file for the purpose of the employment relationship. If I am already employed by the Company, I consent to the information being transferred to my employee file for the purpose of the employment relationship.

I agree that the Company may periodically update the background check and I agree that I shall immediately inform the Company of any conviction for a criminal offense arising subsequently to completion of the initial background check. I hereby authorize the holder(s) of the information relating to the background check, including any updates thereof as provided in the previous statements, to disclose this information to the Company and its authorized employees and/or authorized agents, subcontractors or suppliers, and to any of the Company's clients.



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I hereby release and forever discharge the holder(s) of information relating the background check, including any updates thereof to the Company, their clients and respective affiliated entities and all of their former, current or future partners, directors, officers, employees, agents, successors, and assigns from any actions, claims and demands of any kind whatsoever in any way relating to the collection, disclosure and use of this information by the holder(s) of information relating to the background check, including any updates to the Company or clients.

Drug and Alcohol Testing Records

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Haztran. This release is in accordance with DOT Regulation CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I understand that personal information shall not be used or disclosed for purposes other than those for which it was collected, except with my prior consent or as required by law. Personal information shall be retained only as long as necessary for the fulfilment of those purposes.

Applicant Signature:

Date:

Please send completed applications to: careers@haztran.ca