



**Dempsey Freight  
Systems Inc.**  
A LANDTRAN COMPANY

**MONARCH TRANSPORT (1975) LTD.  
DEMPSEY FREIGHT SYSTEMS LIMITED**  
25245 111 Avenue  
Acheson, Alberta  
T7X-6C8  
Ph. (780) 452-9414  
Fax. (780) 447-2292

**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_ SOCIAL INSURANCE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ PERMANENT [ ] TEMPORARY [ ]

NAME : \_\_\_\_\_  
                                SURNAME                                  FIRST                                  MIDDLE

DATE OF BIRTH \_\_\_\_\_ PHONE # \_\_\_\_\_

**ADDRESS FOR PAST THREE YEARS:**

ADDRESS _____	_____	_____	_____	_____	_____
STREET                  CITY                  PROVINCE                  POSTAL CODE				HOW LONG	
_____	_____	_____	_____	_____	_____
STREET                  CITY                  PROVINCE                  POSTAL CODE				HOW LONG?	
_____	_____	_____	_____	_____	_____
STREET                  CITY                  PROVINCE                  POSTAL CODE				HOW LONG?	
_____	_____	_____	_____	_____	_____
STREET                  CITY                  PROVINCE                  POATAL CODE				HOW LONG?	

( ATTACH SHEET IF MORE SPACE IS NEEDED )

HAVE YOU WORKED FOR US BEFORE ? \_\_\_\_ Yes \_\_\_\_ No IF SO WHEN ? From \_\_\_\_\_ To \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

**1. DRIVER LICENSES:**

PROV / STATE	LICENSE #	TYPE	EXPIRATION DATE

\*NOTE: A current abstract must accompany this application.



**2. DRIVING EXPERIENCE:**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	APPROX. NO. of MILES or YEARS
Straight Truck			
Tractor & Semi-trailer			
Tractor – Two Trailers			
Other			

**3. ACCIDENT RECORD FOR PAST 3 YEARS OR MORE** (Attach sheet if more space is needed):

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

(Attach sheet if more space is needed)

- 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 \_\_\_\_\_
- C. Do you have any disabilities that would restrict/impede your ability to perform the duties associated with the position? Yes \_\_\_\_\_ No \_\_\_\_\_

**4. SAFETY VIOLATION RECORD FOR PAST 5 YEARS OR MORE** (Attach sheet if more space is needed):

DATES	NATURE OF VIOLATION	JURISDICTION	CONVICTED?
Last Violation			
Next Previous			
Next Previous			

(Attach sheet if more space is needed)

TRACTOR ( FINANCIAL ) YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

FINANCED BY : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

PHONE : \_\_\_\_\_

MONTHLY PAYMENTS : FIRST \_\_\_\_\_ SECOND \_\_\_\_\_

BALANCE OWING : \_\_\_\_\_



ARE PAYMENTS CURRENT: YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT RECORD** (Attach Sheet If More Space Is Needed)

**NOTE: DOT** Requires That Employment for at Least 3 Years and /or Commercial Driving Experience for the past 10 Years be shown

**LAST EMPLOYER:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Where you subject to FMCSR's while employed here \_\_\_\_ Yes No \_\_\_\_

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the Drug and Alcohol requirements of 49 CFR part 40? Yes \_\_\_\_ NO \_\_\_\_

**SECOND LAST EMPLOYER:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**THIRD LAST EMPLOYER:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
( NAME ) ( CITY )

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_



**\*\*\*\*Monarch Transport (1975) Ltd./Dempsey Freight Systems requires that a current drivers abstract and W.C.B. Clearance letter (each of which are not more than 30 days old) be returned with this document when completed\*\*\*\***

#### **Release clause**

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 Monarch Transport (1975) Ltd. and/or it's agent, to make such investigations and inquiries of my personal, employment, financial (credit bureau), criminal search, driving abstracts, PSP reports, drug results from previous employers or their consortium or their Insurance Carrier or Agent for my driving record, insurance history, medical history and other related matters as may be necessary in arriving at an employment decision. If hired or contracted, this authorization shall remain on file and shall service as on-going authorization to re-check or report as deemed necessary at any time throughout my employment or contract period or after such period. (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. Furthermore, I understand that the company and/or their agent may keep any information on file including work performance as related to my employment period and make it available to any second party only with my verbal or written consent. I understand, also, that I am required to abide by all rules and regulations of the Company.

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names or aliases you have used

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver License Number \_\_\_\_\_ Issued by Prov/State  
\_\_\_\_\_

DRIVER SIGNATURE \_\_\_\_\_

DATE



Fax to Monarch Transport (1975) Ltd. – 780-463-3552

**CONSENT FOR CRIMINAL/POLICE RECORD SEARCH**

MALE  FEMALE  Full Name Of Applicant \_\_\_\_\_  
 \_\_\_\_\_ (Surname) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Full Address \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Prov) \_\_\_\_\_ (Postal Code)

Maiden/Previous Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

D.O.B \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

Picture ID # \_\_\_\_\_ Verified by: \_\_\_\_\_  
 Produced: \_\_\_\_\_

*Applicant must produce two pieces of identification, one of which must be a valid and current photo identification from a government agency. Examples of this are a driver's license and passport. The corresponding ID number is recorded here.*

*The photo identification must be verified and the photo found to be similar to the applicant. The person making the verification must sign and print their name here.*

**Statement of Understanding and Consent:**

I have applied to **Monarch Transport (1975) Ltd** for employment. Part of the hiring process is an investigation of information I provided. These investigations are conducted by Monarch Transport (1975) Ltd. I hereby request and authorize a Canadian Federal Department to disclose on my behalf whether or not I have any convictions or have been charged under any Federal enactments which a disposition is awaiting or has been entered; to Monarch Transport (1975) Ltd. and whereas I understand that disclosure of this information may preclude me from the position I have applied for.

I hereby declare that, to the best of my knowledge, the information I have provided on my application form is complete and accurate in every respect. I understand that a false statement may disqualify me from employment or cause my subsequent discharge if employed.

**IN ADDITION**, I further consent to the release of any and all information to authorized persons of Monarch Transport (1975) Ltd and its authorized agents pertaining to the disclosure of my driver abstract/record which is made from personal information in the Motor Vehicle Registry in the Province of Alberta, I also consent to reference checks, education and /or professional accreditation checks that my potential Employer may make.

\_\_\_\_\_  
 (Signature)

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Year) (Month) (Day)

**POLICE USE ONLY - RESULTS OF CRIMINAL RECORDS CHECK**

A search of the Central Repository for Criminal Records for Canada suggests that:

- Based on the information received, there is no criminal record identified. Information can only be confirmed by fingerprint comparison.
- There may or may not be a criminal record in existence. Information can only be confirmed by fingerprint comparison.

Results of the criminal record search merely indicate a record of conviction or charge and are not an affirmation of good character.



MONARCH TRANSPORT (1975) LTD.  
DEMPSEY FREIGHT SYSTEMS LIMITED  
3464 – 78 Avenue  
Edmonton, Alberta T6B 2X9

### **DRUG AND ALCOHOL POLICY**

Concern for the health, safety and wellbeing of our employees, our customers and the public will continue to be a major commitment of MONARCH TRANSPORT (1975) LTD. / DEMPSEY FREIGHT SYSTEMS LIMITED (HEREINAFTER REFERRED TO AS “The Company”). The Company recognizes alcohol and drug abuse as a health, safety and security problem. The Company expects all employees to assist in maintaining a work environment that is free of alcohol and drugs.

The possession or consumption of alcohol, illicit drugs, or the misuse of prescription or “over the counter” drugs is prohibited on Company premises or Company work sites, or in circumstances deemed by the Company to present a serious risk to the interests of the Company in terms of employee and public safety, the Company’s financial integrity, the security and safety of its property, or the protection of its public reputation.

An employee in a position involving public contact or whose duties impact on his safety or the safety of others who may not be impaired, but who displays evidence of alcohol consumption, such as alcohol on the breath, will be removed from the workplace. An employee subjected to the removal from the workplace will receive a 1 week suspension for a first offence. A second offence of the same nature occurring within 1 year from the first offence will subject that employee to discharge.

Under probable cause, drivers operating in the U.S. will be required to undergo substance testing for blood alcohol levels. The maximum level of acceptance for blood alcohol testing will be .020 of alcohol per 100ml of blood. Employees exceeding the limit will be subjected to disciplinary action of at least 1 week suspension for a first offence. A second offence within 1 year from a first offence will result in discharge.

Off duty consumption of alcohol and drugs which adversely affects an employee’s job performance, or which could jeopardize the safety of other employees, the Company’s customers, the public or Company property, is proper cause for disciplinary action.



Evidence of possession and consuming some of / or having consumed intoxicating beverages, taking narcotics while on duty, or on Company property, or while operating equipment will result in the employee being subjected to immediate discharge.

THE FOREGOING POLICY APPLIES TO ALL EMPLOYEES

ROD BOYCHUK, *CITT*  
VICE PRESIDENT / GENERAL MANAGER  
MONARCH TRANSPORT (1975) LTD.  
DEMPSEY FREIGHT SYSTEMS LIMITED

**NOTICE TO LEASED OPERATORS  
CONTRACTORS AND DRIVERS  
OF  
MONARCH TRANSPORT (1975) LTD., DEMPSEY FREIGHT SYSTEMS LIMITED**

Monarch Transport (1975) Ltd., Dempsey Freight Systems Drug and Alcohol Policy applies to all Owner Operators / Drivers who have applied for a contract position or are currently driving in the United States. Operators applying for a position on the Canadian operations will submit to a pre – employment drug test as a condition of employment. The Drug and Alcohol random testing program will also be binding upon any current and all future operators contemplating operating in the United States after June 1, 1996 and has been specifically designed to ensure that you remain in compliance with US DOT operating regulations.

The purpose of the Policy is to eliminate, to the greatest extent possible, the dangers and negative effects of alcohol and drug abuse in the work place. Among the measures included in the Policy will be the prohibition of the possession or consumption of alcohol or illicit drugs, or the misuse of prescription or “over the counter” drugs, while on any **MONARCH TRANSPORT (1975) LTD.** work site or while conducting any business on behalf of **MONARCH TRANSPORT (1975) LTD.** As part of the Drug and Alcohol testing program specifically authorized representatives of the company reserve the right to conduct searches of the person and property of anyone entering onto any **MONARCH TRANSPORT (1975) LTD.** work site, and reserve the right to require any person conducting business on behalf of **MONARCH TRANSPORT (1975) LTD.** to submit to a urine and or breath test.





As a contractor for **MONARCH TRANSPORT (1975) LTD., DEMPSEY FREIGHT SYSTEMS LIMITED**, you may be required to permit searches of your equipment, or to submit to a request for urine and / or breathe test. Any failure to comply with the policy will result in the individual concerned being removed from the work site, and may result in the suspension or cancellation of the contract between the employer and the contractor.

**ACKNOWLEDGEMENT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Drug Policy Release # 1

**MONARCH TRANSPORT (1975) LTD.  
DEMPSEY FREIGHT SYSTEMS LIMITED**

**ACKNOWLEDGEMENT / CONSENT / RELEASE**

**ACKNOWLEDGEMENT**

I acknowledge that I have received instruction and information regarding **MONARCH TRANSPORT (1975) LTD. / DEMPSEY FREIGHT SYSTEMS LIMITED's** Drug and Alcohol Policy. I understand and accept that compliance with this policy is a condition of employment.



**CONSENT**

I hereby give my voluntary consent for the medical representatives or designate of **MONARCH TRANSPORT (1975) LTD. / DEMPSEY FREIGHT SYSTEMS LIMITED** to collect urine and / or breath samples from me. I also give consent to test the samples for alcohol, drugs and controlled substances, and to conduct any other tests necessary for the implementation and enforcement of the company's Drug and Alcohol Policy.

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize Cann//Amm Occupational Testing Services to release all negative test results to my employer and to the Medical Review Officer if the results are positive. I also agree that the Medical Review Officer may consult with my personal physician and any other health professional, for information as to whether the positive results are consistent with the non medical use of drugs. The Medical Review Officer will inform the **MONARCH TRANSPORT (1975) LTD. / DEMPSEY FREIGHT SYSTEMS LIMITED** Employer Designated Representative of his / her decision on the test results.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witnessed By (Print)

\_\_\_\_\_  
Witnessed By (Signature)

Drug Policy Release # 2

Date: \_\_\_\_\_



***MONARCH TRANSPORT (1975) LTD.***

**Motor Vehicle Driver's  
CERTIFICATION OF COMPLIANCE  
WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates for Monarch Transport (1975) Ltd. in Canadian and US, intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, 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. The only exception is if a state / Province requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state / Province of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state / Province that issued it; you must notify the state / Province. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state / Province of issuance that you no longer want to be licensed by that state / Province.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations and Company Policy require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

The following license is the only one I will possess:

Driver's License No: \_\_\_\_\_ State / Prov. \_\_\_\_\_ Exp: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_



## Driving Record / Claims Experience Authorization Form

Name of Insured: Monarch Transport (1975) Ltd.

Insurer/Policy Number: Zurich Insurance Company Policy #TPP180228

Agency Name: Lloyd Sadd Group of Companies\*

**Please Print Clearly**

Employee Name <i>(Please Print)</i>	Birth Date <i>(MM/DD/YY)</i>	Drivers License Number	Province/ Territory	Number of Years Driving Experience on similar type of unit

**I Further Certify To my Employer and/ or their insurer that:**

1. I do not suffer from any fainting spells, dizziness or loss of consciousness nor from any heart disorder, epilepsy, diabetes, defective vision, hearing or any other physical or mental disability which might affect the safe operation of a motor vehicle and should circumstances change during my term of employment I will advise my employer immediately.
2. I will advise my employer of any moving violations (speeding tickets or other offences under the Highway Traffic Act) or criminal code violations (impaired driving etc.) whether occurring in a company vehicle or not immediately upon being charged so long as I remain in their employ.
3. I acknowledge that I will limit my use of any vehicle provided me by Monarch Transport (1975) Ltd. In the course of my employment, treat it with respect and operate it safely and according to all applicable laws.
4. I will not allow any person not authorized by Monarch Transport (1975) Ltd. to operate any vehicle assigned to me.



**Dempsey Freight  
Systems Inc.**  
A LANDTRAN COMPANY

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*Signature of Employee*

---

*Signature of Insured/Employer*

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**Date**

---

**Date**

**\*The signature above authorizes my employer, Lloyd Sadd Group of Companies\*, and/or the insurance company approached for insurance coverage to pull history of my driving record from the Motor Vehicle Division of the provinces/territories indicated. I also give permission for the above noted to receive a copy of all driving record and claims experience information recovered for the purposes of placing insurance coverage.**

***MONARCH TRANSPORT (1975) LTD.***