

KEY WEST

EXPRESS LTD

P.O. BOX 1120
Fort Langley BC V1M 3S5

DRIVER APPLICATION

DATE: _____ - _____ - _____
DD MM YEAR

NAME: _____
First Middle Last

ADDRESS: _____
Number Street City Postal Code How long?

2ND ADDRESS: _____
If less than 3 years at current address

SIN: _____ - _____ - _____ DATE OF BIRTH: _____ - _____ - _____ DRIVER'S LICENSE: _____
DD MM YEAR PROV

HOME PHONE: (_____) - _____ - _____ CELL PHONE: (_____) - _____ - _____

ENDORSEMENTS: _____ EXPIRY: _____ - _____ - _____
DD MM YEAR

CAN YOU LEGALLY ENTER THE USA? _____
Y N

DO YOU HAVE THE LEGAL RIGHT TO WORK IN CANADA? _____
Y N

EMERGENCY CONTACT 1: _____
NAME NUMBER RELATION

EMERGENCY CONTACT 2: _____
NAME NUMBER RELATION

CURRENT EMPLOYMENT INFORMATION

ARE YOU EMPLOYED NOW? _____
Y N

IF YES WITH WHOM? _____ MAY WE CONTACT THEM? _____
HOW LONG? Y N

HOW LONG SINCE LEAVING YOUR LAST EMPLOYMENT? _____
YEARS MONTHS

REASON FOR LEAVING: _____

PREVIOUS EMPLOYERS FOR THE LAST TEN YEARS

NAME: _____ FROM: _____ - _____ - _____ TO: _____ - _____ - _____ PHONE: _____
DD MM YEAR DD MM YEAR

ADDRESS: _____
STREET CITY PROV/STATE POSITION

TYPE OF WORK SUPERVISOR REASON FOR LEAVING

NAME: _____ FROM: _____ - _____ - _____ TO: _____ - _____ - _____ PHONE: _____
DD MM YEAR DD MM YEAR

ADDRESS: _____
STREET CITY PROV/STATE POSITION

TYPE OF WORK SUPERVISOR REASON FOR LEAVING

NAME: _____ FROM: _____ - _____ - _____ TO: _____ - _____ - _____ PHONE: _____
DD MM YEAR DD MM YEAR

ADDRESS: _____
STREET CITY PROV/STATE POSITION

TYPE OF WORK SUPERVISOR REASON FOR LEAVING

NAME: _____ FROM: _____ - _____ - _____ TO: _____ - _____ - _____ PHONE: _____
DD MM YEAR DD MM YEAR

ADDRESS: _____
STREET CITY PROV/STATE POSITION

TYPE OF WORK SUPERVISOR REASON FOR LEAVING

NAME: _____ FROM: _____ - _____ - _____ TO: _____ - _____ - _____ PHONE: _____
DD MM YEAR DD MM YEAR

ADDRESS: _____
STREET CITY PROV/STATE POSITION

TYPE OF WORK SUPERVISOR REASON FOR LEAVING

NAME: _____ FROM: _____ - _____ - _____ TO: _____ - _____ - _____ PHONE: _____
DD MM YEAR DD MM YEAR

ADDRESS: _____
STREET CITY PROV/STATE POSITION

TYPE OF WORK SUPERVISOR REASON FOR LEAVING

EDUCATION

PLEASE CIRCLE THE NUMBERS THAT APPLY

ELEMENTRY 1 2 3 4 5 6 7 8

HIGH SCHOOL 8 9 10 11 12 13

COLLEGE 1 2 3 4

UNIVERSITY 1 2 3 4

OTHER 1 2 3 4 5

Last School Attended: _____
Name *City & Province*

PROFESSIONAL VEHICLE OPERATOR TRAINING

LIST ANY TRAINING COURSES AND/OR SCHOOLING TAKEN IN RELATION TO PROFESSIONAL DRIVING

TYPE: _____ WHERE: _____ DATE COMPLETED: _____ - _____ - _____
DD MM YEAR

TYPE: _____ WHERE: _____ DATE COMPLETED: _____ - _____ - _____
DD MM YEAR

TYPE: _____ WHERE: _____ DATE COMPLETED: _____ - _____ - _____
DD MM YEAR

TYPE: _____ WHERE: _____ DATE COMPLETED: _____ - _____ - _____
DD MM YEAR

LIST ANY ACHIEVEMENTS OR AWARDS RELATED TO PROFESSIONAL DRIVING

TYPE: _____ WHERE: _____ DATE COMPLETED: _____ - _____ - _____
DD MM YEAR

TYPE: _____ WHERE: _____ DATE COMPLETED: _____ - _____ - _____
DD MM YEAR

TYPE: _____ WHERE: _____ DATE COMPLETED: _____ - _____ - _____
DD MM YEAR

TYPE: _____ WHERE: _____ DATE COMPLETED: _____ - _____ - _____
DD MM YEAR

PLEASE LIST ANY OTHER LICENSES HELD WITHIN THE LAST THREE YEARS

_____ PROVINCE OF ISSUE	_____ LICENSE NUMBER	_____ CLASS	_____ ENDORSEMENTS	_____ EXPIRY DATE
----------------------------	-------------------------	----------------	-----------------------	----------------------

_____ PROVINCE OF ISSUE	_____ LICENSE NUMBER	_____ CLASS	_____ ENDORSEMENTS	_____ EXPIRY DATE
----------------------------	-------------------------	----------------	-----------------------	----------------------

_____ PROVINCE OF ISSUE	_____ LICENSE NUMBER	_____ CLASS	_____ ENDORSEMENTS	_____ EXPIRY DATE
----------------------------	-------------------------	----------------	-----------------------	----------------------

_____ PROVINCE OF ISSUE	_____ LICENSE NUMBER	_____ CLASS	_____ ENDORSEMENTS	_____ EXPIRY DATE
----------------------------	-------------------------	----------------	-----------------------	----------------------

BASIC DRIVER INFORMATION

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVLEDGE TO OPERATE A MOTOR VEHICLE? _____
YES NO

HAS ANY LICENSE, PERMIT OR PRIVLEDGE EVER BEEN SUSPENDED OR REVOKED? _____
YES NO

IF THE ANSWER IS **"YES"** PLEASE PROVIDE DETAILS IN WRITING

TYPE OF EQUIPMENT OPERATED

STRAIGHT TRUCK.....APPROX MILES

TRACTOR AND SEMI TRAILER:.....APPROX MILES

A TRAIN:.....APPROX MILES

B TRAIN:.....APPROX MILES

OTHER:.....APPROX MILES

ACCIDENT/TRAFFIC CONVICTION HISTORY

LIST ANY ACCIDENTS/TRAFFIC CONVICTIONS YOU HAVE BEEN INVOLVED IN DURING THE PAST 5 YEARS.
 INDICATE DATE AND NATURE OF THE ACCIDENT OR CONVICTION.

ACCIDENTS			TRAFFIC VIOLATIONS		
DD-MM-YEAR	OFFENSE	AT FAULT YES/NO	DD-MM-YEAR	OFFENSE	AT FAULT YES/NO

CERTIFICATION OF VIOLATIONS

COMPLETED BY DRIVER-CERTIFICATION OF VIOLATIONS
--

NAME:	DRIVERS LICENSE NUMBER:	PROV:
HOME TERMINAL ADDRESS:	HIRE DATE:	EXPIRES:

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 DURNING THE PAST 12 MONTHS

DATE:	OFFENSE:	LOCATION:	TYPE OF VEHICLE OPERATED:

IF NO VIOLATIONS ARE LISTED ABOVE, I CERTIFY THAT I HAVE NOT BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL ON ACCOUNT OF ANY VIOLATION (OTHER THAN THOSE I HAVE PROVIDED UNDER PART 383) REQUIRED TO BE LISTED DURING THE PAST 12 MONTHS

DATE OF CERTIFACTION:	DRIVERS SIGNATURE:
------------------------------	---------------------------

I HAVE HEREBY REVIEWED THE DRIVING RECORD OF THE ABOVE NAMED IN ACCORDANCE WITH SECTION 391.25 OF THE FMCSA AND FIND THAT HE/SHE:

YES	MEETS THE MINIMUM REQUIREMENTS FOR SAFE DRIVING	NO	DOES NOT MEET THE MINIMUM REQUIREMENTS FOR SAFE DRIVING
-----	---	----	---

REVIEWED BY KEY WEST EXPRESS REP:	SIGNATURE:	DATE:
--	-------------------	--------------

DRIVER STATEMENT OF ON DUTY HOURS

<u>DRIVER NAME:</u>	<u>LICENSE NUMBER:</u>	<u>PROV:</u>	<u>ENDORMENTS:</u>	<u>RESTRICTIONS:</u>	<u>EXPIRY DATE:</u>
---------------------	------------------------	--------------	--------------------	----------------------	---------------------

<u>DAY:</u>							
<u>DATE:</u>							
<u>HOURS WORKED:</u>							

<u>TOTAL HOURS:</u>	
---------------------	--

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WAS LAST RELIEVED FROM WORK AT:

<u>TIME:</u>	<u>DATE:</u>	<u>SIGNATURE:</u>	<u>TODAYS DATE:</u>
--------------	--------------	-------------------	---------------------

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

WHEN EMPLOYED BY A MOTOR CARRIER, A DRIVER MUST REPORT TO THE CARRIER ALL ON DUTY TIME INCLUDING TIME WORKING FOR OTHER EMPLOYERS. THE DEFINITION OF ON DUTY TIME FOUND IN SECTION 395.2 PARAGRAPHS (8) AND (9) OF THE FMCSA REGULATIONS INCLUDING TIME PERFORMING ANY COMPENSATED WORK FOR ANY NON CARRIER ENTITY.

<u>ARE YOU CURRENTLY WORKING FOR ANOTHER COMPANY?</u>	<u>YES</u>	<u>NO</u>
<u>AT THIS TIME DO YOU INTEND TO WORK FOR ANOTHER EMPLOYER WHILE STILL EMPLOYED BY THIS COMPANY?</u>	<u>YES</u>	<u>NO</u>

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND I UNDERSTAND THAT ONCE I BECOME EMPLOYED WITH THIS COMPANY, IF I BEGIN WORKING FOR ANY ADDITIONAL EMPLOYER(S) FOR COMPENSATION THAT I MUST INFORM THIS COMPANY IMMEDIATELY OF SUCH EMPLOYMENT ACTIVITY.

<u>DRIVERS SIGNATURE:</u>	<u>DATE:</u>
<u>WITNESS: COMPANY REPRESENTATIVE:</u>	<u>DATE:</u>

CERTIFICATION OF COMPLIANCE

WITH DRIVER LICENSE REQUIREMENTS

DRIVER REQUIREMENTS: THE COMMERCIAL VEHICLE SAFETY ACT OF 1986 AND 383 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

1. YOU AS A COMMERCIAL VEHICLE DRIVER, MAY NOT POSSESS MORE THAN ONE LICENSE. THE ONLY EXCEPTION IS IF A STATE 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 OF RESIDENCE AND RETURN THE ADDITIONAL LICENSES TO THE STATE THAT ISSUED THEM. DESTROYING THE LICENSE DOES NOT CLOSE THE RECORD IN THE STATE OF ISSUE; YOU MUST NOTIFY THE STATE. IF A MULTIPLE 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. IF AT ANY TIME YOU VIOLATED 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.

PART 392.42 AND PART 383.33 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS REQUIRE YOU TO NOTIFY YOUR EMPLOYER THE NEXT BUSINESS DAY OF ANY REVOCATIONS, SUSPENSION OF YOUR DRIVERS LICENSE.

DRIVER CERTIFICATION: I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS. THE FOLLOWING LICENSE IS THE ONLY ONE I POSSESS.

DRIVERS LICENSE NUMBER:	PROVINCE OR STATE:	EXPIRY DATE:

DRIVERS SIGNATURE:

KEY WEST EXPRESS LTD.

ANNUAL REVIEW OF DRIVING RECORD

SURNAME:	MIDDLE NAME:	FIRST NAME:	LICENSE:	EXPIRY DATE:
-----------------	---------------------	--------------------	-----------------	---------------------

THIS DATE I REVIEWED THE DRIVING RECORD OF THE ABOVE NAMED DRIVER IN ACCORDANCE WITH 393.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. I CONSIDERED ANY EVIDENCE THAT THE DRIVER HAS VIOLATED APPLICABLE PROVISIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AND THE HAZARDOUS MATERIALS REGULATIONS. I CONSIDERED THE DRIVERS ACCIDENT RECORD AND ANY EVIDENCE THAT HE/SHE HAS VIOLATED LAWS GOVERNING THE OPERATIONS OF MOTOR VEHICLES, AND GAVE GREAT WEIGHT TO VIOLATIONS SUCH AS SPEEDING, RECKLESS DRIVING AND OPERATION WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, THAT INDICATE THAT THE DRIVER HAS EXHIBITED A DISREGARD FOR THE SAFETY OF THE PUBLIC. HAVING DONE THE ABOVE, I FIND THAT:

YES	THE DRIVER MEETS THE MINIMUM REQUIREMENTS FOR SAFE DRIVING	NO	THE DRIVER IS DISQUALIFIED TO DRIVE A MOTOR VEHICLE PURSUANT TO 391.15
------------	---	-----------	---

DATE OF REVIEW:	REVIEWED BY KEY WEST REP:	TITLE:	SIGNATURE:
------------------------	----------------------------------	---------------	-------------------

DATE OF REVIEW:	REVIEWED BY KEY WEST REP:	TITLE:	SIGNATURE:
------------------------	----------------------------------	---------------	-------------------

DATE OF REVIEW:	REVIEWED BY KEY WEST REP:	TITLE:	SIGNATURE:
------------------------	----------------------------------	---------------	-------------------

DATE OF REVIEW:	REVIEWED BY KEY WEST REP:	TITLE:	SIGNATURE:
------------------------	----------------------------------	---------------	-------------------