



CALGARY OFFICE:
Bay 11 - 1235 - 64th Ave. SE
Calgary, Alberta T2H 2J7
PHONE (403) 216-5500
FAX (403) 216-5504
TOLL FREE 1-800-439-4858

HEAD OFFICE:
2021 Dudley Street
Saskatoon, SK S7M 1K9
PHONE (306) 374-1739
FAX (306) 374-1751
TOLL FREE 1-800-667-7080

To prospective employee,

Please find enclosed all of the information needed for you to apply as a company driver with Titan Transport Ltd. It is very important that you fill out the entire application completely and accurately. Please ensure that all dates, phone numbers and fax numbers for previous employers and references are accurate. Any inaccuracies will only cause delays in the processing of your application, or in its outright rejection.

Once fully completed, please return the signed application along with any other documents necessary for processing.

Yours truly

Robert Casement
Safety and Compliance Manager
Titan Transport Ltd

Office: (306)374-1739
Fax: (306)374-1751
Cell: (306)371-0666

COMPANY DRIVER INFORMATION PACKAGE

Thank you for your interest in Titan Transport Ltd. We are a long haul, flat deck carrier that provides Truckload and LTL service to the North American Market. We are looking for professional company drivers that are committed to safety and to provide our customers with excellent service.

The following will provide you with an outline of our current pay package:

PAY SCHEDULE

- 23% of Gross Freight Revenue starting rate. Increase to 24% of Gross after 90 days – based on performance review.
- 50% of billed revenue for tarping
- 50% of billed revenue for wait time
- Guarantee \$0.36 per running mile. Adjusted at the end of each month. Applies only to authorized dispatched miles – does not include empty on your own.
- Hourly work – based on each individual case – must be approved by the Operations Manager (Rate \$20.00 per hour)
- Layover -- based on each individual case – must be approved by the Operations Manager (Rate \$125.00 per day – after 24 hrs)

BENEFITS

- Group Medical Plan (70% paid by Driver, 30% paid by Titan)
(Life Insurance, Dental, Prescription drugs, Long Term Disability)
Takes effect immediately upon hiring.
- Holiday Pay – 4% of Gross Salary

PAY DATES

- Pay roll is on a semi monthly schedule. (15th and the last day of the month)
- Weekly Cash Advance \$125.00 U.S. (On Comdata Card)

GENERAL INFORMATION

- Passenger Policy – with prior approval, waiver must be signed and only 1 passenger at a time. Minimum Age Limit 12 years.
- Pets – with prior approval. Driver responsibility to keep the truck clean at your cost.
- We require 2 years of related experience, good driving record, ability to meet U.S. Border Crossing Requirements and a commitment to Safety and excellent customer service.
 - Passport or F.A.S.T. or C.D.R.P.
 - TWIC
 - Participation in and completion of Marsh Driver Improvement Program

TITAN TRANSPORT LTD

COMPANY DRIVER APPLICANT REQUIREMENTS

Thank you for your interest in **Titan Transport Ltd.** In order to make your application as simple as possible, please read this handout carefully. It will give you all the information you require in order to prepare your application for our recruiter.

MINIMUM REQUIREMENTS

Titan Transport Ltd. Has a minimum set of requirements, which must be met before an individual will be considered for a driving position. Our requirements are as follows:

1. Minimum 21 years of age.
2. Minimum 2 years North American (Canada and US) semi-trailer driving experience. (Preferably some flat deck experience).
3. Valid Class 1A Operator's License.
4. Canada/US Border crossing ability.
5. Current drivers abstract with NO alcohol convictions in the previous 5 years.

If you meet the above requirements you are eligible to apply for a position with **Titan Transport Ltd.**

APPLICATION DOCUMENTS

Our recruiter will require the following supporting documents from you in order to process your application.

1. A fully completed Titan Transport Ltd. Operator application form. Your resume is NOT a substitute for the required completed forms.
2. A copy of your driver's abstract. The abstract should be no more than 1 month old from the date of application. The abstract must show no more than 2 violations within the previous 12 months and NO alcohol convictions within the previous 5 years.
3. Proof of your ability to cross the Canada/US Border. You may do this by obtaining a Police Clearance Certificate, a FAST card or a passport.
4. Must obtain a CDRP/FAST card and a TWIC card.
5. Must Participate in Marsh Driver Improvement Program.

TITAN TRANSPORT LTD

COMPANY DRIVER APPLICANT REQUIREMENTS

Titan Transport Ltd. 2021 Dudley Street, Saskatoon, SK. TEL 306-374-1739 FAX 306-374-1751

Date of Application _____ Date Available _____

Drivers License Number _____ Class _____ Prov. _____

Licensed Since _____ Expiry Date _____

Have you ever had a license permit suspended or revoked? Yes _____ No _____

PERSONAL INFORMATION

Name _____ SIN# _____
Last First Initial

Current Address _____ How long at this Address _____
Street or Box Number

_____ Telephone (____) _____
City Province Postal Code

Were you previously employed by this Company? _____ When? _____

Emergency Contact _____ Telephone (____) _____

MEDICAL INFORMATION

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Yes _____ No _____ Explain if you wish _____

Date of last physical examination _____

TITAN TRANSPORT LTD

EXPERIENCE AND QUALIFICATIONS

Do you have a minimum of 2 years semi-trailer experience? Yes ___ No ___

Have you ever driven tractor-trailer in the United States Yes ___ No ___

Do you have border crossing experience Yes ___ No ___

Are you experienced at running mountains? Yes ___ No ___

Do you have experience driving in the following areas? Please circle those which apply.

Eastern Canada, Western Canada, Eastern US, Western US, Southern US, Northern US

Are there any Provinces or States in which you refuse to drive?" Yes ___ No ___

If yeas, please list which Provinces and States _____

Driving Experience

Class of Equipment	Type of Equipment (Van, Deck, Tank)	Total years of Experience	Approximate Total Miles
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Semi – Trailer _____

Straight Truck _____

Other _____

Accident Record for the past 3 years (attach sheet if more space is needed).

Date	Nature of Accident	Type of Equipment	Fatalities
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TITAN TRANSPORT LTD

EMPLOYMENT HISTORY

ALL driver applicants applying to operate a commercial motor vehicle **MUST** provide the following information on employers during the past 10 years.

Name of Company _____ Phone (____)_____

Address _____ City/Prov _____

Dates Employed: From _____ to _____
Month/Day/Year Month/Day/Year

Position Held _____

Contact Name _____ Reason for Leaving _____

Name of Company _____ Phone (____)_____ \

Address _____ City/Prov _____

Dates Employed: From _____ to _____
Month/Day/Year Month/Day/Year

Position Held _____

Contact Name _____ Reason for Leaving _____

Name of Company _____ Phone (____)_____

Address _____ City/Prov _____

Dates Employed: From _____ to _____
Month/Day/Year Month/Day/Year

Position Held _____

Contact Name _____ Reason for Leaving _____

TITAN TRANSPORT LTD

Name of Company _____ Phone (____) _____

Address _____ City/Prov _____

Dates Employed: From _____ to _____
Month/Day/Year Month/Day/Year

Position Held _____

Contact Name _____ Reason for Leaving _____

Name of Company _____ Phone (____) _____

Address _____ City/Prov _____

Dates Employed: From _____ to _____
Month/Day/Year Month/Day/Year

Position Held _____

Contact Name _____ Reason for Leaving _____

Name of Company _____ Phone (____) _____

Address _____ City/Prov _____

Dates Employed: From _____ to _____
Month/Day/Year Month/Day/Year

Position Held _____

Contact Name _____ Reason for Leaving _____

You may continue on a separate sheet if necessary

TITAN TRANSPORT LTD

TO BE READ AND SIGNED BY APPLICANT

This certifies that this document was completed by the applicant, and that all entries on it and information contained in it, are true and complete to the best of my knowledge. I authorize Titan Transport Ltd. to make such investigations and inquiries of my personal, employment, financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release previous employers, schools or other persons from all liability in responding to inquires in connection with my application.

In the event of an offer of employment, I understand that false or misleading information give in my application or interviews may result in discharge. I also understand that I will be required to submit to a pre-employment medical examination and pre-employment and random drug and alcohol testing as a condition of employment. I agree to abide by the policies and procedures of Titan Transport Ltd.

Signed _____

Date _____

Please Print Name

Request for Driver's Safety Performance History
Information from DOT regulated Previous Employer(s)

Carrier Name: Titan Transport Ltd.

Contact Person: Robert Casement

Address: 2021 Dudley Street Saskatoon Sk. S7M 1K9

Phone: 306.374.1739

Fax: 306.374.1751

Email: robert@titantransport.com

Section 1- Driver to complete this section only

As a Commercial Motor Vehicle (CMV) Driver, I understand that the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21 the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 and 383 within the past three (3) years from the date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from previous employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of
(PRINT NAME)

my employment, including assessments of my job performance, ability and fitness including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under directive of (SAP/MRO) to each and every company or (their authorized agents) which may request such information in connection my application for employment with said company. I hereby release this company, its employees, officers, directors, and agents from any and all liability of any type as a result or providing information to the above mentioned person and/or company.

Applicant's Signature

SSN or SIN Number

Date Of.Birth

Today's Date

Section 2- Previous Employer to complete this section

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, And Zip: _____

Telephone Number: _____ Fax Number: _____

This applicant worked for us from ___/___/___ to ___/___/___

Drug and Alcohol Information

Please provide the following Drug and Alcohol Information as required by FMCSR Part 391.23 and 40.25

If no Drug and Alcohol information is available on the above named applicant check here: ____

	YES	NO
1. Any Alcohol test with a result of 0.04 or higher blood concentration?	___	___
2. Any verified positive Drug Test?	___	___
3. Any refusals to be tested (including verified adulterated or substituted samples?	___	___
4. Any other violations of DOT agency drug and alcohol testing regulations? (Part 382 or Part 40)	___	___
5. If this driver did successfully complete a SAP rehabilitation referral and remain in your employ, did he/she have any subsequent violations for; an Alcohol test result of 0.04 or greater, a verified positive drug test or refusal to test (including a verified adulterated/substituted drug test result)?	___	___
6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow up tests), if they remained in your employ.	___	___

If this information is not available from the previous employer, you as a prospective employer must get this information from the Driver/applicant

Drug and Alcohol information needs to be kept in a separate Personnel and/or Confidential file.

Request for Driver's Safety Performance History

Information from DOT Regulated Previous Employer(s)

Accident Information

Please provide the following information as required by 391.23 (d) (1) (2) on accidents, as defined by 390.5 and/or from your Accident Register (FMSCR 391.15) which the above named Driver/applicant was involved with the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

- If there are no accidents for this driver, please check here. _____

DATE	Location (Please give city/town or most near and state.)	Any Vehicles Towed?	HAZ-MAT Spills?	# of Fatalities?	# of Injuries?

Work History Information

Please provide the following information on the above named Driver/applicant:

He/she was employed by you as a: _____ from ___/___/___ to ___/___/___

- If employed as a Driver, what type of equipment did he/she operate?

Straight Trucks ___ Tractor/Trailer ___ Doubles ___ Triples ___ Other _____

Explain: _____

Type of trailer(s) pulled: _____

Was he/she a: Company driver? Yes or No Contractor Yes or No

 Contractor's Driver? Yes or No Other? Yes or No

General Area Traveled: _____ Commodities Transported: _____

- While under your employment was he/she:
 Bonded: Yes No
 Convicted of any traffic violations: Yes No
 If YES, please list all, including date and type: _____

License(s) suspended, revoked or denied: Yes No

If YES, please explain:

- Reason for Leaving: _____
- Is this person rehire-able: Yes No
- Please explain: _____

Confidential Report of Personal Reference

Please indicate your opinion by checking in the appropriate column

Characteristics	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Any other remarks:

Previous Employer representative Supplying Information:

(Print Name)

(Title)

(Signature)

(Date)

Please retain a copy for your records.

Your timely response is appreciated.

Background Reports from the *PSP Online Service*

In connection with your application for employment with Titan Transport Ltd (Prospective Employer), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report in a decision not to hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon a background report, the Prospective Employer will notify you that the action has been taken and the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports please read the following and sign below:

I authorize Titan Transport Ltd. (Prospective Employer) to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous 5 years and inspection history inspection history from the previous 3 years, as well as any reference-related information about me held or known to my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional business associates, and friends and acquaintances the Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for the Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against any organization or individual that provides work related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work related information about me.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports and my obtain reports of my credit, driving and/or criminal background history in addition to information regarding my background, references, specific events and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)



COMMERCIAL DRIVER REGISTRATION PROGRAM APPLICATION

PROTECTED B (when completed)

The information you provide on this form, including supporting documentation and biometric data, is collected under the *Customs Act* and is protected under the *Privacy Act*. The information will be used to make a determination of your application and may be shared with other government agencies in Canada and the United States of America. The information will be retained in the Personal Information Bank #CCRA PPU 042. Instructions for obtaining information are provided in Infosource which is available at public libraries, Government public reading rooms and on the Internet at: <http://infosource.gc.ca>

► **Please print**

Personal Information

Preferred language English <input type="checkbox"/> French <input type="checkbox"/>	Application New <input type="checkbox"/> Renewal <input type="checkbox"/>	Border crossing(s) most frequently used	If you participate in alternative methods of reporting to CBSA (e.g., CANPASS/NEXUS/FAST), please list program and membership numbers.
Last (family) name		Previous last (family) name(s) (if applicable)	
Middle name		Nick name (if applicable)	
Date of birth Y M D		M <input type="checkbox"/> F <input type="checkbox"/>	
Country of birth			
Current Street address			
City		Province or State	
Postal code or Zip code		Country	
Telephone (home) ()		Telephone (business) including extension and cellular number ()	
Fax ()		E-mail	

Mailing address (if different from above)

Street address or P.O. box			
City		Province or State	
Postal code or Zip code		Country	

Driver's licence number and province or state		Employer (Name and Address)			
I am a citizen of Canada <input type="checkbox"/> Other <input type="checkbox"/> (please specify) the U.S. <input type="checkbox"/> ►		I am a permanent resident of Canada Yes <input type="checkbox"/>		Landing date (if applicable) Y M D	
I am a permanent resident of the U.S. Yes <input type="checkbox"/>		Permanent resident card number			

Have you ever been found in violation of:

- any Canadian customs laws? Yes No
- any Canadian immigration laws? Yes No

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No

Have you ever been convicted of an alcohol-related driving offence for which a pardon has not been granted? Yes No

If you answered yes to any of these questions, please give details (add additional page if necessary). CBSA may ask for supporting documentation of disposition if required.

Certification

I certify that all the information given on this application is true and complete. I understand that the Canada Border Services Agency will disclose the information on this application to Canadian and U.S. authorities for program administration purposes.

I have attached photocopies of all required supporting documents.

If I am accepted, I agree to all terms and conditions of the Commercial Driver Registration Program.

Applicant's signature

Date (Y/M/D)

Important

- You must include a photocopy of all documents, including your driver's licence, so we can process your application. The following documents are acceptable proof of citizenship: birth certificate, passport, or naturalization certificate. The following documents are acceptable proof of residency: Confirmation of Permanent Residence (IMM5292), or a valid permanent resident card.

TWIC CARDS

ENROLLMENT PROCESS

The United States Homeland Protection Authority now requires that all persons entering any port in the United States carry a Transport Workers Identification Card (TWIC).

It is the responsibility of each individual to obtain this card. Outlined below is the procedure you need to follow to complete the application and then actually obtain your card. Please contact me if you have any questions or need further directions.

1/ You must first choose an enrolment center to process your application. Remember you will have to make 2 visits to this center so choose one in an area where you feel you will be through most regularly. Lists of cities that have enrolment centers are posted in Saskatoon and Calgary. Once you have chosen a location then contact either office and they will provide you with the actual address.

You can also get the list of enrolment centers off the Internet at <http://twicinformation.tsa.dhs.gov/twicinfo/schedule.jsp>

2/ You must then visit your selected enrolment center and complete your initial application and give them the required documents to complete your application. No appointment is required but is suggested to speed up the process. You may also save time by pre-enrolling online at <https://twicprogram.tsa.dhs.gov/> or by phone.

3/ The fee is \$132.50 U. S. funds and your card will be valid for 5 years. You will need to pay the fee at the start of the enrolment process and have your documents ready to present. Here is a list of acceptable documents for Canadians.

- Canadians
 - I-94 *AND*:
 - Passport *or*
 - NEXUS *or* Secure Electronic Network for Travelers Rapid Inspection (SENTRI) Card *or*
 - Free and Secure Trade (FAST) Card *or*
 - Enhanced Driver's License *or*

Driver's license and birth certificate (only until 6/2009)

4/ Once you have completed enrolment your application will be processed and then you will be contacted by the enrolment center to return there to pick up your TWIC card.