

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

| | | | | | |
|---|--|----------------------|---------------------------------------|------------------------------------|---|
| Last Name | | First | Middle | Health Care Number | |
| Street Address | | | Are you over the age of 18? Yes No | Social Insurance Number (optional) | |
| City | | Province | Postal Code | Phone (permanent) | |
| Do you have reliable transportation? Yes No | Do you have a valid driver's license? Yes No | For the Province of | License Number | Phone (temporary) | |
| IN CASE OF EMERGENCY PLEASE NOTIFY | | | | | |
| Name | | | Relationship | Phone Number | |
| Street Address | | | City | Province | Postal Code |
| PREVIOUS EMPLOYMENT RECORD | | | | | |
| Have you worked with Mullen before? | If yes, which division | Length of Employment | How did you hear about us? Other | Industry | Press Web Training Referral, by whom |
| What interests you about Mullen Trucking Inc. and our group of companies? | | | | | |

EMPLOYMENT HISTORY

| | | | | |
|------------|---------------|------------------------------|--------------------|--|
| 1. Name | Position Held | Date of Employment (from/to) | Reason for leaving | May we contact this company for a reference? Yes No |
| City Phone | | | | |
| 2. Name | Position Held | Date of Employment (from/to) | Reason for leaving | May we contact this company for a reference? Yes No |
| City Phone | | | | |
| 3. Name | Position Held | Date of Employment (from/to) | Reason for leaving | May we contact this company for a reference? Yes No |
| City Phone | | | | |

| | | | |
|--|----------------|---|-----------------------|
| EDUCATION (HIGHEST GRADE COMPLETED) | | High School | To Grade |
| Grade School | | University/College | No. of years attended |
| CERTIFICATES - PLEASE ATTACH COPIES | | EQUIPMENT EXPERIENCE (INDICATE NO. OF YEARS) | |
| Date of last hearing test | | Normal | Abnormal |
| Federal and/or Provincial License | Expiry Date | Boom Truck Operation | Expiry Date |
| Defensive Driving | Expiry Date | Rigger Certificate | Expiry Date |
| WHMIS | Expiry Date | WHMIS | Expiry Date |
| First Aid | Date Completed | Hazard Identification | Expiry Date |
| Equipment Maintenance | Date Completed | Journeyman Certificate | Expiry Date |
| Health, Safety and Environment | Date Completed | Load Security | Expiry Date |
| Job Planning and Implementation | Date Completed | Winching and Lift Guidelines | Expiry Date |
| | | | Other: |

TECHNICAL INFORMATION

| | | | | |
|-------------------------------------|-----------|-----------|-------------------|--------------|
| HARDWARE/SOFTWARE EXPERIENCE | | | | |
| Word | Internet | Pagemaker | AS400 | Training |
| Excel | Intranet | Photoshop | Satellite | Certificates |
| Outlook | Publisher | Access | IT System Support | Other |

APPLICATION ACKNOWLEDGEMENT

I understand that failure to comply with the safety regulations of this company and relevant governments will provide grounds for dismissal. I will participate in safety courses offered by the company.

I understand that I am subject to "Pre-Employment" and "For Cause" testing for substances abuse, and will be required to undergo an Alcohol/Drug Test at a medical facility designated by the company. I understand employment is conditional upon a negative result.

I understand that the job/position I am applying for may be considered as "seasonal" employment.

I certify that the statements made by me in this application are true and correct. I understand that a false statement may disqualify me from employment or result in dismissal for just cause. Upon employment, I agree that my Social Insurance Number may be used as an Employee ID number.

APPLICANT SIGNATURE: _____ DATE: _____

NOTE: Applicant is not employed until application is approved by our Terminal Manager. No person under the age of 18 is to be employed.