

OWNER OPERATOR APPLICATION

Arnold Bros. Transport Ltd. is committed to maintaining the confidentiality of the information you provide. We collect this information in order to qualify you as an applicant for a driving position, or as an independent contractor and for purposes of employment should your application be successful. The information you provide as part of, and to support, this application will not be provided to any other individual or business entity without your permission except as required by regulation or for legitimate business purposes. We are a federally regulated motor carrier that operates principally in Canada and the United States of America, therefore we are required to ensure all applicants meet all aspects of the Federal Motor Carrier Safety Regulations to be eligible for employment or contract with our organization, therefore the information and documentation requested herein, are requested for that purpose.

Read and follow all instructions carefully.

1. Please answer ALL questions on the application form.
2. For **hard copies** please print clearly in ink and in your own handwriting.
3. On line applicants, by submitting this application, authorize Arnold Bros. Transport Ltd. to verify all information communicated in the application, however applicants will still be required to sign the application prior to assuming a safety sensitive position.

Please submit COPIES, not originals, of the following documents: (bring originals when you attend orientation for verification)

1. Class 1 (AZ) driver's license, including photo portion.
2. Abstract, C.V.O.R. and Licensing History, where applicable. Must be within 30 days of application
3. Proof of citizenship (birth certificate, passport, citizenship card, landed immigrant certificate)
4. Criminal record search. Must be within 30 days of application

Applications may be submitted to any of the following locations by mail, fax or e-mail recruiting@arnoldbros.com

Terminal	Address	Fax
Winnipeg, MB	739 Lagimodiere Blvd. R2J0T8	204-257-6726
Milton, ON	8100 Lawson Rd. L9T 5C4	905-693-1668
Calgary, AB	C/O Orlick's 240036 Frontier Place S.E. T1X 0N2	403-273-8999
Edmonton, AB	C/O Gateway 12915 – 151 st N.W. T5V 1A7	780-472-6620

Before you begin filling out the application, we kindly ask that you answer the following questions...

Check nearest location to your residence:

- | | | | |
|---------------------------------------|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Calgary, AB | <input type="checkbox"/> Regina, SK | <input type="checkbox"/> Winnipeg, MB | <input type="checkbox"/> Milton, ON |
| <input type="checkbox"/> Edmonton, AB | <input type="checkbox"/> Saskatoon, SK | <input type="checkbox"/> Delta, B.C. | <input type="checkbox"/> Lachine, PQ |

How did you hear about Arnold Bros. Transport?

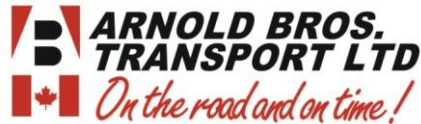
- | | | | | | |
|---|----------------------------------|-------------------------------------|--------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Website | <input type="checkbox"/> Trade Show | <input type="checkbox"/> Magazine Ad | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend |
| <input type="checkbox"/> ABT driver (name): _____ | | | | | |

Which factor encouraged you to choose Arnold Bros. Transport?

- | | | | | | |
|--|------------------------------|---------------------------------|-------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Stability | <input type="checkbox"/> Pay | <input type="checkbox"/> Safety | <input type="checkbox"/> Facilities | <input type="checkbox"/> Home time | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Other (please specify): _____ | | | | | |

Have you ever been employed with Arnold Bros. Transport? Yes No If Yes, when? _____
Reason for Leaving? _____

Have you ever applied with Arnold Bros. Transport before? Yes No If Yes, when? _____



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Driving position applied for (mark all that apply):

- CDA Only CDA/U.S.
 Long Haul Regional City/Switch Team Single LCV Container

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First Middle
 Address: _____
Street Address Apt/Unit #
City Prov Postal Code
 Phone (res): _____ Cell: _____ Bus: _____
 E-mail: _____
 Previous Address: If less than 3 years at current address
 Address: _____
Street Address Apt/Unit #
City Prov Postal Code
 Emergency Contact: _____ Phone: _____

GENERAL INFORMATION

Drivers License: _____
Number Class Prov
Check the applicable box for valid Travel Documents you currently hold.
 FAST Passport U.S. Visa U.S. Waiver Citizenship PR card
 Are you 21 years of age or older to be qualified to operate in United States? Yes No
 Are you a Canadian Citizen? Yes No If no, please specify status _____
 Are you legally entitled to work in Canada? Yes No
 Have you ever been denied entry into the U.S.? Yes No
 Are you physically capable of heavy work? Yes No If No, list limits _____
 Last physical examination? _____ Country Cda US Date _____
 Have you ever been injured on the job? Yes No If Yes, list injury _____
 Have you ever received worker's comp? Yes No If Yes, list period _____

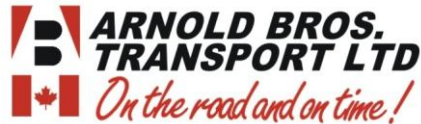
 1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 2. Has your driver's license, permit or privilege ever been suspended or revoked? Yes No
 3. Have you ever been convicted of a serious traffic violation? Yes No
 4. Have you ever been convicted for driving under the influence of alcohol or drugs? Yes No
 5. Have you ever been convicted or under indictment for a criminal offence? Yes No

List all accidents regardless of fault, severity, or motor vehicle type

Accidents (past 3 years) <input type="checkbox"/> Yes <input type="checkbox"/> No			Violations (past 3 years) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Type of Accident	Convicted?	Date	Charge	Penalty

Equipment Information *Eligible truck age: Max 7 model years old *Eligible truck weight: Max 19,800 lbs full of fuel and gear

Make	Model	Year	Weight	Mileage	Monthly Payment



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EMPLOYMENT HISTORY - PAST 10 YEARS

The information requested herein as per Federal Motor Carrier Safety Regulations (383.35)(c) may be used for the purpose of investigating applicant's previous work history, including contacting applicant's previous employers for verification purposes. Begin with your current or most recent job and work backwards in order, listing your employers for the last 10 years including all full and part-time employment. All time must be accounted for, including military service, self-employment, and periods of unemployment. Use supplementary sheets if necessary.

Current / Most Recent Employer: May we contact this Employer? Yes No

Employer Name: _____ Date Employed: _____ to _____
 Address: _____ City: _____ Prov: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Position Held: _____ Experience in: Canada U.S.

Second Last Employer:

Employer Name: _____ Date Employed: _____ to _____
 Address: _____ City: _____ Prov: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Position Held: _____ Experience in: Canada U.S.

Third Last Employer:

Employer Name: _____ Date Employed: _____ to _____
 Address: _____ City: _____ Prov: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Position Held: _____ Experience in: Canada U.S.

Fourth Last Employer:

Employer Name: _____ Date Employed: _____ to _____
 Address: _____ City: _____ Prov: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Position Held: _____ Experience in: Canada U.S.

Fifth Last Employer:

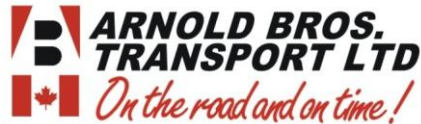
Employer Name: _____ Date Employed: _____ to _____
 Address: _____ City: _____ Prov: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Position Held: _____ Experience in: Canada U.S.

EDUCATION / TRAINING / EXPERIENCE

Circle highest grade completed High School: 9 10 11 12 University or College: 1 2 3 4

List any additional training or driver schools attended: _____

Primary Experience	Years	Months	Types of Freight Hauled			
City/Local			Refrigerated Vans	<input type="checkbox"/>	A,B or C Trains	<input type="checkbox"/>
Regional (shorthaul)			Dry Vans	<input type="checkbox"/>	Dump	<input type="checkbox"/>
Highway (longhaul)			Heated Vans	<input type="checkbox"/>	Other (list below)	<input type="checkbox"/>
Mountainous regions			Deck	<input type="checkbox"/>		



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DRIVER EXPECTATION

This information is intended to enable ABT to understand and exceed your expectations. Please fill out accurately.

Driving position applied for (mark all that apply):

- CDA Only CDA/U.S.
 Long Haul Regional City/Switch Team Single LCV Container

1. If single, are you willing to run team on an exception basis? Yes No
 If team, are you willing to run single on an exception basis? Yes No
2. Are you willing to participate in switches/relays?(ex. Swap loads to keep moving) Yes No
3. What is your normal monthly mileage expectation? _____
4. What is your normal days out / days off expectations? _____ days out _____ days off
5. Are you willing to switch into another truck temporarily, if your assigned truck requires repair?
 Yes No
6. Are you willing to be flexible with the company to achieve your mileage/income expectations, in the event that a scheduled lane or departure date/time has changed for reasons beyond our control? Yes No
7. Some customers of ABT require security application and approval that could include fingerprinting. Are you willing to provide fingerprints to qualified agencies if required as part of a security screening protocol? Yes No
8. Due to the nature of the position you may be...
 - a. Required to work weekends
 - b. Required to make extra pick-ups, deliveries or empty trailer shunts within a city
 - c. Assisting shippers and receivers when required
 - d. Driving through the night
 - e. Laid over for a 24 hour period
 - f. Waiting upwards of 8 hours in between dispatches

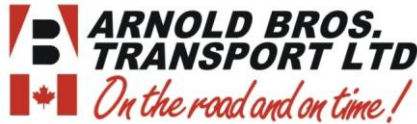
I Agree I Disagree

ELOGS: All applicants must be aware that ABT operates Electronic Logs as the method for recording Hours of Service.

Are there any other specific concerns that you would like to identify, which could have an impact on our partnership? (ex. medical, financial, upcoming vacations)

Driver Signature: _____ Date: _____
 Recruiter Signature _____ Date: _____
 Operations Signature: _____ Date: _____

Submit this page to Operations upon completion of application



APPLICANT'S STATEMENT

1. It is agreed and understood that the company or his/her agent may investigate the applicant's background to ascertain any and all information of concern to applicant's record, where same is of record or not, and applicant releases the company and persons named herein from all liability for any damages on account of his/her furnishing such information.
2. The applicant agrees to provide additional information and complete examinations as required to complete his/her application.
3. It is agreed and understood that this application in no way obligates the company to employ the applicant.
4. It is agreed and understood that if employed, the applicant will be on a three month probationary period during which time he/she may be discharged without recourse.
5. As a condition of employment, I understand that I will be employed in a safety sensitive position. I further understand that I will be subject to drug and alcohol testing which may include pre-employment, random, post accident, reasonable suspicion, return to work and follow-up testing.
6. I understand a positive pre-employment test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company
7. On March 30, 1999, an agreement between Canada and the U.S.A., to recognize each other's medical certification of commercial drivers came into effect. Canadian drivers do not have to possess a U.S. medical fitness certificate to drive a commercial vehicle in the U.S. A valid Canadian commercial driver's license is proof of medical compliance. The agreement identifies exceptions for Canadian drivers, as follows:
 - Drivers who are insulin-using diabetics are not qualified to operate a commercial motor vehicle in the U.S.;
 - Drivers who do not meet the hearing requirements of Federal Motor Carrier safety regulations are not qualified to operate a commercial vehicle in the U.S.;
 - Drivers who have clinical diagnosis of epilepsy, even if the driver has been seizure free for more than ten (10) years, are not qualified to operate a commercial vehicle in the U.S.;
 - A driver who does not meet the medical provisions of the National Safety Code, but has been granted a waiver or has been granted grandfather rights, is not qualified to operate a commercial vehicle in the U.S.;

To the best of my knowledge, I have no medical condition that would disqualify me to drive a commercial motor vehicle in the U.S. I agree to immediately advise Arnold Bros. Transport Ltd., Safety Department, of any change in my medical status that would disqualify me from operating a commercial vehicle in the U.S.A.

This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge and I understand that any false or misleading information in this application will be sufficient cause for rejection of my application if the "Company" has not already qualified me as a driver, and for immediate disqualification if it has qualified me as a driver. I have read and understand the above conditions and agree to comply with them.

Applicant Name: _____ **Signature:** _____ **Date:** _____
Witness Name: _____ **Signature:** _____ **Date:** _____

RELEASE OF INFORMATION

49 CFR Part 40 and CFR 49 Part 382 Drug and Alcohol Testing
For use when obtaining 2 year history (mandatory), Pre-employment exemption (optional), and Casual Drivers (if applicable)

SECTION I: To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

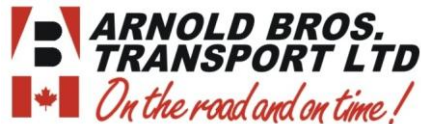
Driver's Printed Name (First and Last): _____

I hereby authorize release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 and higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol rule violation;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Information confirming participation in a regulated random testing program and the date I was last tested for controlled substance.

Driver's Signature: _____ **Date:** _____

1-A Employer Requesting Information	1-B Previous Employer
Name: Arnold Bros. Transport Ltd.	Name:
Address: 739 Lagimodiere Blvd. Winnipeg, MB R2J0T8	Address:
Phone: 204-257-6666	Phone: _____ Fax: _____
Designated Employer Rep: Korinn Thiessen	Designated Employer Rep:



SECTION II: Information from previous employers needed to meet § 40.25 requirements to confirm driver qualifications to perform safety-sensitive duties and any follow-up program requirements.

◆ If driver was not subject to Part 382 testing requirements while employed by this employer, please check here Sign below and return

To be completed by the previous employer and transmitted by fax to the new employer:
In the 2 years prior to the date of the employee's signature(in Section I), for DOT regulated testing

1. Did the employee have alcohol tests with a result of 0.04 or higher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the employee have verified positive drug tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the employee refuse to be tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did a previous employer report a drug and alcohol rule violation to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If you answered "yes" to any of the above items, did the employee complete the return to duty process?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP Report(s), follow-up testing record).

SECTION III: PRE-EMPLOYMENT TEST EXEMPTIONS: Information from previous employer needed to meet §382.301(b) exemption from pre-employment testing and Casual Drivers §382.301(c)(2).

To be completed by the previous employer and transmitted by fax to the new employer:

1. During what period of time was the driver registered in your regulated random testing program
From: _____ To: _____
2. The date of his/her last drug test: _____. Was the result negative? Yes No
3. Please provide the results of any tests taken within six months previous to the date of the employee's signature (in Section I), for DOT-regulated testing as well as any other violation.

NOTE: In cases where an employer uses, but does not employ a driver more than once a year (e.g. Casual Driver) this information must be obtained at least every 6 months §382.301 © (2).

INFORMATION AUTHORIZATION

Name of person providing information in Sections II and III:

Printed Name: _____ Company: _____

Signature: _____

Title: _____

Phone: _____ Date: _____