



CANADIAN DRIVER APPLICATION

P.O. Box 2417
Green Bay, WI 54306-2417
USA
1-800-447-7433

FOR OFFICE USE ONLY

Program Type _____ Target Date _____
Recruiter _____ Processor _____
Motor Vehicle Licenses _____

Please print in ink using your own handwriting.
Incomplete information will delay the processing of your application.

PERSONAL INFORMATION

Legal Name Osip Semenovovich
(Last) (First) (MI)
Date 11 / 26 / 98 Home Phone (416) 636-364 Leave Message at (416) 636-364
Social Insurance No. 514-242-403

Do you have the legal right to live and work in Canada? ☐ No ☒ Yes

If not a Canadian citizen, do you have a current permit to travel outside of Canada? ☐ No ☒ Yes

Where do you plan to live when you become a driver for Schneider? Canada

Have you ever previously applied for employment with a Schneider Company? ☒ No ☐ Yes Which one? _____

Have you ever provided driving services to a Schneider Company? ☒ No ☐ Yes Which one? _____

Were you referred by a Schneider Employee? ☒ No ☐ Yes Name: _____ Driver # or Location _____

Do you have experience driving a standard transmission? ☐ No ☒ Yes How long? 20 years

FIVE YEAR ADDRESS HISTORY — As required by the Department of Transportation

Present Address 3 Gold Finch Court, 9 North York Ont M2R 2A1 Canada How Long? 5 years
(Address) (City) (Province) (Postal Code) (County)

Previous Address _____ How Long? _____
(Address) (City) (Province) (Postal Code)

Previous Address _____ How Long? _____
(Address) (City) (Province) (Postal Code)

Previous Address _____ How Long? _____
(Address) (City) (Province) (Postal Code)

Previous Address _____ How Long? _____
(Address) (City) (Province) (Postal Code)

Attach additional sheets if necessary.

DRIVING PREFERENCES Optional

☐ Solo (single) ☒ Team, with (if known) _____

MOTOR VEHICLE LICENSES List all driver licenses held in the past 5 years (include multiple licenses if you have them)

Province	License Number	Expiration Date	AZ or Class 1 License
<u>ONT</u>	<u>G0239</u>	<u>1520509</u>	<u>2001.05.09</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>ONT</u>	<u>G0239</u>	<u>20509</u>	<u>1999.02.18</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Name Gunn, Ivan (Last) OSIP (First) Semyonovich (MI)

MOTOR VEHICLE RECORD

Has any license, permit, or privilege ever been suspended or revoked for any reason? ☒ No ☐ Yes (Date (Month/Year) ____/____/____)

Have you ever been convicted of driving while license suspended or revoked or driving without a valid license or driving with an expired license? ☒ No ☐ Yes (Date (Month/Year) ____/____/____)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☒ No ☐ Yes (Date (Month/Year) ____/____/____)

Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending? ☒ No ☐ Yes (Date (Month/Year) ____/____/____)

While operating a commercial vehicle have you ever been convicted of reckless driving, careless driving or careless operation, or are any charges pending? ☒ No ☐ Yes (Date (Month/Year) ____/____/____)

If you answered YES to any of the above, please explain: _____

FIVE YEAR ACCIDENT RECORD

Were you involved in any accidents? ☒ No ☐ Yes List all accidents with any vehicle for past 5 years (even if not at fault):

Date	Commercial Vehicle?	Type of Accident	Were you at Fault?	Were you Ticketed?	Location Province or Country (if outside Canada)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAFFIC CONVICTIONS - LAST FIVE YEARS

Were you involved in any traffic convictions? ☒ No ☐ Yes

List all traffic convictions/forfeitures for the past 5 years (in any motor vehicle, other than parking violations):

Date	Commercial Vehicle?	Location Province of Country (if outside Canada)	Violation (if speeding, show rate of speed)	Penalty/Amount of Fine
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

MILITARY SERVICE RECORD (record of service required)

Have you ever been rejected by the military? ☒ No ☐ Yes If yes, explain _____

Have you served in the Armed Forces? ☒ No ☐ Yes

Current duty status: ☐ Active ☐ Inactive ☒ Discharged

Dates of Service: From ____/____/____ To ____/____/____ rank at Discharge: ____ Last Duty Station: ____

In the last 5 years have you been court-martialed or reduced in rank? ☒ No ☐ Yes If yes, Date(s): ____/____/____ Explain: _____

If discharged in past 6 months or active Armed Forces/Reserves: Person to Contact _____ Duty Phone # (____) _____

REFERENCES

List two people able to verify employment and personal history, such as co-workers, customers, friends, or neighbors.

Do **NOT** use relatives or former employers.

Name Jakob City North York Province ONT How long have you known him/her 5 years

Daytime Telephone 905 709 710 Place of employment Gas Bar Occupation manager

Name Leo City North York Province ONT How long have you known him/her 4 years

Daytime Telephone 416 392 443 Place of employment Gas Bar Occupation co-workers

Name G. 1021 OSIP Semyonovich
(Last) (First) (MI)

PERSONAL HISTORY FOR PAST 3 YEARS: 10 YEARS FOR EXPERIENCED DRIVERS

Have you driven a vehicle (tractor-trailer, other truck, van, auto, etc.) for an employer in the last 3 years? ☐ No ☒ Yes

Number of DOT reportable accidents 0

In the last 5 years have you been terminated from a job? ☒ No ☐ Yes, month and year

Are you presently unemployed? ☐ No ☒ Yes, month and year unemployment began? 28 Oct - 1998

Current Employer or last place you worked:

Company Name _____
Address _____
City _____ Province _____ Postal Code _____
Telephone (_____) _____
Supervisor _____
May we contact your present employer (if any) to verify your work record? ☐ Yes ☐ No

From: (month/year) _____ / _____ To: (month/year) _____ / _____

Position Held _____

Average Weekly Earnings: _____

Reason for Leaving: _____

Self Employed? ☐ Yes ☐ No

Type of Equipment Driven _____

Total Miles Driven _____

Period of unemployment (if any) between present employer and previous employer: From: (month/year) _____ / _____ To: (month/year) _____ / _____

Second Last Employer:

Company Name _____
Address _____
City _____ Province _____ Postal Code _____
Telephone (_____) _____
Supervisor _____

From: (month/year) _____ / _____ To: (month/year) _____ / _____

Position Held _____

Average Weekly Earnings: _____

Reason for Leaving: _____

Self Employed? ☐ Yes ☐ No

Type of Equipment Driven _____

Total Miles Driven _____

Period of unemployment (if any) between above employer and previous employer: From: (month/year) _____ / _____ To: (month/year) _____ / _____

Third Last Employer:

Company Name _____
Address _____
City _____ Province _____ Postal Code _____
Telephone (_____) _____
Supervisor _____

From: (month/year) _____ / _____ To: (month/year) _____ / _____

Position Held _____

Average Weekly Earnings: _____

Reason for Leaving: _____

Self Employed? ☐ Yes ☐ No

Type of Equipment Driven _____

Total Miles Driven _____

Period of unemployment (if any) between above employer and previous employer: From: (month/year) _____ / _____ To: (month/year) _____ / _____

Fourth Last Employer:

Company Name _____
Address _____
City _____ Province _____ Postal Code _____
Telephone (_____) _____
Supervisor _____

From: (month/year) _____ / _____ To: (month/year) _____ / _____

Position Held _____

Average Weekly Earnings: _____

Reason for Leaving: _____

Self Employed? ☐ Yes ☐ No

Type of Equipment Driven _____

Total Miles Driven _____

Attach an additional page if necessary to complete 3 years (inexperienced) or 10 years (if drove for employer in last 3 yrs.) of your work history.
If you have been unemployed or have extended periods of unemployment in the past 3 years, please explain.

SELF EMPLOYMENT

Have you ever been self-employed? ☐ No ☒ Yes

The following information is needed to verify any periods of self-employment. Additionally, T4's, tax forms or log sheets may be helpful.

Dates in Business: From: (month/year) 08 / 96 To: (month/year) 10 / 98

Company Beaver

Address "130PS Hwy 27"

City NORLTON Province ON Postal Code L0B1N0

Bank TD

Bank account No.: 306035

Bank telephone: (416) 229 4433

Partner's Name: _____

Vendor's Name: _____

Vendor's Name: _____

Customer's Name: _____

Customer's Name: _____

Business License No.: 1194046 ONT LTD

Type of business: Box Bar

Was business out of your home? ☐ No ☒ Yes

Bank contact: 416 229 4433

Is this a business account? ☐ No ☒ Yes

Did you advertise? ☒ No ☐ Yes If yes, where? _____

Telephone: (_____) _____

Telephone: (_____) _____

Telephone: (_____) _____

Telephone: (_____) _____

Telephone: (_____) _____

INDICATE YOUR TRACTOR-TRAILER DRIVING EXPERIENCE LEVEL:Have driven 0 - 100,000 miles over-the-road: ☒ No ☐ Yes Number of miles can verify: _____Driving school: ☐ No ☒ YesGreat Canada Driving School Concord Ontario
School Name City Province905761-0372
Phone NumberDates attended driving school 10/98 11/98 Did you graduate: ☐ No ☒ Yes
From month/year to month/year

Number of classroom training hours 20 Number of behind-the-wheel miles on the road _____

Type(s) of tractors driven Mack Tractor 10 speed Transmission

Type(s) of trailers pulled 45' x 102' Van

Describe the truck driving skill(s) that you believe you learned well (examples: shifting, logging, backing, etc.):

Shifting, Vision, Safety.

Describe the truck driving skill(s) that you believe you need improvement or extra training in:

Backing

AUTHORIZATION TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS

I, _____ understand that as part of the Department of Transportation Driver Qualification process (specifically DOT 49CFR Parts 382 CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING) Schneider National, Inc. and its subsidiaries (Schneider National Carriers, Schneider National Bulk Carriers, Schneider Specialized Carriers, Highway Carrier Division) are required to obtain the results of all DOT required drug and/or alcohol test (including refusals to be tested).

I understand that I must give Schneider National, Inc. written authorization to obtain the above mentioned information from all the companies for which I performed a safety sensitive function, or for which I took a pre-employment drug and/or alcohol test, during the past two (2) years. I also understand that my signing of the authorization does not guarantee me a job with Schneider National, Inc.

Below, I have listed all of the companies for which I performed a safety sensitive function, or for which I took a drug and/or alcohol test, during the past two (2) years. I hereby authorize those companies to furnish Schneider National, Inc. the following information concerning my drug and/or alcohol tests:

1. All positive drug test results during the past two years.
2. All alcohol test results of 0.04 or greater during the past two years.
3. All alcohol test results of 0.02 or greater but less than 0.04 during the past two years.
4. All instances in which I refused to submit to a required drug and/or alcohol test during the past two years.

Company Name	Dates Worked for (months/year)	Company Name	Dates Worked for (months/year)
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION AND CERTIFICATION:

By completing and submitting this application, I: OSIP Galatsan

- authorize Schneider National Carriers, Inc. (Employer) its subsidiaries, affiliates, or its agent to investigate my background, character, general reputation, criminal record, charges pending, and prior employment, by contacting my prior employers, references or any other individuals or agencies Employer considers necessary;
- authorize Employer, my prior employers, references and any other individuals or agencies contacted by Employer to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so;
- acknowledge that I will be required and agree to submit to a physical examination and controlled substance testing as part of Employer's evaluation procedures and authorize release of my results to Employer and Employer's use of those results in deciding whether I should be offered or continued in employment;
- acknowledge and agree that evidence of illegal alcohol or drug use during my employment will be grounds for immediate termination without notice and without recourse;
- certify by my signature that all entries and information on and in this application and all supplemental documents are true and complete to the best of my knowledge;
- agree that, if any of the information provided in this application and/or supplemental documents changes, whether before or after employment, I will immediately provide Employer with new and updated information;
- agree that not updating, or providing false, misleading or incomplete statements in this application and/or supplemental documents or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

Signature

Print Name OSIP Galatsan

Date 11.26.98

Schneider's hiring criteria and application process may be changed at anytime at its discretion without prior written notice.

DRIVER'S TRIP REPORT

IS DISTANCE INFORMATION IN ... KILOMETRES ☐ ... OR ... MILES ☐

ENDING ODOMETER [illegible]

DTR.PER (08/95)