

# KTR Transport

(6332960 Canada Inc)  
3302 Rue Charles Best  
Laval, QC H7V 3X2  
Ph: (450) 682-4343 – (450) 505-8271  
Cell: (514) 829-0918  
Fax: (450) 682-7176  
Email: Dispatch@ktrtransport.com



## Driver Application Submission Instructions

*Be a part of our team!*

Your application must be completed in full and must not have any missing information or “see resume” in the previous employment section of the application. The following documents must be legible and are required to be sent along with your application.

- Current driver’s abstract (must not be 30 days from the submission date)
- Ontario licenced drivers must include a copy of their C.V.O.R along with their driver’s abstract
- Proof of citizenship (i.e.: Passport, birth certificate, certificate of citizenship, or permanent resident card)
- Copy of your driver’s license
- Copy of your criminal search (if you do not have your criminal search details, you must apply for it and provide it before hiring date)
- Copy of your passport
- Copy of your FAST card (if applicable)
- Owner operators must provide copy of their truck(s)’s registration(s) and their trailer(s)’s registration(s)

**Incomplete application submissions and/or application submissions without the above noted documents will not be processed.**

**Please send your submissions to KTR Transport by email to:**

[Recruitment@ktrtransport.com](mailto:Recruitment@ktrtransport.com)



**KTR Transport**  
(6332960 Canada Inc)  
3302 Rue Charles Best  
Laval, QC H7V 3X2  
Ph: (450) 682-4343 – (450) 505-8271  
Fax: (450) 682-7176  
Email: Dispatch@ktrtransport.com



## DRIVER INFORMATION FORM

Date : \_\_\_\_\_

### Personal information

Last Name : \_\_\_\_\_ First name : \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security number : \_\_\_\_\_

Canadian citizen: ☐ Worker permit: \_\_\_\_\_ Expiration: \_\_\_\_\_

Spoken language: Français: ☐ English: ☐ Punjabi: ☐ Hindi: ☐ Other: \_\_\_\_\_

Written language: Français: ☐ English: ☐ Punjabi: ☐ Hindi: ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Old address if residing at the address above for less than 2 years

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Single: ☐ Married: ☐ Other: \_\_\_\_\_

#### Emergency Contact 1:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

#### Emergency Contact 2:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cellular: \_\_\_\_\_



**KTR Transport**  
(6332960 Canada Inc)  
3302 Rue Charles Best  
Laval, QC H7V 3X2  
Ph: (450) 682-4343 – (450) 505-8271  
Fax: (450) 682-7176  
Email: Dispatch@ktrtransport.com



## Previous employment

Please indicate last employers for the last 10 years.

Employer: \_\_\_\_\_ Tel: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Can we call your last employer: Yes ☐ No: ☐

Employer: \_\_\_\_\_ Tel: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Can we call your last employer: Yes ☐ No: ☐

Employer: \_\_\_\_\_ Tel: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Can we call your last employer: Yes ☐ No: ☐

Employer: \_\_\_\_\_ Tel: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Can we call your last employer: Yes ☐ No: ☐

Employer: \_\_\_\_\_ Tel: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Can we call your last employer: Yes ☐ No: ☐



**KTR Transport**  
(6332960 Canada Inc)  
3302 Rue Charles Best  
Laval, QC H7V 3X2  
Ph: (450) 682-4343 – (450) 505-8271  
Fax: (450) 682-7176  
Email: Dispatch@ktrtransport.com



### Position requesting the use of a motor vehicle

You must give us a copy of a statement of your demerits dating a maximum of three months and a photocopy of your driving license and a negative research document you can get from your local Police service.

Driver license: \_\_\_\_\_ Class: \_\_\_\_\_ Mention: \_\_\_\_\_

Expiration: \_\_\_\_\_ Condition: \_\_\_\_\_ Details: \_\_\_\_\_

Amount of demerit points: \_\_\_\_\_ Has your driver's license ever been revoked: Yes: ☐ No: ☐

If yes, specify: \_\_\_\_\_ Passport number: \_\_\_\_\_  
Only if you're a USA driver

For three (3) years have you been involved in a road accident: Yes: ☐ No: ☐

If yes, were you responsible: \_\_\_\_\_ Details: \_\_\_\_\_

### Experience

Transport		Since	Transport		Since
Pre-trip inspection			Dry box		
Logbook			Reefer		
Manual transmission			Fat Bed		
Preventive driving			Drop deck		
Mountain driving			Container ( CN, CP, Port )		
Tarping			Other: (SPECIFY)		
Loading / unloading			United States		

Do you consume alcoholic beverages: \_\_\_\_\_ If yes, weekly frequency: \_\_\_\_\_

Do you consume drugs: \_\_\_\_\_ Would you pass a drug and alcohol screening test? \_\_\_\_\_

Do you have a criminal record: Yes ☐ No ☐ Specify if yes: \_\_\_\_\_

If you answered yes to the previous question is the art or the crimes are related to the use of a motor vehicle, consumption of drugs or alcohol? If yes specify the charges: \_\_\_\_\_

Have you ever been denied a permit, privilege or license to operate a motor vehicle? Yes ☐ No ☐

If answered yes, please specify: \_\_\_\_\_

Are you currently able to enter the USA: Yes: ☐ No: ☐ If no, specify: \_\_\_\_\_



**KTR Transport**  
(6332960 Canada Inc)  
3302 Rue Charles Best  
Laval, QC H7V 3X2  
Ph: (450) 682-4343 – (450) 505-8271  
Fax: (450) 682-7176  
Email: Dispatch@ktrtransport.com



**Address for the past 10 years**

\*\*\*Fill that if you apply for a job as driver making trips to the United States\*\*\*

Address: _____		
City: _____	Province: _____	Postal Code: _____
Arrival year: _____	Departure year: _____	Duration: _____

Address: _____		
City: _____	Province: _____	Postal Code: _____
Arrival year: _____	Arrival year: _____	Arrival year: _____

Address: _____		
City: _____	Province: _____	Postal Code: _____
Arrival year: _____	Arrival year: _____	Arrival year: _____

Address: _____		
City: _____	Province: _____	Postal Code: _____
Arrival year: _____	Departure year: _____	Duration: _____

Address: _____		
City: _____	Province: _____	Postal Code: _____
Arrival year: _____	Departure year: _____	Duration: _____



**KTR Transport**  
(6332960 Canada Inc)  
3302 Rue Charles Best  
Laval, QC H7V 3X2  
Ph: (450) 682-4343 – (450) 505-8271  
Fax: (450) 682-7176  
Email: Dispatch@ktrtransport.com



## YEARLY STATEMENT OF OFFENCES REGULATIONS ROAD

Driver name: \_\_\_\_\_

Driver license #: \_\_\_\_\_ Expiration : \_\_\_\_\_

I certify that the following list of offenses against the laws of road traffic (excluding parking tickets) and several Canadian jurisdictions as an American and for which I pleaded or been found guilty in the twenty four (24) months is correct and complete

DATE	INFRACTION	PLACE	VEHICLE

If no offense appears in the table above, I certify that I have not been convicted and my license was not suspended during the twenty four (24) months.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kulwant Singh  
President

\_\_\_\_\_  
Date



**KTR Transport**  
(6332960 Canada Inc)  
3302 Rue Charles Best  
Laval, QC H7V 3X2  
Ph: (450) 682-4343 – (450) 505-8271  
Fax: (450) 682-7176  
Email: Dispatch@ktrtransport.com



## STATEMENT REGARDING DRIVER THE LAST 14 DAYS OF WORK

Document to be completed on hiring date

Driver name: \_\_\_\_\_

I certify that the following table corresponds to my last 14 days of work and including it as driving a vehicle that my hours worked.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14

I certify that my total work hours for the last 14 days are: \_\_\_\_\_Hours.

I certify that \_\_\_\_\_total hours available as of today.

I certify that all registered information is to the best of my knowledge they are true.

If you haven't worked in the past 14 days, check the box and specify below: ☐

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kulwant Singh  
President

\_\_\_\_\_  
Date



**KTR Transport**  
(6332960 Canada Inc)  
3302 Rue Charles Best  
Laval, QC H7V 3X2  
Ph: (450) 682-4343 – (450) 505-8271  
Fax: (450) 682-7176  
Email: Dispatch@ktrtransport.com



## STATEMENT BY THE DRIVER ON THE VALIDITY DRIVING LICENSE

Driver name : \_\_\_\_\_

Driver license #: \_\_\_\_\_ Expiration : \_\_\_\_\_

I certify that my driver license is, as of date, valid and that I have no restrictions on driving a heavy vehicle.

I undertake to inform, from knowledge, my employer of any suspension, revocation, loss of license class, changes to my medical condition for driving a heavy vehicle as well as any changes to my driving license and for the duration of my employment.

I also undertake to inform my employer, once aware of all offenses (except parking tickets) and several Canadian jurisdictions as an American and for the duration of my employment.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kulwant Singh  
President

\_\_\_\_\_  
Date





**KTR Transport**  
(6332960 Canada Inc)  
3302 Rue Charles Best  
Laval, QC H7V 3X2  
Ph: (450) 682-4343 – (450) 505-8271  
Fax: (450) 682-7176  
Email: Dispatch@ktrtransport.com



## DECLARATION OF HEALTH OF THE CANDIDATE

This information is strictly confidential, and the employer agrees that this is deposited in the employer's record and that only authorized people can access the information from the employee.

### Primary Questionnaire

Do you suffer from allergies and if so please specify:

---

Are you currently taking medication and if so please specify:

---

Are you currently pregnant: \_\_\_\_\_ If yes due date: \_\_\_\_\_

Check inside of this table situations that relate to your overall health

Diabetes		Cancer	
Sleep apnea		Asthma	
Heart condition		Bypass (cardivascular)	
Blurred vision		Cardiac	
Glasses / lens		Épilepsy	
Urinary problems		Nervous system problems	
Back ache		Wear a medical bracelet	
Sore legs		Drinking problem	
Depression (Adjustment disorder)		Drugs problem	
Hearing problem		Other :	

Do you smoke: Yes: ☐ No: ☐ If answered yes, consumption per day: \_\_\_\_\_

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kulwant Singh  
President

\_\_\_\_\_  
Date



**KTR Transport**  
(6332960 Canada Inc)  
3302 Rue Charles Best  
Laval, QC H7V 3X2  
Ph: (450) 682-4343 – (450) 505-8271  
Fax: (450) 682-7176  
Email: Dispatch@ktrtransport.com



## Terms of Use, Policy, and Signatures

I, the applicant, hereby certify that all the information submitted to KTR Transport is true, and they were delivered to KTR Transport in complete understanding on the part of the candidate.

The applicant understands that the information transmitted will be integral parts of his personnel file and that only authorized people can view the file. The candidate may, at the request of at least 36 hours to have access to his file and can also request rectification of any erroneous information and / or missing.

The applicant undertakes to inform immediately his employer of any change in his situation and this move, including the modification, suspension or revocation of his driving license.

The driver applicant agrees to maintain his record and to provide to KTR Transport with a record of demerit points to six months and a copy of any renewal of his license.

The driver crossing the US border is committed to provide KTR Transport a copy of his passport and to give a copy of it to each renewal.

The applicant understands that any false information could conducted in an end of association with KTR Transport and could take course of legal action.

This certifies that I have completed this application and that all entries on it and the information provided is true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kulwant Singh  
President

\_\_\_\_\_  
Date

In compliance with Federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status, or non-job-related disability.