



*Thank you for your interest in Armour Transportation Systems*

Armour is one of Canada's 50 Best Managed Companies, is the 10th Largest LTL Carrier in Canada and was recently recognized as a "Carrier of Choice".

**BEFORE YOU SUBMIT AN APPLICATION, PLEASE CONSIDER THE FOLLOWING:**

- ✓ To apply, you must have recent verifiable experience (min. 2 years) in the class of equipment you are applying for or have graduated from a recognized 12 week course. We require a clean driver's abstract and clean criminal history.
- ✓ If hired, you will be required to attend a paid 3 day Orientation Session at our Moncton Terminal.
- ✓ You will be subject to a 90 day Probation Period (including 30 & 60 day reviews).
- ✓ You must complete and pass pre-employment drug and medical test.
- ✓ The position you are applying for may require lifting of upwards of 50 lbs.
- ✓ Slip-seating is possible. Trucks are not permitted to be taken home.
- ✓ Your schedule may require working weekends and holidays. Each year our company experiences seasonally adjusted periods and as a result miles may vary during these months. Wage smoothing is offered through our Payroll Department.

**Application Procedure:**

To be considered for a driving position we require the following:

1. Completed application form.
2. Current Driver's abstract (no older than 30 days)
3. Criminal Search Record (no older than 90 days)

Please forward completed application and supporting documents to:

New Brunswick, Nova Scotia and Prince Edward Island – Kevin Blackman, Ph: 506-853-4430 Fax: 506-383-6572  
or [kblackman@armour.ca](mailto:kblackman@armour.ca).

Newfoundland – Calvin Churchill, Ph: 709-782-5636 Fax: 709-782-7415  
or [cchurchill@armour.ca](mailto:cchurchill@armour.ca)

*We thank all applicants; however only those selected for an interview will be contacted.*

*Armour Transportation Systems is an Equal Opportunity Employer. All qualified individuals are encouraged to apply.*



Date

# EMPLOYMENT APPLICATION

This application is to be used for all subsidiary companies of Armour Transportation Systems.  
689 Edinburgh Dr., Moncton, NB E1E 2L4

## PERSONAL

SURNAME		GIVEN NAME		HOME TELEPHONE	CELLULAR TELEPHONE
STREET ADDRESS		CITY	PROVINCE	POSTAL CODE	
SOCIAL INSURANCE NUMBER			TYPE OF WORK DESIRED Dock      Office      Driving      Other		
MINIMUM HOURLY WAGE REQUIRED		FULL OR PART TIME?	DATE AVAILABLE		
ARE YOU AVAILABLE TO WORK EVENING SHIFTS? YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/>					
ARE YOU AVAILABLE TO WORK WEEKENDS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
WOULD YOU ATTEND SAFETY MEETINGS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
ARE YOU PREPARED TO TRAVEL OR BE TRANSFERRED TO ACCOMPLISH THE DUTIES FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/>					
ARE YOU ABLE AND WILLING TO CROSS THE USA BORDER IF IT IS A JOB REQUIREMENT YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>					

## EMPLOYMENT HISTORY

**BEGIN WITH MOST RECENT POSITION. We require a minimum of 3 years for all positions, and 10 years for driving positions (if applicable). If additional space is required, please attach separate sheet.**

	Job 1	Job 2	Job 3	Job 4
DATES EMPLOYED YEAR/MONTH TO YEAR/MONTH				
EMPLOYER				
POSITION TITLE				
ADDRESS				
SUPERVISOR'S NAME				
TELEPHONE NUMBER				
SALARY				
RESPONSIBILITIES				
REASON FOR LEAVING				

**Form to be handwritten by applicant**

(Rev. March 2014)

## EDUCATION AND TRAINING

SCHOOL	NAME OF PROGRAM	CIRCLE LAST YEAR COMPLETED	CERTIFICATE/DEGREE AWARDED
SECONDARY		10 11 12	YES <input type="checkbox"/> NO <input type="checkbox"/>
UNIVERSITY		1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER (SPECIFY)			YES <input type="checkbox"/> NO <input type="checkbox"/>
LIST ANY OTHER RELEVANT WORK-RELATED SKILLS OR TRAINING			
LIST ANY COURSES/WORKSHOPS ATTENDED			

## MISCELLANEOUS INFORMATION

HOW DID YOU HEAR OF ARMOUR TRANSPORTATION SYSTEMS?	
ARE YOU BONDABLE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER WORKED FOR US BEFORE? IF YES, IDENTIFY LOCATION, DATES OF EMPLOYMENT AND REASON FOR LEAVING	YES <input type="checkbox"/> NO <input type="checkbox"/>
FLUENCY IN BOTH OFFICIAL NATIONAL LANGUAGES IS AN ASSET - PLEASE INDICATE PROFICIENCY BY NUMBER	
1 - FLUENT - SPEAK, UNDERSTAND, READ & WRITE	ENGLISH _____
2 - VERY WELL - SPEAK UNDERSTAND	
3 - LIMITED - UNDERSTAND	FRENCH _____
4 - NONE	

## REFERENCES

WE REQUIRE 3 PROFESSIONAL REFERENCES FROM PREVIOUS EMPLOYMENT. A RELATIVE, FRIEND OR COWORKER WILL NOT BE ACCEPTED. WE REQUIRE TWO POSITIVE REFERENCES TO OFFER EMPLOYMENT.			
NAME	OCCUPATION	RELATIONSHIP TO YOU	CONTACT NUMBER

**Form to be handwritten by applicant**

(Rev. March 2014)

## WORK REQUIREMENTS

ARE YOU ABLE TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? ( EITHER WITH OR WITHOUT ACCOMMODATION)    YES     NO

IF NO, PLEASE GIVE DETAILS:

## DRIVING INFORMATION / HISTORY

DRIVERS LICENCE NUMBER

PROVINCE

CLASS

EXPIRY DATE

HAVE YOU RECEIVED ANY SAFE DRIVER AWARDS OR OTHER DRIVING COMMENDATIONS?    YES     NO

IF YES, PLEASE DESCRIBE.

A) HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?    YES     NO

B) HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?    YES     NO

C) HAVE YOU RECEIVED A FINE OR TICKET THAT YOU BELIEVE MIGHT NOT BE CLOSED OR PAID ? ( INCLUDING OTHER CARRIERS)    YES     NO

IF YOU ANSWERED **YES** TO ANY OF THE ABOVE, PLEASE GIVE DETAILS.

## Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT AND TRANSMISSION	DATES FROM                  TO	APPROXIMATE NUMBER OF MILES (TOTAL)

## MOTOR VEHICLE ACCIDENT(S)

LIST EACH MOTOR VEHICLE ACCIDENT YOU HAVE BEEN INVOLVED IN AND ITS TYPE (REAR END, SIDESWIPE, ETC.). SHOW HOW EACH WAS CLASSIFIED AS PREVENTABLE OR NON-PREVENTABLE.

DATE	LOCATION	TYPE OF ACCIDENT	PREVENTABLE OR NON-PREVENTABLE

# ARMOUR TRANSPORTATION SYSTEMS EMPLOYMENT APPLICATION

**Please read the following carefully, and sign if you are in agreement**

By applying for this position the applicant gives their consent for Armour Transportation or assigned parties, to obtain reference information from previous employers, academic institutions or any other information source legally authorized to provide references which may be useful in the selection process. I certify that all of the facts set forth in this application are true. I understand that any deliberate omission or falsification of information will be sufficient grounds for dismissal after hiring. I understand it is a condition of employment that I shall be required, when eligible, to join all compulsory company benefit plans. In addition attitude and/or integrity testing may be required prior to or during employment. As a condition of employment and continuing employment, I will agree to undergo a company medical examination when requested. In addition, for safety sensitive positions, I agree to submit to a pre-employment drug screening, and enroll in the random drug testing pool as requested.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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**CROSS BORDER APPLICANTS PLEASE SEE NEXT PAGE**

**Form to be handwritten by applicant**

(Rev. March 2014)

**New Employee's Drug and Alcohol Statement – Cross Border Applicants Only**

*In accordance with 49 CFR 40.25 (j), as the employer, you must ask any prospective employee, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.*

**Company Name: Armour Transportation Systems including affiliated companies,  
Head Office- Moncton NB**

**To be answered by the employee:**

<b>Have you tested positive, or refused to test, including any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
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*If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]*

\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed (Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By (Signature)

\_\_\_\_\_  
Title