

“Why become a company driver for McKevitt Trucking?”

- Established in 1948
- Secured customer contracts
- Competitive pay rates
- Driver Referral Incentive Bonus
- Paid Drops and Pick-ups
- Steady Work
- Home time when needed
- Rider Program
- Company Paid Benefit Plan
- Satellite Dispatch
- Direct Payroll Deposit

We are not just a trucking Company; we are a family business built on sound values.

Contact our recruiting team:

Phone 1-807-623-0054 or 1-855-MCKEVITT (625-3848)

Fax 1-888-905-7482

E-Mail: jobs@mckevitt-trucking.com

or

danieller@mckevitt-trucking.com

Recruiting Procedures

- 1. Application with resume and references – Must have a clean drivers abstract, clean criminal record and be able to work in the U.S.**
- 2. Road Test – You will be tested in several areas such as circle check, backing, shifting, mirror use, road management and attitude.**
- 3. Drug Test – If you fail this portion of the recruiting process you will not be considered for employment**
- 4. Orientation and Medical – Usually takes 4 to 5 days. A portion of the medical will be billed to the driver at a rate of \$95.00 as per company policy. You will be booked out for your first trip following orientation, make sure you come prepared**

Speed Limit

McKevitt Trucks have a set speed (90km) for their vehicles, which they follow very closely using satellite systems. This speed limit has been put into place to significantly reduce major accidents such as roll-overs and collisions.

Benefits Package

Life and Long Term Disability coverage starts after 3 consecutive months of employment.

Health and Dental coverage starts after 6 months of continuous employment.

Switch Driver Pay Package

Experience

1 year and up verifiable

	Base Rate
Thunder Bay to Dunc Lake	\$0.47/mile
Sault Ste Marie to Dunc Lake	\$0.47/mile
Sudbury to Sault Ste Marie	\$0.45/mile
Sault Ste Marie to Sudbury	\$0.45/mile
Subury to Timmins	\$0.45/mile
Sudbury to Mississauga	\$0.42/mile
North Bay to Mississauga	\$0.42/mile

SAFETY BONUS \$0.01 Per mile

DROPS/PICKS/SWITCHES

Under 75,000 lbs payload	\$20.00
2nd Drop in same city	\$15.00
3rd Drop & each drop after in same city	\$10.00
Trailer/drop/pick other than yard	\$05.00
Hand Bomb (CTC)	\$18.00/hour

Supervisor:

Date:

Employee:

Date:

Safety Bonus

Will be paid at 0.01 per mile paid twice yearly. (June 5 & December 5)

Criteria to be eligible for Safety Bonus

- Zero Preventable Accidents
- Zero Tickets, or failed inspections
- All Logs must be up to date and No failed Log Audits
- Completes All Required Training As Prescribed By McKeivitt Safety Department
-

Canada/USA Van Drivers Mileage Criteria includes 12 Consecutive Months of

- Minimum Monthly Mileage Threshold of 10,500 miles and or 24 days per month, or Available for Duty as Logbook Allows.

- Drivers are required to Maintain 10,500 miles per Month. If Drivers Do Not Maintain the Mileage, an interview will be held to determine if they will lose their full time Driver Status. The driver can be reduced to a part time Driver. This will or could affect the Drivers Benefits and also the Truck that has been assigned to the Driver.

Supervisor: _____

Date: _____

Employee: _____

Date: _____

Workers Documents Required

- **Copy of Drivers License**
- **Copy of Current Drivers Abstract (no older than 3 months)**
- **Copy of Current CVOR (no older than 3 months)**
- **Copy of Current Criminal Records Check**
- **Completed McKevitt Application for Employment**
- **Upon hire, banking information.**

Please ensure that all documents are complete and the application is filled out prior to returning, application will not be processed until all documents are received. If you have any questions, please do not hesitate to contact us at 807-623-0054 or 1-855-755-6738

****Please note, even though you may not have been subject to DOT drug testing at your prior place of employment, the FORM 413 must still be filled out and signed, along with the reference check sheet signed and the last page of the application signed**

McKevitt Trucking Limited
APPLICATION FOR EMPLOYMENT OR OWNER OPERATORS

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

Date of Application: _____

Position Applied For: Owner Operator Driver

Name: _____ Date of Birth: ____/____/____

SIN#: _____ (required for Truck Drivers upon hire) Year Month Day

Current Address:	
Street: _____	City: _____
Province: _____	Postal Code: _____
Phone: _____	Fax: _____
Cell phone: _____	Email address: _____
List your addresses of residency for the past 5 years.	
Street: _____	City: _____
Province: _____	Postal Code: _____
Phone: _____	How Long? _____
Street: _____	City: _____
Province: _____	Postal Code: _____
Phone: _____	How Long? _____
Street: _____	City: _____
Province: _____	Postal Code: _____
Phone: _____	How Long? _____

Do you have the legal right to work in Canada? Yes / No

What is your current Citizenship? _____ Do you have a Work Visa: _____

Can you legally cross the US/Canadian Border? Yes / No

Have you worked for this company before: Yes / No

If (yes) dates from: _____ to: _____

Reason for leaving: _____

Are you currently employed: Yes / No

If (no) how long since leaving your last employment _____

How did you hear about us? _____

Who referred you?: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes / No

If (Yes) please explain.

List your employment history for the past 10 years starting with the most current.
All time for the past 10 years must be accounted for even if you were unemployed.

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

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Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Education:

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: _____

Name City

Experience & Qualifications:

Driver's License #: _____

Province: _____

Type/Class: _____

Expiry Date: _____

Please report ALL collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years. (Attach sheet if more space is needed).

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Please report ALL traffic convictions, citations and forfeitures for the past 3 years (other than parking violations). (Attach sheet if more space is needed).

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Have you ever had your license to operate a motor vehicle? suspended, revoked or denied
Yes / No (Circle one)

If yes give complete details on reason and dates:

If answer to above is no please complete the following:

I _____ hereby guarantee that I have never been denied a license nor had a license to operate a motor vehicle suspended or revoked for any reason. Signature: _____.

Driving Experience:

Straight Truck: Type of Equipment (van, reefer, flat etc): _____ Dates from: _____ To: _____ Estimated # of Miles: _____
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Tractor & Semi-Trailer: Type of Equipment (van, reefer, flat etc): _____ Dates from: _____ To: _____ Estimated # of Miles: _____
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Tractor & Two Trailers: Type of Equipment (van, reefer, flat etc): _____ Dates from: _____ To: _____ Estimated # of Miles: _____ Other (Please specify): _____ _____ _____

List states & provinces operated in for the last five years:

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom:

List special equipment or technical materials you can work with (other than those already shown)

APPLICANT MUST READ AND SIGN:

I CERTIFY THAT I HAVE READ AND UNDERSTOOD all of this Employment application. IT IS AGREED AND UNDERSTOOD THAT the employer or his agents may investigate my background to ascertain any and all information of concern regarding my employment history, whether the same is of record or not, and I HEREBY RELEASE employers and other persons named herein from all liability for any damages on account of furnishing such information. I UNDERSTAND THAT, as an application for a position with this Company I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I ALSO UNDERSTAND THAT IF offered a job it will be **CONDITIONAL ON THE RESULTS** of a physical examination and drug test.

I FURTHER CERTIFY THAT I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I AGREE TO FURNISH such additional information, and complete such examinations as may be required to complete my personal employment file.

I ALSO UNDERSTAND THAT misrepresentation or omission of information or facts may result in my rejection or dismissal.

IF HIRED I AGREE TO ABIDE by all the rules and policies of the employer, MCKEVITT TRUCKING LIMITED.

THIS CERTIFIES THAT this application was completed by me, and THAT all entries on it, and information in it are true and complete to the best of my knowledge

I HEREBY RELEASE all employers, schools or persons, from all liability in responding to inquiries in connection with my application.

_____, 20____
 Date Applicants Signature _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR REPRESENTATIVE OF McKEVITT TRUCKING LIMITED.

(If not hired, summary of reasons should be placed in applicants file)

Applicant Hired? Yes ___ No ___ Date of Birth: Month _____ Day _____ Year _____
 Date Employed: _____ Terminal Where Employed: _____
 Department Driver: _____
 IN CASE OF EMERGENCY NOTIFY: _____ PHONE: () _____
 Address: _____

(signed by) AUTHORIZED COMPANY OFFICIAL _____
 (print) NAME AND TITLE: _____
 (for) McKEVITT TRUCKING LIMITED

THIS SECTION TO BE FILLED OUT BY INTERVIEWING OFFICER OF THE COMPANY

	SUPERIOR	GOOD	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. Application	_____	_____	_____	_____	_____
2. Interview	_____	_____	_____	_____	_____
3. Past Employers	_____	_____	_____	_____	_____
4. Motor Vehicle Abstract	_____	_____	_____	_____	_____

TRANSFERRED:
 FROM: _____ TO: _____ FROM: _____ TO: _____
 DATE: _____ DATE: _____
 REASON FOR TRANSFER: _____ REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT
 Date Terminated: _____ Department released from: _____
 Dismissed: _____ Voluntarily Quit: _____ Other (explain) _____
 Termination report placed in file: _____ Supervisor: _____

FORM 413

REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25

PURPOSE OF THIS FORM: Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers **MUST** provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and re-qualification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O.

TO: [Previous Employer (c/o TPA)] Company: _____ Address : _____ _____ Phone: _____ Fax: _____	FROM: [Prospective Employer] Company: McKevitt Trucking Limited Address : 1200 Carrick Street Thunder Bay ON, P7B 5P9 Phone: 807-623-0054 Fax: 807-622-8616
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(Name) _____ (SIN) _____ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413 and 49 CFR 40.25, we are hereby requesting copies of records regarding this individual's involvement with your company's drug and alcohol testing program. Consent for the release of this information follows.

APPLICANT CONSENT

Date: _____	To: _____ Previous Employer	
In accordance with 49 CFR 382.405(f), by my signature below I authorize you to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding two years from the above date. This information is to be released only to:		
Company (Prospective Employer): _ McKevitt Trucking Limited _____ To the attention of: _____		
_____ Applicant Name (Print)	_____ Applicant Signature	_____ SIN

Please complete the following:

Was the applicant subject to drug and alcohol testing under DOT regulations?

Yes No

Please continue on page 2.

McKevitt Trucking Ltd.

**McKevitt Trucking Limited
Release and Authorization to Contact Previous Employer**

Carrier Name: _____

Carrier Address: _____

Carrier City/Province: _____

Carrier Phone Number: _____

THIS FORM SHOULD BE KEPT IN AN APPLICANT'S FILE TO DOCUMENT COMPLIANCE WITH THE REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER.

RELEASE AND AUTHORIZATION TO CONTACT PREVIOUS EMPLOYER AS REQUIRED BY 49 CFR 391.23

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I _____ HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY 49 CFR 391.23 OF THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS. INFORMATION MAY INCLUDE ALL EMPLOYMENT INFORMATION CONCERNING MY EMPLOYMENT INCLUDING WRITTEN AND ORAL ASSESSMENTS OF MY WORK PERFORMANCE, FITNESS AND ABILITY. YOU ARE RELEASED FROM ANY LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION. I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION FOR THE PURPOSE OF INVESTIGATION.

First Name _____

Last Name _____

Address _____

City _____

Province _____

SIN _____

Driver's License Number _____

Date _____

Applicants Signature _____