



900, 222 3<sup>rd</sup> Ave SW

Calgary, AB

T2P 0B4

**Driver's Application Form**

<b>First Name</b>		<b>Last Name</b>		<b>M/I</b>	
<b>Residential Address</b>					
<b>No. and Street</b>		<b>City/Town</b>			
<b>Province</b>		<b>Postal Code</b>			
<b>Residential Address (if moved within the last 2 years)</b>					
<b>No. and Street</b>		<b>City/Town</b>			
<b>Province</b>		<b>Postal Code</b>			
<b>Contact Information</b>					
<b>Home Phone</b>					
<b>Cell Phone</b>					
<b>Driver's License Information</b>					
<b>License Number</b>		<b>Province</b>			
<b>License Class</b>		<b>Expiry Date</b>			
<b>Issue Date</b>		<b>Restrictions?</b>			
<b>Have you ever had your license Suspended or Revoked?</b>	<b>Yes</b>		<b>No</b>		
<b>If Yes, please explain:</b>					
<b>Have you ever been denied a license or permit to drive?</b>	<b>Yes</b>		<b>No</b>		
<b>If yes, please explain:</b>					
<b>*5 Year Commercial Driver's Abstract MUST be attached</b>					
<b>Driving Experience</b>					
<b>Super B Experience</b>	Years, Months, Kms				
<b>Oil Hauling Experience</b>	Years, Months, Kms				
<b>Pressure Experience</b>	Years, Months, Kms				
<b>Accident / Incident history for the past 3 years</b>					
<b>Date</b>	<b>Description</b>	<b>Injuries / Deaths</b>	<b>Damages</b>		

Previously Held Driver's License			
License Number	Province	Class	Expiry Date
Tickets and Traffic Violations for the past 3 years			
Date	Province	Charges	Penalties
Employment History for Previous 3 Years			
Start Date		End Date	
Company		Title Position	
Contact Name		Contact Number	
Address			
Reason for Leaving			
Start Date		End Date	
Company		Title Position	
Contact Name		Contact Number	
Address			
Reason for Leaving			
Start Date		End Date	
Company		Title Position	
Contact Name		Contact Number	
Address			
Reason for Leaving			
References			
Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.			
Name	Telephone #	Relationship	# of years known

**Medical History**

Do you have any medicals issues that could impact your ability to work here?	<b>Y</b>		<b>N</b>	
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If Yes, please explain

Are you on any medication that would render you Unfit for Duty?	<b>Y</b>		<b>N</b>	
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If Yes, Please Explain

**Declaration:**

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).

Your authorization on this application form is your consent that as a condition of being considered for employment at Mach Energy Services, Tidewater Logistics, *a division of Tidewater Midstream and Infrastructure Ltd.*, references about past work performance will be obtained from your previous employers.

*I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected, or I may be terminated for just cause in the event that I am the successful applicant.*

Name:	Date:
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Signature