

Owner Operator Deduction Sheet

What Owner Operator Pays

| | |
|---------------------------|--|
| Annual Prorate Fees | Financed Deducted Monthly Depends on Value of truck |
| Monthly Tractor Insurance | Financed Deducted Monthly Depends on Value of truck |
| Monthly Trailer Insurance | Financed Deducted Monthly Depends on Value of trailer |
| All Fuel | Deducted for month of Fueling |
| Cargo Insurance | Deducted Monthly Approximately \$274.70 per Month |
| All Permits | USD converted to Canadian (Adjusted Monthly) |
| US Border Decal | Approx \$540.00 CAD Deducted on 1 Cheque December Annually |
| Monthly Admin Fee | 12% of Gross Revenue |
| Benefits If Enrolled | Paid Monthly |
| HVUT Annual | Approx \$671.00 CAD Deducted on 1 Cheque July Annually |
| ELOGS | \$50.00 per Month |
| Trailer Rental If Needed | 7% of Gross Revenue |

What Company Pays

| | |
|----------------|---|
| Direct Deposit | Paid twice per month, for previous month via Direct Deposit |
| IFTA | No Cost To Owner Operator |
| Truck Decals | No Cost To Owner Operator (Company Reimburse) |
| Revenue | All Paid in CAD Funds, Converted Monthly |

Pay Schedule

Paid on delivered loads in Month EG: All loads delivered 1st until last day of month
Pay Date 50% on 15th of following month / Final 50% paid at month end



DRIVER APPLICATION FOR EMPLOYMENT

If not applying in person please mail or fax this Application form, your resume, and copy of current Drivers abstract to: Box 932 Osoyoos BC, V0H 1V0 Fax: (888)334-4931 or email admin@sunfiretransport.com

Date: _____

Contact Information

Name: _____

surname, given name, middle name or initials

Address: _____

Street or box

City

Province/State

Postal/Zip code

Phone: _____

Home

Mobile

Email: _____

Date of Birth: _____

Spouse or

/Emergency Contact: _____ Phone#: _____

Drivers License / Qualifications

Drivers Lic# _____ Province Issued: _____

Expiry: _____

WCB#

Are you able to cross US border? Yes / No

Passport/FAST # _____ Expiry: _____

Will you consent to mandatory drug tests? Yes / No

SIN# _____



PO Box 932, Osoyoos, BC V0H-1V0
Fax (888)334-4931

Driver Application for Employment
Page 1

Employment History

Please provide the following information for all driving related work history starting with the most recent.
Or
Attach your resume that contains all driving related work history.

| | | |
|--|---------------------|-------------------|
| Company: | | |
| Address: | From: mo: yr: | To: mo: yr: |
| City: Province: Postal Code: | Position: | |
| Contact Person: | Salary/wage: | |
| Phone Number: | Reason for leaving: | |

| | | |
|--|---------------------|-------------------|
| Company: | | |
| Address: | From: mo: yr: | To: mo: yr: |
| City: Province: Postal Code: | Position: | |
| Contact Person: | Salary/wage: | |
| Phone Number: | Reason for leaving: | |

| | | |
|--|---------------------|-------------------|
| Company: | | |
| Address: | From: mo: yr: | To: mo: yr: |
| City: Province: Postal Code: | Position: | |
| Contact Person: | Salary/wage: | |
| Phone Number: | Reason for leaving: | |

| | | |
|--|---------------------|-------------------|
| Company: | | |
| Address: | From: mo: yr: | To: mo: yr: |
| City: Province: Postal Code: | Position: | |
| Contact Person: | Salary/wage: | |
| Phone Number: | Reason for leaving: | |



Driving Experience

Please fill in the equipment experience you have starting with the most recent

| Class of Equipment (straight truck, 1 trailer, train) | Type of Equipment (van, tank, deck, etc) | Dates From | To | Approximate Mileage |
|--|---|---------------|----|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List Provinces, States, or Territories you have operated in within the last 5 years:

List any courses and training:

List Special Equipment or materials you can work with:

List any Safe driving awards and whom you received them from:

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 authorize Sunfire Transport to make such investigations and inquires 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 inquires in connection with my application.

In the event of employment, I understand that false or misleading information given 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 Sunfire Transport, as permitted by Law.

Date

Applicant's Signature

To complete your application you must:

- ☐ Simply sign and date the bottom of the employer information form (next page).
- ☐ Fill out and sign the top portion of the Driver Record Search release form (last page).



Box 932 Osoyoos, BC V0H 1V0
Fax: (888)334-4931

Driver Application for Employment
Page 3

Fax: (____)____ - _____

Phone: (____)____ - _____

Attention: _____

Dear Sir or Madam:

The below named individual has made application to Sunfire Transport for a position as truck driver and states that he/she was employed by you as _____ from _____ to _____ .

We appreciate your time in completing, in confidence, the information requested below.

Sincerely,

HR Manager

Name of Applicant: _____

Social Ins No: _____

Employed from _____ to _____

Employed as _____ at wage or salary _____

Did he/she drive a motor vehicle for you? _____

If yes please indicate the type of vehicle driven: _____

Was he/she a safe and efficient driver? _____

What was the reason for leaving your employ? _____

Was his/her general conduct satisfactory? _____

Please advise history of past driving record if available for past three years:

Would you rehire the above named applicant? _____

I hereby authorize you to release the above information to Sunfire Transport for the purposes of investigation.

Date

Applicant's Signature



Box 932 Osoyoos, BC V0H 1V0

Fax: (888)334-4931

Driver Application for Employment

Page 4

Driver Record Search Release Form

Date: _____

I hereby authorize Sunfire Transport to request a search of my driving record based on the information available at the Ministry of Transportation.

Check Appropriate box(es)

Driver (complete driving record covering three year period) Driver
(while driving Commercial Motor Vehicles only – C.V.O.R.)
Certified copy of each search for legal purposes

The information is requested:

As part of a Driver application for Employment as a Commercial
Motor/Vehicle Driver

Other _____

Driver's License No. _____

Date of Birth _____ Age _____ Sex _____

Drivers Name: _____

Surname, given name and initials

Street no and Name or Lot Concession & township

Apt No

City, Town, Village, R.R.

Postal Code

Previous Address - Street no and Name or Lot Concession & township

Previous Address - City, Town, Village, R.R.

Postal Code

Driver Applicant's Signature

Date

The above named driver-applicant has applied for a position with this company.

The information received from the Ministry of Transportation will be used for the purposes of qualifying the person for the job applied for.

HR Manager



Box 932 Osoyoos, BC V0H 1V0
Fax: (888)334-4931

Driver Application for Employment
Page 5

Equipment Information Sheet

Tractor Information

Requested Unit# _____
Year _____
Make _____
Model _____
VIN# _____
REG# _____
Transponder# _____ Require Copy
HVUT Receipt _____ Require Copy
Owner Name: _____
CVIP# _____
CVIP Expiry _____
Declared \$ _____

Trailer Information

Requested Unit# _____
Year _____
Make _____
Model _____
VIN# _____
REG# _____
Axles _____
Owner Name: _____
CVIP# _____
CVIP Expiry _____
Declared \$ _____

Trailer Information

Requested Unit# _____
Year _____
Make _____
Model _____
VIN# _____
REG# _____
Axles _____
Owner Name: _____
CVIP# _____
CVIP Expiry _____
Declared \$ _____