



LUBANA LOGISTICS

OWNER/OPERATOR APPLICATION

APPLICATION PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Province/State: _____ Postal Code/Zip: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Birth Date: _____ Citizenship: _____ SIN/SSN: _____
(mm/dd/yyyy)

LIST ALL RESIDENCE ADDRESS IN THE LAST 3 YEARS:

Address: _____ City/Province/State: _____

Address: _____ City/Province/State: _____

Address: _____ City/Province/State: _____

LIST THREE REFERENCES

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/PROVINCE/STATE: _____

PHONE: _____ EMAIL: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/PROVINCE/STATE: _____

PHONE: _____ EMAIL: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/PROVINCE/STATE: _____

PHONE: _____ EMAIL: _____

Lubana Logistics

11210 Steeplecrest Dr STE120 , Houston(Texas) 77065
telephone: 346-424-9800 • 346-394-8264 • fax: 587-412-5155
www.lubanalogistics.com



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EXPERIENCE AND QUALIFICATIONS OF DRIVER

LICENSES – DRIVER

DRIVERS LICENSE #	STATE/PROVINCE	TYPE/CLASS	EXPIRATION DATE

DRIVING EXPERIENCE

TYPE OF EQUIPMENT	FROM	TO	# OF MILES/KM DRIVEN

ACCIDENT RECORD – PAST 3 YEARS

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

TRAFFIC CONVICTIONS & FORFEITURES – PAST 3 YEARS (EXCLUDING PARKING)

LOCATION	DATE	OFFENCE	PENALTY

		Yes	No
A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
B.	Has any license, permit, or privilege ever been suspended or revoked?		
C.	Have you ever been refused a test or tested positive for a drug or alcohol as requested by a prospective employer in the last 2 years?		
D.	If you answered “yes” to any of the above, attach a statement of details?		

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EMPLOYMENT RECORD

AS PER D.O.T. TITLE 49 – 383.35: LIST THE NAMES OF EMPLOYERS THAT YOU WERE AN OPERATOR OF A COMMERCIAL VEHICLE FOR THE PAST **10 YEARS**. NOTE: PLEASE LIST FROM MOST RECENT.

***** LIST ON THE BACK OF THIS PAGE IF ADDITIONAL SPACE IS REQUIRED. *****

NAME OF LAST EMPLOYER:

_____ ADDRESS:
 _____ CITY/PROVINCE/STATE: _____
 CONTACT: _____ PHONE: _____ FAX: _____
 POSITION HELD: _____ FROM: _____ TO: _____
 US DOT REGULATED: YES ____ / NO ____ DRUG & ALCOHOL TESTING REQUIRED: YES ____ / NO ____
 REASON FOR LEAVING: _____
 [FOR INTERNAL USE ONLY: VERIFICATION CONDUCTED BY: _____ DATE: _____]

NAME OF EMPLOYER:

_____ ADDRESS:
 _____ CITY/PROVINCE/STATE: _____
 CONTACT: _____ PHONE: _____ FAX: _____
 POSITION HELD: _____ FROM: _____ TO: _____
 US DOT REGULATED: YES ____ / NO ____ DRUG & ALCOHOL TESTING REQUIRED: YES ____ / NO ____
 REASON FOR LEAVING: _____
 [FOR INTERNAL USE ONLY: VERIFICATION CONDUCTED BY: _____ DATE: _____]

NAME OF EMPLOYER:

_____ ADDRESS:
 _____ CITY/PROVINCE/STATE: _____
 CONTACT: _____ PHONE: _____ FAX: _____
 POSITION HELD: _____ FROM: _____ TO: _____
 US DOT REGULATED: YES ____ / NO ____ DRUG & ALCOHOL TESTING REQUIRED: YES ____ / NO ____
 REASON FOR LEAVING: _____
 [FOR INTERNAL USE ONLY: VERIFICATION CONDUCTED BY: _____ DATE: _____]

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DOCUMENTATION REQUIRED

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- A. CURRENT (within 30 days) DRIVER'S ABSTRACT FOR THE PAST 3 YEARS
- B. COPIES OF VALID CLASS 1 DRIVER'S LICENSE
- C. COPY OF PASSPORT (if available)
- D. COPIES OF CURRENT VALID TRAINING CERTIFICATES
(i.e. First Aid, DD, GODI, PDI, etc.)

PLEASE PROVIDE THE FOLLOWING INFORMATION (if available):

- A. PASSPORT #: _____ EXPIRY DATE: _____
- B. FAST CARD #: _____ EXPIRY DATE: _____
- C. TWIC CARD #: _____ EXPIRY DATE: _____

TO BE READ AND SIGNED

This certifies that this application was completed by me, and that all entries and information is true and complete to the best of my knowledge.

I hereby authorize Westfreight Systems, Inc. / Westfreight Holdings (USA) Inc. to make such investigations and inquiries of my personal, employment, financial and/or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, educational institutions, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my applications.

I understand that any false or misleading information given in my application or interview(s) will result in me not being extended an offer of employment. I also understand, that should I be extended an offer of employment, I will abide by all policies, rules and regulations of Westfreight Systems, Inc. / Westfreight Holdings (USA) Inc.

DATE

Applicant's Signature

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