

Application For Employment

Date of Application _____
(day, month, year)

Company _____ Street Address _____

City, Prov, Postal Code _____

Name _____ Telephone _____
(first) (middle) (last)

Address _____ How Long? _____
(street) (city/prov) (postal code)

Date of Birth _____ Social Ins. Number _____
(day, month, year) (391.21(b)(2))

Addresses for past 3 years _____ How Long? _____
(street) (city/prov) (postal code)

_____ How Long? _____
(street) (city/prov) (postal code)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Drivers Licence _____
(province) (license number) (class) (expiration date) (d,m,y)

Have you ever been denied a drivers license? Y ___ N ___ Ever been suspended or revoked? Y ___ N ___

Driving Experience:

Class of Equipment	Type of Equipment <small>(van, tank, flat, etc)</small>	Date From	Date to	Approx.miles
Straight Truck	_____	_____	_____	_____
Tractor & Semi- Trailer	_____	_____	_____	_____
Tractor- Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

Position applying for _____ Full Time _____ Part Time _____

Have you worked for this company before? _____ Dates: From _____ To _____
(month/year) (month/year)

Are you currently employed? _____ If not how long since last employment? _____

Have you ever been convicted of a felony? _____ If yes, please explain on separate sheet of paper

Have you ever been bonded? Y ___ N ___ Name of bonding company _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Post Secondary: 1 2 3 4

Last school attended _____ Address _____
(city/prov)

List provinces and states operated in during last 5 years _____

Courses or training that will help you as a driver _____

List safe driving awards and from whom _____

DRIVER APPLICANTS

Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391. 23 (d) , (e) , (i) (1) and (2)

The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years – via the application form or other written document prior to any hiring decision – that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-providing investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

I have read, understand and agree to the preceding statement

Applicant Signature _____ Date _____
(day, month, year)

ACCIDENT RECORD FOR PAST 3 YEARS

(attach sheet if more space is needed)

	Date (d,m,y)	Nature of Accident (head on, rear-end, upset, etc)	Fatalities	Injuries
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(other than parking violations)

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

(attach sheet if more space is needed)

EMPLOYMENT RECORD

(attach second sheet if more space is needed) (for dates use month/year)

DOT requires that Employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown

LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

SECOND LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

THIRD LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

FOURTH LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial 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, schools, health care providers and other persons from all liability in responding to inquiries and releasing information 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 the Company.

This application was completed by me, all entries are true and correct to the best of my knowledge

Applicant Signature _____ Date _____
(day, month, year)

=====

PROCESS RECORD FOR OFFICE USE ONLY

Applicant Hired _____ Rejected _____

Hire Date _____ Classification/Dept _____
(day, month, year) (van, reefer, flat, tank, etc)

Notes :

Company Rep _____ Date _____
(day, month, year)

=====

TERMINATION OF EMPLOYMENT

Date Terminated _____ Dismissed _____ Quit _____ Other _____
(day, month, year)

Eligible For Rehire: Yes _____ No _____

Notes:

Company Rep _____ Date _____
(day, month, year)

EMPLOYMENT RECORD PAGE 2

EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

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WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

Previous Employer Consent Form

I, _____ give my consent to perform a previous employer background check.

Signature: _____ Date _____

COMPANY BEING CONTACTED: _____

PERSON CONTACTED: _____

DATE: _____ TELEPHONE NUMBER: _____

FAX NUMBER: _____

APPLICANT LISTS DATES OF EMPLOYMENT WITH YOUR FIRM FROM: _____

TO: _____ IS THIS CORRECT? _____

HOW WAS THIS PERSONS ATTENDANCE RECORD: _____

WHAT TYPE OF EQUIPMENT WAS DRIVEN: _____

APPROXIMATELY HOW MANY MILES DRIVEN YEARLY: _____

WHAT TYPE OF PRODUCTS HAULED: _____

WAS THERE ANY PROBLEM WITH DELIVERY AND PICK UP TIME: _____

WAS THERE ANY SIGNIFICANT INCIDENTS OR ACCIDENTS (SPILLS, ARGUMENTS WITH CUSTOMERS, ETC.)? _____

PREVENTABLE OR NON-PREVENTABLE ACCIDENTS? _____

ANY ON THE JOB INJURIES? _____

GENERAL OPINION OF CONDUCT _____

WHY DID THIS PERSON LEAVE YOUR EMPLOY? _____

WOULD YOU REHIRE THIS PERSON? _____

COMMENTS: _____

INQUIRY PERFORMED BY: _____ TELEPHONE NUMBER: _____

DATE: _____

Medical Declaration

On March 30, 1999, United States Federal Motor Carrier Safety Regulations medical requirements for Canadian drivers of commercial vehicles operating in the United States were revised. I acknowledge there is no requirement for a completed United States medical fitness report. This revision does require that a Canadian driver must comply to the medical requirements of the province in which their commercial drivers license is issued and that a medical fitness report is completed on the frequency by license issuing province.

I, _____ certify that under the new revisions of the medical requirement to operate a commercial motor vehicle in the United States, that I am not impaired to operate a commercial motor vehicle by any of the following:

- A. I have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (administered by injection).
- B. I have no established medical history or clinical diagnosis of epilepsy.
- C. I have no impaired hearing, first perceives a forced whispered voice in the better ear at not less than 5 feet with or without use of a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.

I also agree to inform the company, should my medical status change, and if any of the above impairments are subsequently diagnosed to the level of affecting my fitness to operate a commercial motor vehicle in the United States.

Date: _____ Driver's Printed Name: _____

Witness: _____ Driver's Signature: _____

VIOLATION AND REVIEW RECORD

Driver's Name: _____
(please print)

1. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past **12 months**.

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF VEHICLE

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Action taken: _____

Driver's Signature _____ Date _____
(d, m, y)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

Date

Title

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial motor vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that anytime you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

Driver Certification: I certify that I have read and understood the above requirements.

Driver's Name(Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

NOTIFICATION OF TRAFFICE VIOLATIONS

The Commercial Motor Vehicle Safety Act requires that commercial drivers notify their employer of all moving violations, including those committed in a personal vehicle, for which the driver forfeited collateral or was convicted, within 30 days after conviction.

The following information is being provided by the below names driver to comply with the traffic violation notification requirements Act.

Drivers Full Name: _____

Driver's Address: _____

_____ City Province Postal Code Phone Number

Driver's License No: _____ Province: _____

Date of Violation: _____ Citation No.: _____

Vehicle Operated (check one):

_____ Personal _____ Commercial (GVWR/GCWR 4,500 kgs or more)

_____ Other

Location of Offense: City/Town/County: _____ Province: _____

Nature of Violation: _____

Disposition of Case (bail forfeiture, conviction with fine and/or loss of license, unconditional discharge, etc):

Date of Conviction: _____

Driver's Signature: _____ Date: _____

UNAUTHORIZED PASSENGER ACKNOWLEDGEMENT

Subpart G-Prohibited Practices (392.60) Unauthorized persons not to be transported

Unless specifically in writing to do so by the motor carrier under whose authority the motor vehicle is being operated, No driver shall transport persons or permit any person to be transported on any motor vehicle other than a bus. When such authorization is issued, it shall state the name of the person to be transported. The points where the transportation is to begin and end, and the date upon which such authority expires. No written authorization, however, shall be necessary for the transportation of:

- a) Employees or other persons assigned to a vehicle by a motor carrier.
- b) Any person transported when aid is being rendered in a case or an accident or other emergency.
- c) An attendant delegated to care for livestock.

This section shall not apply to the operation of motor vehicles controlled and operated by any farmers and used in the transportation of agricultural commodities or products thereof from his farm or in the transportation of supplies to his farm.

I UNDERSTAND THAT FAILURE TO HONOUR THE TERMS OF THE AGREEMENT STATED ABOVE ARE GROUNDS FOR TERMINATION OF MY EMPLOYMENT.

EMPLOYEE NAME (please print): _____

Employee Signature: _____ Date: _____

Witnessed by: _____ Date: _____

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 14 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. **NOTE:** Hours for any compensated work during the preceding days, including work for a non-motor carrier, entity, must be recorded on this form.

Driver Name (please print): _____

Social Security Number: _____

Motor Vehicle Operator's License Number: _____

Type of License: _____ Issuing State: _____

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL HOURS	
HOURS	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
DATE DAY ONE _____ (Day, Month, Year)																

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was relieved from work at:

Time (AM or PM) _____ On (D/M/Y) _____

Driver's Signature _____ Date _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? Yes _____ No _____

At this time do you intend to work for another employer while still employed by this company? Yes _____ No _____

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature _____ Date _____

Witness _____ Date _____

PREVIOUS PRE-EMPLOYEMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer 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. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful complete of the return-to-duty process (see Sec. 40.25(b)(5) and(e))

Company Name

Street

City

Postal Code

Prospective Employee Name (please print)

SIN#:

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

Have you tested positive or refused to test, on 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?

Check one: _____ YES _____ NO

If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one: _____ YES _____ NO

Prospective Employee Signature

Date

Witness By

Date

Drivers Receipt

I acknowledge receipt of the following from

_____ *(Company name)*

_____ *(street address)*

_____ *(city, prov, postal code)*

Driver signature required for each item received

Company Policy Manual _____ Date _____

Controlled Substance Policy _____ Date _____

FMCSR Handbook _____ Date _____

TDG Handbook _____ Date _____

----- _____ Date _____

----- _____ Date _____

I agree to familiarize myself with all information within.

Drivers Name _____
(please print)

Drivers Signature _____ Date _____
(day, month, year)

Company Rep. Signature _____ Date _____
(day, month, year)

Place in Drivers Qualification File

Annual Review of Driving Record
391.25

Drivers Name _____ S.I.N. _____

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Feral Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

- () the driver meets the minimum requirements for safe driving, or
- () the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of review

Motor Carrier's Name

Reviewed by: Signature and title

Date of review

Motor Carrier's Name

Reviewed by: Signature and title

Date of review

Motor Carrier's Name

Reviewed by: Signature and title

