



**EMPLOYMENT APPLICATION**

**Applicant Name** \_\_\_\_\_ **Date of Application** \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

\*\*\*Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR COMPANY USE**

PROCESS RECORD	
APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)	
SIGNATURE OF INTERVIEWING OFFICER _____	

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**APPLICANT TO COMPLETE**

(Answer all questions-please print)

Position(s) Applied for Company Driver/ Owner Operator

Name \_\_\_\_\_ S.I.N. \_\_\_\_\_  
Last First Middle

**List your addresses of residency for the past 3 years.**

**Current Address:** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ yr./mo

**Previous** **To be Filled if less then 3 Yrs in current address** How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Province & Postal Code \_\_\_\_\_ yr./mo.

**Addresses** \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Province & Postal Code \_\_\_\_\_ yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Province & Postal Code \_\_\_\_\_ yr./mo.

Do you have the legal right to work in Canada? \_\_\_\_\_

Date of Birth MM / DD / YY Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered. \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job which you have applied for [as described in the attached job description]?

If yes, explain if you wish

Are you a FAST approved driver? Yes  No  Fast Card # Fast card no. if Yes Expiry Date \_\_\_\_\_

If no, are you willing to apply for one and if not please state why \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province and Postal Code. Applicants to drive a commercial motor vehicle\* in interstate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.

EMPLOYER	DATE	
NAME: Name of most recent Company Worked for.	From MO    YR	To MO    YR
ADDRESS	POSITION HELD	
CITY                                  PROVINCE                                  POSTAL CODE	SALARY WAGE	
CONTACT PERSON                                  PHONE NUMBER	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER	DATE	
NAME	From MO    YR	To MO    YR
ADDRESS	POSITION HELD	
CITY                                  PROVINCE                                  POSTAL CODE	SALARY WAGE	
CONTACT PERSON                                  PHONE NUMBER	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY Name DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER	DATE	
NAME	From MO    YR	To MO    YR
ADDRESS	POSITION HELD	
CITY                                  PROVINCE                                  POSTAL CODE	SALARY WAGE	
CONTACT PERSON                                  PHONE NUMBER	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER		DATE	
NAME		From MO    YR	To MO    YR
ADDRESS		POSITION HELD	
CITY	PROVINCE                      POSTAL CODE	SALARY WAGE	
CONTACT PERSON                      PHONE NUMBER		REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

  

EMPLOYER		DATE	
NAME		From MO    YR	To MO    YR
ADDRESS		POSITION HELD	
CITY	PROVINCE                      POSTAL CODE	SALARY WAGE	
CONTACT PERSON                      PHONE NUMBER		REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs? WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*Includes vehicles having a GVWR of 26, 001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver) or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10, 001 pounds or more. 2) is designed or used to transport more than 8 passengers (including the driver), OR 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD** FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES** FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS—DRIVER**

List all driver licenses or permits held in the last 3 years.

DRIVER LICENSE	PROVINCE	LICENSE NO.	TYPE	EXPIRATION DATE
		Must be Filled up.		

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Have any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM M/Y	TO M/Y	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH- (MORE THAN 8 PASSENGERS) <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH SCHOOLBUS (MORE THAN 15 PASSENGERS) <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER				

LIST PROVINCES & STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_ Fill up the Provinces Name

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHERS**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOUR WORK FOR THIS COMPANY

As Applicable.

LIST COURSES AND TRAINING OTHER THEN AS SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**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, PROVINCE)

**TO BE READ AND SIGNED BY APPLICANT**

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.

**\*\*\*SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hereby authorize:

Previous Employer: \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_

Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

No \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_

(Employment application

date)

To: Prospective Employer: \_\_\_\_\_

Attention \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter

Prospective employer's fax number: \_\_\_\_\_

Prospective employer's email address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This information is being requested in compliance with §40.25(g) and 391.23.

**PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**EMPLOYMENT VERIFICATION**

The applicant named above was employed by us .  Yes  No

Employed as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

1. Did he/she drive motor vehicle for you ?  Yes  No If yes, what type?  Straight Truck  
 Tractor-Semi trailer  Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

2. Reason for leaving your employment :  Discharged  Resignation  Lay Off  Military Duty

Completed by: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If there is no safety performance history to report, check here , and return. Otherwise, Complete Section 3 and 4 on next page

\_\_\_\_\_

**PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15 (b)) that involved the "applicant in the 2 years prior to the application date shown above, or check 0 here if there is no accident register data for this driver.

Date	Location	#Injuries	#Fatalities	Hazmat Spill
1. _____				
2. _____				
3. _____				

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies \_\_\_\_\_

Any other remarks \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

**PART 4: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

Applicant was subject to DOT Testing requirement from \_\_\_\_\_ to \_\_\_\_\_

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the last 3 years prior to the application date shown on page 1.

Within the past three years from the application date on page 1:

1. Has this violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including  YES  NO

- An alcohol test with the result of 0.04 or higher alcohol concentration.
- A Controlled substance test results of positive, adulterated, or substituted.
- A refusal to submit a random, post-accident, reasonable-suspicion, or follow up controlled substance or alcohol test
- Alcohol use while performing or within 4 hours before performing safety sensitive functions
- Alcohol use after an accident, in violation of §382.303
- Controlled substances use while in duty, except as allowed under §382.303

2. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employment, including return-to-duty and follow-up tests? If yes, please send documentation back with this form

Yes  No  N/A

3. For a driver who successfully completed a Sap's rehabilitation referral and remained in your employment, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  Yes  No  N/A

**PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other

By : - \_\_\_\_\_

**PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from \_\_\_\_\_ Method  Fax  Mail  Email  Telephone

Date \_\_\_\_\_  Other

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to \_\_\_\_\_

Prospective Employer) for

purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Sections 300002(a)).

\_\_\_\_\_  
(Signature of Requester) (Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of **Driver/ Owner Operator** \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: \_\_\_\_\_  
EMPLOYMENT DATES FROM (m/y) \_\_\_\_\_ TO (m/y) \_\_\_\_\_  
ADDRESS: Same as Page 2 \_\_\_\_\_  
(Number & Street) (City) (State) (Zipcode)  
FORMER ADDRESS: Same as Page 2 \_\_\_\_\_  
(Number & Street) (City) (State) (Zipcode)  
DATE OF BIRTH: \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
REQUESTED BY \_\_\_\_\_  
(Name of Company) (Typed Name)

**New Employee's Drug and Alcohol Statement**

In accordance with 49 CFR 40.25 (j), as the employer, you must ask any prospective employee, whether he or she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to 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 three years.

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prospective Employee Name: \_\_\_\_\_  
Prospective Employee SIN / ID Number: \_\_\_\_\_

**To be answered by the employee:**

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to 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 three years?

Yes  No

If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25 (b) and 40.25 (e)). The return-to-duty process is outlined in subpart O of Part 401

Prospective Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed By (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Company Representative \_\_\_\_\_



**MANDATORY USE FOR ALL ACCOUNT HOLDERS**  
**IMPORTANT NOTICE**  
**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged. LAST UPDATED 10/29/2012**

**U. S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY PROGRAM**

**ANNUAL REVIEW OF DRIVING RECORD**

(49 CFR 391.25)

Name (Last, First, M.I.) \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

This day I reviewed the driving record of the above named driver in accordance with CFR 391.25 of the Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the MCS 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 CFR 391.15

Date of review	Name of Motor Carrier:
Reviewed by: Signature and Title	
Date of review	Name of Motor Carrier:
Reviewed by: Signature and Title	
Date of review	Name of Motor Carrier:
Reviewed by: Signature and Title	

**MOTOR VEHICLE DRIVER'S 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	Offence	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Certification	Driver's Signature
<b>Company Name</b>	<b>Company Address</b>
Motor Carriers Name	Motor Carriers Address
Reviewed By: (Signature)	Title

## DRIVER HIRING CHECK LIST

	Give a short history of the company, explain the structure and define any reporting relationships with any other employees	
	Give details of probationary period	
	Show them around facilities and introduce to other employees	
	Explain pay structure, paydays and when wages are reviewed	
	Explain which statutory holidays are paid, which are not, and any other pertinent information	
	Demonstrate the use of timesheets	
	Explain company policy regarding hours of work legislation	
	Explain company policy regarding pre-trip inspections	
	Review fueling, and topping off fluid levels	
	Stress the importance of keeping equipment clean	
	Explain procedures for reporting violations, collisions and roadside inspections	
	Make sure it is understood whom problems are reported to	
	Explain procedures for on-road breakdowns	
	Introduce to maintenance personnel	
	Demonstrate 2 way radios or provide with emergency phone numbers	
	Explain the importance of Safety Meeting and Training program	
	Explain company Safety Program accident free days, posters, plaques, awards etc	
	Review company on unauthorised use of vehicles	
	Explain company disciplinary process	
	Explain evaluation process	
Comments		
Date	Driver	Manager

<b>Rules</b>	
In order to ensure safe operation of the company's vehicles, all drivers must be aware of and comply with all regulations governing their conduct	
<b>Licensing</b>	<b>Initials</b>
a) I know that I must hold and carry a valid driver's license	
b) I agree to report all Highway Traffic Act violations including all traffic violations to my employer in writing	
c) I understand that I must not operate a vehicle while under the influence of drugs or alcohol	
<b>Hours of Work</b>	<b>Initials</b>
a) I have been informed of and understand the hours of work regulations	
b) I am aware I must arrange my work schedule to comply with these regulations	
c) I agree to submit a record of all on-duty hours accumulated while working for other operators	
<b>Pre-trip Inspections</b>	<b>Initials</b>
a) I am aware of the pre-trip inspection and understand them	
b) I will submit all roadside inspection reports immediately upon completion of the trip	
<b>Load Security</b>	<b>Initials</b>
I have been informed of and understand the load security regulations	

Driver's Signature \_\_\_\_\_  
 Witness.....

Date .....  
 Date .....

# Motor Vehicle Driver's

## 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 vehicle driver, may not possess more than one license. If you currently have more than one license, you should 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, you should 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 any time 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 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: \_\_\_\_\_

## MEDICAL DECLARATION

On March 3, 1999 Transport Canada and the US federal Highway administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian drivers of a commercial vehicle in the US, as currently contained in the federal Motor carriers safety regulation, part 391.41 et seq, and vice-versa, the reciprocal agreement will remove the requirements for a Canadian driver to carry a copy of a medical examiners certificate indicating that the driver is physically qualified to drive (In effect, the existence of a valid driver's license issued by the province of British Columbia is deemed to be proof that a driver is physically qualified to drive in US) however, FHWA will not recognize an British Columbia license if the driver has certain medical conditions and those conditions would prohibit them from driving in the US.

I certify that I am qualified to operate a commercial vehicle in the United States. I further certify that:

- A) I have no clinical diagnosis of diabetes currently requiring insulin for control
- B) I have no established medical history or clinical diagnosis of epilepsy
- C) I don't have impaired hearing (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 100 Hz, or 200 Hz with or without a hearing aid when tested by an audiometric device calibrated to American National Standard Z24.5-1951)
- D) I have not been issued a waiver by the province of British Columbia allowing me to operate a commercial motor vehicle pursuant to section 20 or 22 of the British Columbia regulation 340/94

I further agree to inform **Transource Freightways Ltd** should my medical status change, or if I can no longer certify conditions A to D, described above.

\_\_\_\_\_

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**DRIVERACKNOWLEDGEMENT**

I \_\_\_\_\_ have been explained and I understand it is illegal to Falsify in logbooks and I have to log all time markers (eg Tolls, border crossing, fuel times ets) Properly and exactly as per Pacific Time Zone.

If any falsification in my logs is found while auditing by company, I agree that I will be subjected to fines and penalties

Fines and penalties will be determined by safety and compliance officer looking in to number of counts and difference of hours

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature

Date

**Safety Regulations  
Pocketbook Driver's  
Receipt**

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the federal motor carrier safety Regulation (FMCSR) of the U.S department of transportation, Part 40, 382, 383, 390, 397, 399 Subchapter B, chapter3, Title 49 of the code of federal regulations as contained therein.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Supervisor's Signature

\_\_\_\_\_  
Date

Note: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver qualification file.

**DRIVER STATEMENT OF ON-DUTY HOURS  
(For Newly Hired Drivers)**

INSTRUCTION: 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 7 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 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1 (yesterday)	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL
DATE															
HOURS WORKED															

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

\_\_\_\_\_ A.M.  
\_\_\_\_\_ P.M. On \_\_\_\_\_  
Time Day Month Year

\_\_\_\_\_  
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 time 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.

(check one)

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: \_\_\_\_\_ Company \_\_\_\_\_  
Representative Date

# Procedure & Policies

## Drivers Manual

I \_\_\_\_\_ Have read and understand the **Transource Freightways Ltd.** Policies and procedures driver's manual. I fully agree to abide by these policies and procedures and understand that if I break any of these policies and procedures, I will suffer the consequences set forth in the manual. I am also aware that anything I do not understand, I can go to anyone in a management position and anything I do not understand, will be fully explained to me. I understand that \_\_\_\_\_ is the safety compliance officer for **Transource Freightways Ltd.** and I will abide any rule set forth by **Transource Freightways Ltd.** - pertaining of any safety issues I might have.

Driver's Name: \_\_\_\_\_  
Driver's Signature: \_\_\_\_\_  
Date : \_\_\_\_\_  
Witnessed By: \_\_\_\_\_

### Consent to release Individual Information

1. I authorize **Transource Freightways Ltd.** and my prospective employer to retain and share any of my information to other transport companies or nay government or private agencies.
2. I also authorize **Transource Freightways Ltd.** to pull my CVOR, Abstract and Police Clearance from \_\_\_\_\_ time to time while I am in employment with this prospective employer.

\_\_\_\_\_  
Driver's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date