

APPLICATION DATE: _____ POSITION APPLIED FOR _____ CAN ONLY/USA _____

NAME: FIRST/MIDDLE: _____ LAST NAME: _____

ADDRESS _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ CELL _____ HOME: _____

SOCIAL SECURITY / INSURANCE NO _____ DATE OF BIRTH: _____

EMAIL _____ HOW LONG YOU LIVE AT ABOVE ADDRESS (Y/M) _____

WCB #: _____

DRIVER LICENSES

License No	Province of Issue	Class of License Held	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van , Tank, Flat, etc)	Dates		Approximate Mileage
		From	To	
Straight Truck				
Tractor and Semi Trailer				

ADDRESSES (for previous 3 Years) if you are living on the above address for less then 3 years

Street	City	Province	Postal Code	Number of Years

ACCIDENT(S) RECORD FOR PAST 3 YR OR MORE (ATTATCH SHEET IF ADDITIONAL SPACE REQUIRED)

Date	Nature of Accident (Head-on, Rear-end, Upset, etc)	Number of Fatalities	Number of Injuries	Type of vehicle involved	Chemical Spills	
					Yes	No

EMPLOYMENT HISTORY (for previous 10 years as Per FMSCA Section 391.15) and or 10 yrs if applying for Commercial Vehicle Operator

PRESENT OR LAST EMPLOYER _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

CONTACT PERSON _____ EMPLOYED FROM (M/Y) _____ TO (M/Y) _____

POSITION HELD _____ REASON FOR LEAVING _____

SECOND LAST EMPLOYER _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

CONTACT PERSON _____ EMPLOYED FROM (M/Y) _____ TO (M/Y) _____

POSITION HELD _____ REASON FOR LEAVING _____

THIRD LAST EMPLOYER _____

ADDRESS _____

T TELEPHONE # _____ FAX # _____

CONTACT PERSON _____ EMPLOYED FROM (M/Y) _____ TO (M/Y) _____

POSITION HELD _____ REASON FOR LEAVING _____

FORTH LAST EMPLOYER _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

CONTACT PERSON _____ EMPLOYED FROM (M/Y) _____ TO (M/Y) _____

POSITION HELD _____ REASON FOR LEAVING _____

FORTH LAST EMPLOYER _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

CONTACT PERSON _____ EMPLOYED FROM (M/Y) _____ TO (M/Y) _____

POSITION HELD _____ REASON FOR LEAVING _____

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENT

MOTOR CARRIER INSTRUCTION: The requirement 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 or can transport more than 15 people, or transports hazardous materials that require placards.

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

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

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.

NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Section 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 employing carrier and the state must be in writing.

The following license is the only one I will possess:

Driver's License No _____ Province _____ DL: Expiry Date _____

DRIVER'S CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name: (please print) _____

Driver's Signature: _____ Date: _____

Remarks:

SCHEDULE "A"

DRUG AND ALCOHOL TESTING CONSENT FORM

(TO BE EXECUTED BY ALL EMPLOYEES AND APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. I understand that as a condition of employment, or continued employment, with the company I must be part of, and I consent to, drug and alcohol testing which is required by the American department of transportation.
2. I confirm and acknowledge that I have been informed that drug and alcohol testing includes pre-employment, post accident, random, return to duty, follow up and reasonable suspicion tests as set out in the **Zero Tolerance Drug and Alcohol Policy**, ("the policy") of which a true copy has been provided to me.
3. I confirm and acknowledge that any breach of the policy by me may result in disciplinary action against me, up to and including termination.
4. As an applicant,(if applicable) I acknowledge that I cannot commence safety sensitive work for the company until I have submitted a urine sample for testing and the sample has been confirmed as negative for controlled substances.

My signature below confirms that I have read and understood the above terms and that I agree to abide by them.

Date this _____ at _____ Province _____

Employee Name _____

Supervisor Name _____

Employee signature _____

Supervisor signature _____

SCHEDULE "D"
ACKNOWLEDGEMENT OF RECEIPT OF DRUG & ALCOHOL POLICY
(TO BE EXECUTED BY ALL COVERED EMPLOYEES)

MY SIGNATURE BELOW CONFIRMS THAT I HAVE RECEIVED COPY OF THE ZERO TOLERANCE DRUG AND ALCOHOL POLICY
("THE POLICY") EFFECTIVE JULY 1ST 1997.

1. I understand that I must abide by the terms of the policy to ensure my safety, the safety of my fellow workers and the safety of public. I further recognize the adherence to the policy is critical to the maintenance of the company's reputation.
2. I understand that as an employee of the company, I may be required to take an alcohol and/or controlled substance test. I also understand that if I refuse to submit to such a test, or test that (the company) is obliged to remove me from service I will be terminated subject only to my execution of and compliance with the last chance Agreement.
3. I understand that this policy may be changed from time to time with the only notification being the posting of changes on the employee bulletin board.
4. I acknowledge receipt of the materials contained in the policy including including information concerning the effects of alcohol, and drugs on an individual's health, work, and personal life, including signs and symptoms and where to get help for myself or a co-worker.
5. I acknowledge and agree that if I engage in Prohibited Conduct that I will as a condition of employment, and if I am requested to do so, execute a Last Chance Agreement and I will abide by all of the terms and conditions set out therein. I understand and Agree that I may refuse to execute the Last Chance Agreement but that doing so will have the same effect as tendering my immediate resignation.

Dated this _____ at _____ Province _____

Employee Name _____

Supervisor Name _____

Employee signature _____

Supervisor signature _____

SUBJECT: REPLACEMENT DRIVERS

Date: _____

Drivers Name: _____

Under NO circumstances is anyone to drive your truck while you working on

A _____ Trip, and or being paid by _____
Company name Company name

If you are unable to drive your truck you must have company representative assign you new driver.

Failure to comply with this policy can and may result in immediate suspension and or Termination of your employment within the company.

Drivers Signature: _____

Company Representative: _____

COMPANY POLICY AND PROCEDURES

I, _____ certify that I have received a copy of the company's policy and
Driver name
Procedure manual, I acknowledge that I have read, understand and will comply with the standards set out in the manual knowledge.

Date: _____

Drivers Name: _____

Drivers Signature: _____

Name of Company Official: _____

Signature of Company Official: _____

INCIDENT DISCIPLINE

**LOG BOOKS – 1st Warning – Verbal
2nd Warning – Written Reprimand
3rd Warning – Written Reprimand
4th Warning – Suspension – 3 Days
5th Warning – Suspension or Termination**

**CVSA - 1st Warning – Verbal
2nd Warning – Written Reprimand
3rd Warning – Suspension – 3 Days
4th Warning – Termination**

INSUBORDINATION TO COMPANY OR CUSTOMER

**1st Warning – Verbal
2nd Warning – Written Reprimand
3rd Warning – Suspension
4th Warning – Termination**

ACCIDENTS – 100% AT FAULT (DEPENDS ON SEVERITY)

**1st Warning – Reprimand
2nd Warning – Written Reprimand or Termination**

Speeding And Minor Infractions Shall Be Dealt With As Required And Depending On Severity In Any 12 Months Period.

A COPY OF THIS REGULATION IS TO BE SIGNED BY THE DRIVER AND A COPY SHALL BE RETAINED IN HIS/HER FILE.

(Driver Signature)

(Date)

AUTHORIZATION FOR CLAIM HISTORY

To assist the company in analyzing my application for employment, I hereby authorize the Public Inquiry Department, Insurance Corporation of British Columbia, to permit the above name Company to be given a full copy of all claims history information concerning:

Name: (Last, First, Middle) _____

Address: _____

Driver's License # _____

Plate / Policy # _____

Signature _____

Date: _____

Return To:

ICBC
Public Inquires
136 151 West Esplanade
North Vancouver, BC. V7 M 3H9
Fax: 604- 646-7400

Note: PLEASE FAX THE INFORMATION BACK TO _____



**National Safety Code Abstract
Personal Request Form**

Insurance Corporation
of British Columbia
PO Box 3750
Victoria BC V8W 3Y5

Telephone: 250-414-7732
Fax: 250-978-8012

Please type or print clearly, illegible information cannot be processed.

LAST NAME	FIRST NAME	SECOND NAME
DRIVER'S LICENCE NUMBER	DATE OF BIRTH (mmmm/yyyy)	TELEPHONE NUMBER

SIGNATURE OF DRIVER
(REQUEST WILL NOT BE PROCESSED IF SIGNATURE MISSING)

DATE

Return abstract by:

<input type="checkbox"/> Mail	TO MY MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE
	OR			
	TO NAME OF CARRIER OR COMPANY			
	MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE

<input type="checkbox"/> Fax	TO MY FAX NUMBER
	OR
	TO NAME OF CARRIER OR COMPANY
	FAX NUMBER

<input type="checkbox"/> Email	TO MY EMAIL ADDRESS
	OR
	TO NAME OF CARRIER OR COMPANY
	EMAIL ADDRESS

A National Safety Code Driver's Abstract is also available by calling Customer Contact at 250-978-8300 (in Victoria) or toll-free at 1-800-950-1498.

MV2520 (06/2010)

MOTOR VEHICLE DRIVER'S CERTIFICATION IF VIOLATIONS

I certify that the following is a true and complete list of traffic violation(s) (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 Required to be listed during the past 12 months

Date _____ Signatures (Driver) _____

Reviewed by _____ Title _____ Date of Review _____

DRIVERS STATEMENT OF ON-DUTY HOURS
(FOR NEWLY HIRED DRIVERS)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from a 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's Name: (Please print clearly) _____

Social Security Number: (SIN) _____

Motor Vehicle Operator's License Number _____

Type of License _____ Issuing Province _____

Day	1	2	3	4	5	6	7
Date:							
Hours Worked							

Total Hours: _____

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

Driver's Signature _____ Date: _____

Driver's certification for the 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 employer(s). The definition of on-duty from in Section 395.2 Paragraph (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

If hired, will you still be working for another employer? 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: _____

Company Representative _____ Date: _____

QUESTIONNAIRE

Has any license, permit or privilege ever been suspended or revoked?

- Yes
- No

Do you currently hold more than one driver license?

- Yes
- No

If hired, would you have transportation to/from work?

- Yes
- No

If hired, are you willing to submit a controlled substance test?

- Yes
- No

Can you legally work in Canada?

- Yes
- No

Do you have any problem going into the United States of America?

- Yes
- No

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability and application was completed by me. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

Initial

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Initial

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Initial

Applicant Signature: _____ **Date:** _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST
PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I (print here) _____
First Name/Middle Last Name Social Security Number

Herby authorize:

Previous Employer _____ Email _____

Street: _____ Telephone: _____

City, Province, Postal code: _____ Fax #: _____

To release and forward the information requested in the following documents concerning my Alcohol and Controlled Substances testing records within the previous 3 years and all my safety performance with your company.

Application Date: _____

Driver signature: _____

PLEASE COMPLETE THE PAGES TITLED:

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER
EMPLOYMENT HISTORY**

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

**PART 3 TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY**

Please fax back to:

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER
EMPLOYMENT HISTORY

_____ has submitted an application for a position as _____

And stats that he/she was employed by you as a _____ from _____ to _____

Will you please reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve You in any responsibility.

1. Is the employment record with your company correct as stated above?

- Yes
- No,

2. Did the applicant drive motor vehicles for you?

- Passenger Car
- Straight Truck
- Bus
- Tractor-Semitrailer
- Other,
Explain _____

3. Was the applicant a safe and efficient driver?

- Yes
- No,

4. Give the dates of vehicle accidents in which he/she was involved?

5. Reason for leaving your employ?

- Discharged
 - Laid Off
 - Resigned
- Remarks:

- _____

6. Was the applicants' general conduct satisfactory?

- Yes
- No,

7. Is the applicant competent for the position sought?

- Yes
- No,

8. Did the applicant drink any alcoholic beverages while on duty?

- Yes
- No

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work					
Cooperation with Others					
Safety Habits					
Driving Skills					
Attitude					

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY

The applicant named above was employed by us:

- Yes
- No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? (circle one) Yes No

(Please circle) Straight Truck, Tractor-Semi Trailer, Bus, Cargo Tank, Doubles/Triples or other _____

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

If there is no safety performance history to report, check here [] sign below and return.

Accidents: Complete the following for any accidents included on your accidents register (s390.15 (B) that involved the applicant in the 3 years prior to the application date shown above, or check here [] if there is no accident register data for this driver.

DATE	LOCATION	# OF INJURIES	# OF FATALITIES	HAZMAT SPILL

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

Signature: _____ Title: _____ Date: _____

PART 3 TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by your company,
Please check here [] or

Driver was subject to Department of Transportation testing requirements from _____ to _____

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
 Yes
 No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
 Yes
 NO
3. Has this person refused to submit to a post- accident, random, reasonable suspicion, or follow -up alcohol or controlled substance test?
 Yes
 NO
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?
 Yes
 NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow up test? If Yes, please send documentation back with this form.
 Yes
 NO
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, 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

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employer in these previous 3 years prior to the applicant date shown on page 1.

Name: _____ Title: _____ Signature _____ Date: _____

PART 4A TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was

- Faxed to previous employer
- Phone
- Emailed
- Other _____

To:1) _____ 2) _____

By: _____ on Date: _____

COMMENTS _____

Second attempt:

This form was

- Faxed to previous employer
- Phone
- Emailed
- Other _____

To:1) _____ 2) _____

By: _____ on Date: _____

COMMENTS _____

Third attempt

This form was

- Faxed to previous employer
- Phone
- Emailed
- Other _____

To:1) _____ 2) _____

By: _____ on Date: _____

COMMENTS _____

PART 4B TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained:

Information received from: _____ by: _____

- Fax
- Emailed
- Mail
- Telephone or OTHER _____ DATE: _____

INTERNAL/OFFICE USE ONLY
CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Applicant Hired Date: _____

Classification (Driver or Owner Operator) _____

(If rejected, summary report of reason should be placed in the file)

This section to be filed in by responsible officer or company representative

	Superior	Good	Fair	Below Average	Poor	Written Record on File
Application						
Interview						
Past Employment						
Police and Traffic Record						

Signature of Interviewing Office _____ Date _____

Termination of Employment

Date terminated _____

Dismissed _____ Voluntarily out _____ other _____

Reason for termination _____

Termination report placed in file _____ Terminating officer _____

Signature of terminating office _____ Date _____

INTERNAL/OFFICE USE ONLY
US DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY PROGRAM OF ANNUAL REVIEW OF DRIVING RECORD SECTION 391.25

Name: _____ **SIN** _____

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 driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicle, 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 _____

Reviewed by _____ Signature _____

Date of Review _____

Reviewed by _____ Signature _____

Date of Review _____

Reviewed by _____ Signature _____

Date of Review _____

Reviewed by _____ Signature _____

Date of Review _____

Reviewed by _____ Signature _____

Date of Review _____

Reviewed by _____ Signature _____

Date of Review _____

Reviewed by _____ Signature _____

Date of Review _____

Reviewed by _____ Signature _____

DRIVER QUALIFICATION FILE CHECKLIST
ALL ITEMS MUST BE COMPLETED BEFORE CONSIDERING EMPLOYMENT.

**EITHER FILL OUT THE FORMS, OR ATTACH THE REQUESTED INFORMATION TO THIS APPLICATION. DO NOT FORGET
TO SIGN FORMS AS REQUESTED!**

- DRIVER'S APPLICATION FOR EMPLOYMENT
- DRIVERS ABSTRACT (NATIONAL SAFTEY CODE ABSTRACT) FILL IN SHEET AND ATTACH AN ORIGINAL COPY AS WELL.
- AUTHORIZATION OF CLAIM HISTORY AGREEMENT
- COPY OF CITIZENSHIP, CURRENT DRIVERS LICENSE, PERMANENT RESIDENCE CARD, PASSPORT AND COPY OF SIN (SOCIAL INSURANCE NUMBER)
- DRIVER'S STATEMENT OF ON-DUTY HOURS
- REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS
- SIGNED COMPANY POLICY SIGNED DRUG AND ALCOHOL POLICY
- ROAD TEST
- PRE-EMPLOYMENT DRUG TEST
- CURRENT WCB CLEARANCE LETTER
- CRIMINAL RECORD CHECK
- FAST CARD APPLICATION
- TWO YEARS DRIVING EXPERIENCE