

**Transport Solutions
APPLICATION FOR HIRE
And
RECORD FOLDER**

Applicant: Read and sign before submitting this application:

The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

I understand that the information in this application will be used and that prior employers and carriers to whom I have leased equipment will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations

NAME OF APPLICANT _____ DATE _____
SIGNATURE OF APPLICANT _____

First Name _____ Middle Name _____ Last Name _____
Phone Number () - _____ Cell Phone Number () - _____
Address _____ City _____ Province _____
Postal Code _____ How long have you been living at this address? _____

LIST ADDRESSES FOR PAST THREE YEARS

Address _____ City _____ Province _____
Postal Code _____ How long have you been living at this address? _____

Address _____ City _____ Province _____
Postal Code _____ How long have you been living at this address? _____

Date of Birth (answer only if applying for driving position) Year(YYYY): ___ Month(MM): ___ Day(DD): ___

IN CASE OF EMERGENCY NOTIFY:

Name _____ Address _____ Phone _____
Relation _____

Position Applied For _____ Who referred You _____

PHYSICAL HISTORY

PLEASE DESCRIBE ANY POSITIONS, JOBS OR DUTIES FOR WHICH YOU SHOULD NOT BE CONSIDERED BECAUSE OF PHYSICAL, MEDICAL OR MENTAL DISABILITIES

HAVE YOU BEEN GRANTED A WAIVER UNDER SECTION 391.49 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS PERTAINING TO THE LOSS OF FOOT, LEG, HAND OR ARM? (FOR DRIVERS ONLY)

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TWIN-TRAILERS				
OTHER				

LIST STATES AND PROVINCES OPERATED IN FOR LAST FIVE YEARS

EDUCATION

Highest Grade Completed: _____ High School: _____ College: _____
LAST SCHOOL ATTENDED _____ Name _____ Address _____

SHOW SPECIAL COURSE OR TRAINING THAT WILL HELP YOU AS A DRIVER

Training School Attended _____ Years Graduated _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

GENERAL

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENCE FOR WHICH YOU HAVE NOT RECEIVED A PARDON

HAVE YOU EVER WORKED FOR THIS COMPANY UNDER ANOTHER NAME

RECORD OF HIRE

NOTE: D.O.T. Requires that hire for at least 10 Years be Shown

Last Employer Name _____ Supervisor's Name _____
Address _____ Phone Number _____
Position Held _____ From _____ MM YYYY To _____ MM YYYY

Last Employer Name _____ Supervisor's Name _____
Address _____ Phone Number _____
Position Held _____ From _____ MM YYYY To _____ MM YYYY

Last Employer Name _____ Supervisor's Name _____
Address _____ Phone Number _____
Position Held _____ From _____ MM YYYY To _____ MM YYYY

Last Employer Name _____ Supervisor's Name _____
Address _____ Phone Number _____
Position Held _____ From _____ MM YYYY To _____ MM YYYY

Last Employer Name _____ Supervisor's Name _____
Address _____ Phone Number _____
Position Held _____ From _____ MM YYYY To _____ MM YYYY

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
- C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? YES NO

IF THE ANSWER TO EITHER A,B OR C IS YES, PLEASE DESCRIBE

ACCIDENT REVIEW FOR PAST 5 YEARS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			
Next Previous			
Next Previous			

REVIEW AND EVALUATION OF DRIVERS RECORD

In accordance with section 391.25, Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with section 391.27, has been reviewed for the past 60 months.

ACTION TAKEN:

(reviewed by Signature)

P.O. Box 905, Stn. A, Fredericton, NB E3B
5B4
(Motor Carrier's Address)

(Date)

(Title)

MEDICAL DECLARATION

On March 30, 1999 United States Federal Motor Carrier Safety Regulation medical requirements for Canadian drivers of commercial motor 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 with the medical requirements of the province in which their commercial driver's license is issued and that a medical fitness report if completed on the frequency as required 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 established medical history or clinical diagnosis of hearing impairment.

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.

STATEMENT OF PREVIOUS TESTING - EMPLOYMENT NOT OBTAINED

The information requested is pursuant to US DOT regulation 49 CFR Part 40

49 CFP Part 40, Subpart B, Section 40.25 (j) states: As the employer, you must 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 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 two years.

Have you tested positive or refused to test on any pre-employment drug and alcohol test administered by an employer where you applied for, but did not obtain, safety-sensitive work covered by US DOT agency drug and alcohol testing rules during the past two years?

NO YES

Company Name: _____
Address: _____
Date of test/ refusal to test: _____

CERTIFICATE OF COMPLIANCE

The commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation become effective July 1, 1987:

No driver may possess more than one license, and motor carrier may use a driver having more than one license.

A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state, which issued the license to that driver of such conviction within 30 days.

Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years. In addition to any other required information about applicants' employment history.

Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which becomes effective on July 1, 1997.

License: Province _____ Type/Class _____ Lic. No. _____

I further certify that the above commercial vehicle license is the only one held; or that I have surrendered the following licenses to the province/state indicated.

License: Province _____ Type/Class _____ Lic. No. _____
License: Province _____ Type/Class _____ Lic. No. _____

Instructions: Motor carriers when using a driver for the first time or intermittently 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 (r) Federal Motor Carrier Safety Regulations.

Day	1	2	3	4	5	6	7	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:
Time _____ Day _____ Month _____ Year _____

TO BE READ AND SIGNED BY APPLICANT

Our organization is committed to providing a healthy and safe working environment free from the negative effects of alcohol and drug use. We have an alcohol and drug policy to support this commitment to health and safety. This policy requires participation in an alcohol and drug testing program, including a pre-employment drug test. In addition, we may also require you to undergo a pre-employment physical to ensure that you are capable of meeting the physical and related demands of the job for which you are applying.

I hereby authorize my prospective employer and its representatives to verify the information contained in this Application of employment. I further agree that any willful omission or misrepresentation shall be considered sufficient cause for denial or termination of employment.

I, the undersigned, grant permission to my prospective employer and its representatives to collect personal information about me (including test results of any kind) and to conduct reference and credit checks and a criminal record search for criminal convictions for which pardon has not been granted. This information may be used to evaluate me application for employment and, if I am hired, this information may be kept in my employment file and updated from time to time. I agree that this information may be shared with my prospective employer's affiliated or related companies should I be considered for employment by any such companies. This permission includes my consent to the collection, use, disclosure and retention of information under the Personal Information, Protection and Electronic Document Act (Canada) or similar provincial legislation, if applicable.

Dated at _____ this _____ day of _____,

Driver's Signature: X _____

Witness Signature: X _____
(Company Official)



Fax Back To:

Inquiry to Past Employers/Carriers

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

Applicant Signature

Driver's Name _____	License # _____	Province _____
Company Address _____	Phone _____	Fax _____
Contact Person _____	Title _____	Drug tested <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dates Employed _____	From (MM/DD/YYYY): //	To (MM/DD/YYYY): //
Is this correct? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	From (MM/DD/YYYY): //	To (MM/DD/YYYY): //
Position Held _____	Equipment Used _____	
<input type="checkbox"/> Broker <input type="checkbox"/> Company	<input type="checkbox"/> B-Train <input type="checkbox"/> Straight Truck	
<input type="checkbox"/> Team <input type="checkbox"/> Single	<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer	
Injury/Illness? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Describe: _____	Reliable <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Accidents/Instances:

Date:	Type	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fines/Convictions: Overweight Logs Speeding Hours of Service

Breach of Company Policy? _____

Relationships Fleet Manager Customer Co-Workers _____

Experience: U.S. experience Canada experience Long-haul experience Local experience

Reason for Leaving: Quit Lay-off Terminated Reason _____

Notice Period _____

Would you rehire? Yes No _____

Comments _____

References Completed By _____ Date _____

**ALCOHOL & CONTROLLED SUBSTANCES TESTING - REQUEST /
CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER**

To be Completed by Prospective Employee Pursuant to 49
CFR sub-parts 382.405 and 382.413

I _____

Hereby authorize _____
to release and forward information requested by section 2 (below) of this document concerning my alcohol and controlled substances testing
records to:

**Sunbury Transport Limited
P.O. Box 905, Station "A"
Fredericton, NB
E3B 5B4
Telephone # 506-453-1133, Fax # 506-458-2550**

X _____
(Applicant Signature)

(Date)

Section 2: To Be Completed by Previous Employer
Complete This Section as it pertains To Part 382.413(b), Above.

- | | Yes | No |
|--|-------|-------|
| 1. Has this person ever tested positive for a controlled substance in the last two years? | _____ | _____ |
| 2. Has this person ever had an alcohol test with a Breath alcohol concentration 0.04 or greater in the last two years? | _____ | _____ |
| 3. Has this person ever refused a required test for drugs or alcohol in the last two years? | _____ | _____ |

If YES to any of the above questions, please give teh SAP's (Substance Abuse Professional) name, address and phone number for further
reference.

Name: _____

Address: _____

Phone: _____

Section 2 Completed by _____ Date: _____
(Signature): _____

Section 3: To Be Completed by Prospective Employer

This form was (check one) _____ Faxed to previous employer. _____ Mailed

Date: _____

Complete below when information is obtained.

Information was received from: _____

Method: _____ Fax _____ Mail _____ Phone _____ Personal Interview

Recorded by: _____ Date: _____

PREVIOUS EMPLOYER - COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER