

Driver's Application For Employment

Applicant Name Date of Application
Company
Address
City State Zip Code

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

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 personal 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 statement 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 AGENT

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 DRIVER

Last Name x First Name x Middle x SSN x

List your addresses for the past 3 years.

Current Addresses
Address x City x State x
Zip x Phone x How Long? x

Previous Addresses

Address <u>x</u>	City <u>x</u>	State <u>x</u>	Zip <u>x</u>	How Long? <u>x</u>
Address <u>x</u>	City <u>x</u>	State <u>x</u>	Zip <u>x</u>	How Long? <u>x</u>
Address <u>x</u>	City <u>x</u>	State <u>x</u>	Zip <u>x</u>	How Long? <u>x</u>
Address <u>x</u>	City <u>x</u>	State <u>x</u>	Zip <u>x</u>	How Long? <u>x</u>

Do you have the legal right to work in the United States? x Yes No

Date of Birth x (Required for Commercial Drivers) Can you provide proof of age? Yes No

Have you worked for this company before? x Yes No Where? x

Dates: From x To x Rate of Pay x Position x

Reason for leaving x

Are you now employed? x Yes No If not, how long since leaving last employment? x

Who referred you? x Rate of pay expected x

Have you ever been bonded? x Yes No Name of bonding company x
(Answer only if a job requirement)

Have you ever been convicted of a felony? x Yes No 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 for which you have applied [as described in the attached job description]? x Yes No

If yes, explain if you wish

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, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate 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 <u>x</u>		From	To:
Address <u>x</u>		<u>x</u>	<u>x</u>
City <u>x</u> State <u>x</u> Zip <u>x</u>		Position Held <u>x</u>	
Contact Person <u>x</u> Phone Number <u>x</u>		Salary/Wage <u>x</u>	
Were you subject to the FMCRs^ While Employed? <u>x</u> <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving <u>x</u>	
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? <u>x</u> <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
Name <input checked="" type="checkbox"/>		From	To:
Address <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
City <input checked="" type="checkbox"/>	State <input checked="" type="checkbox"/>	Zip <input checked="" type="checkbox"/>	
Contact Person <input checked="" type="checkbox"/>	Phone Number <input checked="" type="checkbox"/>	Salary/Wage <input checked="" type="checkbox"/>	
Were you subject to the FMCRs [^] While Employed? <input checked="" type="radio"/> Yes <input type="radio"/> No		Reason For Leaving <input checked="" type="checkbox"/>	
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 checked="" type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name		From	To:
Address			
City	State	Zip	
Contact Person	Phone Number	Salary/Wage	
Were you subject to the FMCRs [^] While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving	
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="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name		From	To:
Address			
City	State	Zip	
Contact Person	Phone Number	Salary/Wage	
Were you subject to the FMCRs [^] While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving	
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="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name		From	To:
Address			
City	State	Zip	
Contact Person	Phone Number	Salary/Wage	
Were you subject to the FMCRs [^] While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving	
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="radio"/> Yes <input type="radio"/> No			

*Includes vehicles having 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 the 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 required). If non, 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 required)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

State	Licence Number	Type	Expiration Date
DRIVER			
LICENSES			

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

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

DRIVING EXPERIENCE check yes or no

Class of Equipment	Equipment Type	From	Dates To	Approx. No. of Miles (Total)
Straight Truck <input checked="" type="radio"/> Yes <input type="radio"/> No				
Tractor and Semi-Trailer <input checked="" type="radio"/> Yes <input type="radio"/> No				
Tractor - Two Trailers <input checked="" type="radio"/> Yes <input type="radio"/> No				
Tractor - Three Trailers <input checked="" type="radio"/> Yes <input type="radio"/> No				
Motorcoach - School Bus <input checked="" type="radio"/> Yes <input type="radio"/> No More than 8 passengers.				
Motorcoach - School Bus <input checked="" type="radio"/> Yes <input type="radio"/> No More than 15 passengers.				
Other				

List states operated in for last five years:

Which safe driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in the application

List special equipment or technical materials you can work with (other than already shown)

EDUCATION

Highest Grade Completed Last School Attended & Location (city & state)

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: _____

SCHEDULE "B"
PAST EMPLOYER INFORMATION CONSENT FORM
 (TO BE EXECUTED BY APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. My signature below confirms my consent for the Company to inquire of my past employers in order to determine if I have engaged in Prohibited Conduct while I was employed with any of them.

2. I understand that my past employer is obligated to release all information that they have in my file held by them that relates to Prohibited Conduct during the past three years including but not limited to:
 - A. Whether I have had a breath test in excess of 0.039 BAC; and,
 - B. Whether I had a positive controlled substance test; and,
 - C. Whether I have refused to submit to a test; and,
 - D. Whether I have failed to undertake or complete a rehabilitation program prescribed by a SAP; and,
 - E. Whether I have had an accident during the three years preceding the date of my employment with the Company.

3. I acknowledge that I will be removed from my job with the Company should their inquiries of past employers determine that I have engaged in Prohibited Conduct which I have not already disclosed.

4. I understand that I have the right to review information provided by previous employers and I have the right to request that the previous employer correct any error made in their responses. If the previous employer does not agree that an error was made, I have the right to request that a rebuttal statement be attached to the alleged erroneous information.

My past employers include:

Name of Previous Employer

Phone # of Previous Employer

Dated this day of 20 at B.C.

 Employee Signature

 Supervisor Signature

 Employee Printed Name

 Supervisor Printed Name

SCHEDULE "B" "1"

DISCLOSURE FORM

(TO BE EXECUTED BY APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. Have you ever, in the past two years, applied for but did not actually obtain, safety-sensitive transportation work with a company covered by DOT drug and alcohol testing rules?
Yes _____ No _____
x
2. If the answer to question "1" above was "yes", then did you take a pre-employment drug test for this company that you applied to, but did not actually work for?
Yes _____ No _____
x
3. If the answer to question number "2" above was "yes", then did you test positive for drugs on this pre-employment drug test?
y Yes _____ No _____ Not applicable _____
4. If the answer to question number "3" above was "no", then did you ever refuse to take a pre-employment drug test for a company that you applied to, but did not actually work for?
y Yes _____ No _____ Not applicable _____

My signature below confirms that I have truthfully answered the questions on this Disclosure Form.

I acknowledge that, if I answered "yes" to question "3" or question "4", I cannot perform safety sensitive work with the Company until I have successfully completed the return-to-work process.

I acknowledge that I will be removed from the Company should they become aware that I have not truthfully answered the questions on this Disclosure Form.

Dated this x _____ day of x _____ 2x _____ in the Province of British Columbia.

x _____
Employee Signature

Supervisor Signature

y _____
Employee Printed Name

Supervisor Printed Name

SCHEDULE "D"
ACKNOWLEDGEMENT OF RECEIPT OF
THE DOT STANDARD
DRUG AND ALCOHOL POLICY
(TO BE EXECUTED BY ALL COVERED EMPLOYEES)

MY SIGNATURE BELOW CONFIRMS THAT I HAVE RECEIVED A COPY OF THE DOT STANDARD DRUG AND ALCOHOL POLICY ("the Policy").

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 the public. I further recognize that 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 such a test, or tests, or otherwise engage in Prohibited Conduct, the Company will remove me from service and that I will be suspended without pay subject to my execution of, and adherence to the terms of, the Last Chance Agreement a copy of which is attached as Schedule "C".

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 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.

Dated this day of 20 at BC.

Employee Signature Supervisor Signature

Employee Printed Name Supervisor Printed Name

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) <input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> M.I. <input checked="" type="checkbox"/> Last <input checked="" type="checkbox"/> Social Security Number _____ Hereby authorize: _____ Date of Birth _____	
Previous Employer: <input checked="" type="checkbox"/> _____ Email: <input checked="" type="checkbox"/> _____	
Street: <input checked="" type="checkbox"/> _____ Telephone: <input checked="" type="checkbox"/> _____	
City, State, Zip: <input checked="" type="checkbox"/> _____ Fax No.: <input checked="" type="checkbox"/> _____	
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 <input checked="" type="checkbox"/> _____ (employment application date)	
To: Prospective Employer: <input checked="" type="checkbox"/> _____	
Attention: <input checked="" type="checkbox"/> _____ Telephone: _____	
Street: <input checked="" type="checkbox"/> _____	
City, State, Zip: <input checked="" type="checkbox"/> _____	
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: <u>604-507-7742</u>	
Prospective employer's email address: <input checked="" type="checkbox"/> _____	
<input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> _____ 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																				
ACCIDENT HISTORY																					
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>																					
Employed as _____ from (m/y) _____ to (m/y) _____																					
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____																					
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>																					
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.																					
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.																					
<table border="1"><thead><tr><th>Date</th><th>Location</th><th># Injuries</th><th># Fatalities</th><th>Hazmat Spill</th></tr></thead><tbody><tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>		Date	Location	# Injuries	# Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
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: _____																					

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- | |
|--|
| <p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> • Complete the information • Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3 |
|--|

- | |
|---|
| <p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> • Record receipt of the information • Retain the form |
|---|