

NEW DRIVER CHECKLIST

DRIVER NAME: _____ APP DATE _____ COMPANY: _____

USA:

DOCUMENT	RECEIVED	NOTES
APPLICATION		
POLICY FORM		
N PRINT ABSTRACT		
BC – ICBC CLAIMS HISTORY		
LICENSE COPY		
EMAIL ADDRESS		
SIN CARD OR NUMBER		
WCB #		
CARE CARD IF THEY HAVE IT		
PASSPORT COPY		
WORK PERMIT		
SCHEDULES (A THRU D)		
LOG BOOK KNOWLEDGE TEST IF APPLICABLE		RESULT:
DRUG TEST FORM		
PREVIOUS EMPLOYER REFERENCE CHECK		ATTEMPT 1: ATTEMPT 2: ATTEMPT 3:

OFFICE USE ONLY

APPLICATION COMPLETED BY: _____

EMAILED TO CARRIER ON: _____ <DATE>

ENTERED MAXIMIZER ON: _____ <DATE>

ENTERED ON REVIEW ON: _____ <DATE>

CHECKED BY _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Date of application _____ Company: _____

Position(s) Applied for (circle) DRIVER OWNER OPERATOR

Country to Travel (circle all that apply): CANADA USA Class 1 since year _____

(ANSWER ALL QUESTION-PLEASE PRINT CLEARLY)

In compliance with Federal and State equal employment opportunity applicants are considered for all positions without regard to race, color, religion, age, marital status, or non-job related disability.

Name _____
Last First Middle

Home Phone _____ Cell Phone _____

Date of Birth _____ SIN: _____
Month Day Year

Passport # (if applicable) _____ Port Pass # (if applicable) _____

Current Address _____
Street City Zip Code How long

If less than 2 years, provide the previous addresses.

Previous Address _____
Street City Zip Code How long

Previous Address _____
Street City Zip Code How long

DRIVER'S APPLICATION FOR EMPLOYMENT

QUALIFICATIONS - DRIVER

The following license is the only one I will possess:

Driver License _____
Province License No. Type Expiration Date

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 TO A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

Motor Vehicle Driver's Certification of Compliance with Driver License Requirements

1) POSSESS ONLY ONE LICENSE: You, as a commercial 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 license to the state that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If multiple licenses has been lost or stolen, close your record by notifying the state of issuance that you no longer want to be licensed.

2) 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 license. In addition, Section 383.31 require that any time you violate a state or local traffic law (other than parking), you must report within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

DRIVER CERTIFICATION: I certify that I have read and understood to above requirements.

Driver's Signature _____ Date: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

List employers in reverse order starting with the most recent (List previous 5 years)

1. Name of Employer: _____ **Contact person** _____

Address: _____

FROM: _____ **TO** _____ **Phone No (** _____ **)** _____ **Fax No** _____
Month Year month Year

Type of Equipment _____ **Reason for leaving** _____ **Position Held** _____

2. Name of Employer: _____ **Contact person** _____

Address: _____

FROM: _____ **TO** _____ **Phone No (** _____ **)** _____ **Fax No.** _____
Month Year month Year

Type of Equipment _____ **Reason for leaving** _____ **Position Held** _____

3. Name of Employer: _____ **Contact person** _____

Address: _____

FROM: _____ **TO** _____ **Phone No. (** _____ **)** _____ **Fax No** _____
Month Year month Year

Type of Equipment _____ **Reason for leaving** _____ **Position Held** _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Accident record for past 3 years or more including on Personal Vehicle (attach sheet if more space is needed).

Last accident _____
 Date Month Year Nature of accident Fatalities Injuries

Next previous _____
 Date Month Year Nature of accident Fatalities Injuries

Next previous _____
 Date Month Year Nature of accident Fatalities Injuries

Traffic conviction and forfeitures for the past 3 year THAT WILL NOT BE listed on your abstract.

 Location Date Month Year Charge Penalty

 Location Date Month Year Charge Penalty

 Location Date Month Year Charge Penalty

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 true and complete to the best of my knowledge.

I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matter 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.) Hereby release employers, school, 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 may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the company.

Date _____ Month _____ Year _____

Applicant's Signature _____

Thank you for your interest in our company

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 DOT Standard Drug and Alcohol Policy, ("the Policy") of which a true copy has been provided to me.
3. I confirm and acknowledge that my 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.

Dated this _____ day of _____ (month) 20__ (year) at _____ (location).

Employee Signatures

Supervisor

Name

Print Name

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 which relates to Prohibited Conduct during the past three years including, but not limited to, the following:
 - A. Whether I 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. Exception: Until May 1, 2006, previous employers need only provide information for accidents that occurred after April 29, 2003.
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 be alleged erroneous information.

4. My past employers include:

- | | |
|----------|----------------------------------|
| A. _____ | _____ |
| Name | Phone number including area code |
| B. _____ | _____ |
| Name | Phone number including area code |
| C. _____ | _____ |
| Name | Phone number including area code |
| D. _____ | _____ |
| Name | Phone number including area code |

5. I understand that this form will be faxed to each of my past employers which I consent to.

Dated this _____ day of _____ (month) 20__ (year) at _____ (location).

Employee Signature

Supervisor

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___

2. If the answer to question number "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___ Not applicable___

3. If the answer to question number "2" above was "yes", then did you test positive for drugs on this pre-employment drug test that was taken for a company that you applied to, but did not actually work for?

Yes___ No___ Not applicable___

4. If the answer to question number "2" 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?

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 number "3" or question number "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 _____ day of _____ (month) 20____ (year) at _____ (location).

Employee Signature

Supervisor Signature

SCHEDULE "C"

LAST CHANCE AGREEMENT

(TO BE EXECUTED BY EMPLOYEES ENGAGING IN PROHIBITED CONDUCT)

My signature below confirms that I have read and agree to the terms set out in this Last Chance Agreement.

1. I acknowledge that I have engaged in Prohibited Conduct as defined by the Company's DOT Standard Drug and Alcohol Policy ("the Policy") and that a condition of my employment or contract with the Company requires that I execute this Last Chance Agreement and abide by its terms in order to be considered for continued employment.
2. I agree to meet with a Substance Abuse Professional (SAP) as directed by the Company and to adhere to any conditions of treatment determined by the SAP.
3. I acknowledge and agree that I will be terminated immediately, without further notice or compensation if I:
 - i.) engage in Prohibited Conduct within five years of the date indicated below; or
 - ii.) fail to meet with the SAP; or
 - iii.) do not comply with the treatment program determined by the SAP; or
 - iv.) refuse to test for alcohol or drugs as set out in the Policy; or,
 - v.) refuse to test for alcohol or drugs as determined necessary by the SAP.
4. I understand that I will not be considered for reinstatement until the Company has received written confirmation from the SAP that I am fit for duty.
5. I give permission to the Company to speak and correspond with the SAP with regard to my treatment, my compliance to treatment, and the length of time that I will be off work. I recognize that this is necessary as the Company has to plan its affairs.

Dated this _____ day of _____ (month) 20____ (year) at _____ (location).

Employee Signatures

Supervisor

Name

Print Name

SCHEDULE "D"
ACKNOWLEDGEMENT OF RECEIPT OF
THE DOT STANDARD
DRUGS 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 submit 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 _____ (month) 20__ (year) at _____ (location).

Employee Signatures

Supervisor

Name

Print Name

PREVIOUS EMPLOYMENT REFERENCE CHECK

FROM – PROSPECTIVE EMPLOYER	TO – PREVIOUS EMPLOYER
COMPANY:	COMPANY:
CONTACT INFO:	FAX #:
APPLICANT NAME:	PERIOD WORKED:

I understand that the information to be released by my previous employer is limited to the DOT-regulated testing items listed in Section 2 below. This release is in accordance with DOT Regulation 49 CFR Part 40 and Part 391. I authorize my Previous Employer to release such information to my Prospective Employer.

Applicant Signature: _____ **Date:** _____

General Reference

1. What kind of work did applicant do for you? _____
2. What type of equipment did applicant drive? _____
3. Number of Tickets? _____ # of Accidents? _____
4. Reason for leaving your company? ___ Discharged ___ Quit ___ Laid off
5. Was applicants driver license ever suspended? ___ YES ___ NO
6. Applicants' General conduct Rating ___ Satisfactory ___ Unsatisfactory
7. Applicants' driving knowledge ___ Satisfactory ___ Unsatisfactory
8. Would you re-employ? ___ YES ___ NO
9. General remarks: _____

Section 2: DOT Alcohol and Drug Policy (if applicable)

Driver did not travel to USA

- | | | |
|---|-----|----|
| 1. Has this person ever tested positive for a controlled substance in the last 3 years? | YES | NO |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04
In the last 3 years? | YES | NO |
| 3. Has this person ever refused a required test for drugs or alcohol in the last 3 years? | YES | NO |
| 4. Did a previous employer report a violation of the drug and alcohol rule? | YES | NO |
| 5. Has this person had any other violations of the DOT drug and alcohol testing regulations? | YES | NO |
| 6. If you answered "yes" to any of the above items, did the employee complete a Return-to-Duty process? | YES | NO |

If "yes" to # 4, you must provide the previous employer's report. If "yes" to # 6, you must transmit the return-to-duty documentation.

Signature of Person supplying this information: _____ Date: _____

Thank you for taking the time to complete this reference check.

PLEASE FAX FORM BACK TO: 604-592-9633 or email to info@totalfleet.ca

Driver Licensing Acknowledgement Form

I, _____, confirm that I have only held the license(s)
(Driver Print Name)
 noted below from the time I have resided in Canada to the present time.

Province	Check if you held a license	Class Held	Dates (From – To)	Office Use only Abstract Requested
British Columbia				
Alberta				
Saskatchewan				
Manitoba				
Ontario				
New Brunswick				
Nova Scotia				
Quebec				
Prince Edward Island				
Newfoundland				

I understand the carrier with whom I am applying with has all rights to request my driving abstract from the above noted provinces to verify my driving history.

I am aware that any false statements on this form can result in my employment termination.

Signed by Applicant/Driver: _____ Date: _____