

DRIVER'S APPLICATION FOR EMPLOYMENT

Company :- _____

Address:- _____

City:- _____ Province:- _____ Postal Code:- _____

(answer all questions - please print)

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, or non-job related disability.

Date of application:- _____

Position(s) Applied for :- _____

Name:- _____ Social Insurance No. :- _____
Last First Middle

Address:- _____
Street City

Prov. Postal Code Phone #

ADDRESS FOR PAST THREE YEARS {
Street City Prov. & Postal Code How Long?
Street City Prov. & Postal Code How Long?

Drivers Licence Number _____ Class _____ Expiry Date _____

Do you have the legal right to enter into the United States? _____

Date of Birth:- D _____ / M _____ / Y _____ Can you provide proof of age? _____
(Required for Truck 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? _____

How were you referred Newspaper Ad Truck News Magazine Co. Driver Other Source

Who referred you? _____ Rate of pay expected _____

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]?

If yes, explain if you wish. _____

Have you applied & received CSA approval? YES NO

Have you been denied CSA Approval? YES NO

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 5 years. List the truck lines, not the Owner Operator you drove for.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 5 years' information on those employers for whom the applicant operated such vehicle for a total of 10 years work experience.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

WORK DATES: From Month/Year _____ To Present _____

Company		Type of Trailer
Address		Type of equip. Driven
City		Type of Freight Hauled
Prov.	Postal Code	Areas You Drove In
Phone#	Cell#	Hours or Miles per Week
Supervisor		Reasons For Leaving
Full Time or Part Time		Position Held

WORK DATES: From Month/Year _____ to Month/ Year _____

Company		Type of Trailer
Address		Type of equip. Driven
City		Type of Freight Hauled
Prov.	Postal Code	Areas You Drove In
Phone#	Cell#	Hours or Miles per Week
Supervisor		Reasons For Leaving
Full Time or Part Time		Position Held

WORK DATES: From Month/Year _____ to Month/ Year _____

Company		Type of Trailer
Address		Type of equip. Driven
City		Type of Freight Hauled
Prov.	Postal Code	Areas You Drove In
Phone#	Cell#	Hours or Miles per Week
Supervisor		Reasons For Leaving
Full Time or Part Time		Position Held

CON'T EMPLOYMENT HISTORY

WORK DATES: From Month/Year _____ To Present _____

Company	Type of Trailer
Address	Type of equip. Driven
City	Type of Freight Hauled
Prov. Postal Code	Areas You Drove In
Phone# Cell#	Hours or Miles per Week
Supervisor	Reasons For Leaving
Full Time or Part Time	Position Held

WORK DATES: From Month/Year _____ to Month/ Year _____

Company	Type of Trailer
Address	Type of equip. Driven
City	Type of Freight Hauled
Prov. Postal Code	Areas You Drove In
Phone# Cell#	Hours or Miles per Week
Supervisor	Reasons For Leaving
Full Time or Part Time	Position Held

WORK DATES: From Month/Year _____ to Month/ Year _____

Company	Type of Trailer
Address	Type of equip. Driven
City	Type of Freight Hauled
Prov. Postal Code	Areas You Drove In
Phone# Cell#	Hours or Miles per Week
Supervisor	Reasons For Leaving
Full Time or Part Time	Position Held

****Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle to transport hazardous materials in a quantity requiring placarding.**

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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- OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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.

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.

DATE

APPLICANTS SIGNATURE

INQUIRY TO PAST EMPLOYERS

Applicant's Name _____

The applicant has applied to this company for employment. Your firm has been listed by the applicant as a past employer. Kindly reply to this inquiry respecting the applicant.

I hereby authorize you to release all requested information to my prospective employer, listed below or whoever has requested same per Section 391.23 of the Federal Motor Carriers Safety Regulations. You are released from any claim of liability against your company (and it's Agents) for information submitted to this inquiry.

1. Applicant was employed/contracted from _____ to _____
2. What type of vehicle did applicant drive for you? _____
3. Number of accidents _____ Dates _____
At fault, please explain _____
4. Applicant was drug and alcohol tested as per USDOT regulations Yes No
5. Reason for leaving your company: Resign _____ Discharge _____ Layoff _____
6. Is this applicant eligible to return? _____

Remarks _____

Person, Title and Company Name supplying information:

By: _____ Date: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

WAIVER

I hereby authorize you to release all information concerning my employment including oral 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 you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned persons or firms.

Applicants Signature _____

_____ Date

From: Country Transport
Address: 565545 Towerline Rd
City: Woodstock, ON N4S 7W3
Fax / Phone #: 519-539-8801 – Phone
519-467-0104 – Fax





FORM 413 / 301

REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301(b)

PURPOSE OF THIS FORM: (A) Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O. (B) (I) Under 49 CFR 382.301(b) a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (II) Under 49 CFR 382.301(c)(2) an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

Name (print) _____ (SIN) _____ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

APPLICANT/DRIVER CONSENT

TO: [Previous Employer] Date: _____
Company: _____ Phone: _____ Fax: _____
Address: _____
Designated Employer Representative: _____
In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.
FROM: [Prospective Employer]
Company: 1365221 Ontario Inc dba Country Transport Phone: 519-539-8801 Fax: 519-467-0104
Address: 565545 Towerline Road
Attention: _____
I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.
Applicant Name (Print): _____ Applicant's SIN/Employee ID: _____
Applicant Signature «driver»: _____ Date: _____

Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301.
Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

☐ Please check off if section (2) for the pre-employment exemption is not required.

(1) Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No

(2) For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program _____ (mm/dd/yy).
Employee's ending date of participation to program _____ (mm/dd/yy).
Program complies with DOT requirements? Yes No
Date of last drug test _____ (mm/dd/yy)

DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382

Subpart B (last 6 months).

Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

Comments: _____

(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25

TESTING HISTORY

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years? Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years? Yes No
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)? Yes No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)? Yes No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
 - a) Was the person referred to a SAP? Yes No
If employment with your company continued:
 - b) Was the person evaluated by the SAP? Yes No
 - c) If yes, did the SAP recommend treatment and/or education? Yes No
 - d) Did the person complete the treatment and/or education as determined by the SAP? Yes No
 - e) Did the person undergo a return-to-duty test? Yes No
 - f) If yes, was the return-to-duty test negative? Yes No
 - g) Did the SAP recommend follow-up testing? Yes No
 - h) Did the person complete the follow-up testing? Yes No

***If applicable**, please submit copy of documentation of completion of return-to-duty and follow-up testing records.

I confirm that the above information is accurate.

Name of Company Rep (Print)

Company

Signature

Date