



565545 Towerline Rd.  
Woodstock, ON N4S 7W3  
Phone: 519-539-8801  
Fax: 519-467-0104  
[www.countrytransport.com](http://www.countrytransport.com)  
[josem@countrytransport.com](mailto:josem@countrytransport.com)

## To All Applicants without Prejudice:

Thank you for taking the time to apply to Country Transport. In order for you to be successful in gaining employment at Country Transport, you must meet the following minimum requirements.

- 3 years verifiable driving experience within the last 10 years
- A valid Class AZ Driver's licence
- Clean Driver's Abstract & CVOR
- Current FAST card and Passport

Country Transport has instituted a three step hiring process designed to limit the amount of time and information you will have to supply to us before we make the decision as to your qualification to driver for us. We will be in touch with you at the end of each process regardless of the outcome.

- Step 1: Send us your resume and the last two pages of our Short Application (*Inquiry to Past Employers/Driver Check*) authorizing us to contact your previous employers for a reference and drug program participation history. You can download the Short Application; including the two forms from our website [www.countrytransport.com](http://www.countrytransport.com) go to "Downloads". Fax or email it to us at: (519) 467-0104 / [josem@countrytransport.com](mailto:josem@countrytransport.com).

*We will **NOT** contact your present employer, unless you specifically authorize us to do so. We do not require your Abstract and CVOR at this stage of the process. Your guarantee that the information you supply us is correct and true is all we need for this step.*

- Step 2: At this stage, we have qualified you as a good candidate for Country Transport. We will require you to come in for an interview, and assessment. We will also acquire your Driver's Abstract, CVOR and PSP (US).
- Step 3: We will make you an offer of employment on condition that the information you have supplied us so far is true and accurate. Should you accept, you should inform your present employer of the fact, and give them two weeks notice. You should also inform them that we will be contacting them for a reference, and drug program participation history.

*Note: It is very important that you furnish us as much information as possible on your present employer, including what type of reference they will give us. This is a critical reference, and it will affect whether we will honor our offer of employment or not.*

**Special Note: Inquiry to Past Employers & Driver Check Forms:**  
**Fill in the lines with an "X" only. Leave the rest of the forms blank.)**



565545 Towerline Rd.  
Woodstock, ON N4S 7W3  
Phone: 519-539-8801  
Fax: 519-467-0104  
[www.countrytransport.com](http://www.countrytransport.com)  
josem@countrytransport.com

## PROFESSIONAL DRIVER'S APPLICATION

(Answer all questions - please print)

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ (DD/MM/YY)

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
Province Postal Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_  
Street City Province & Postal Code How Long? \_\_\_\_\_  
Street City Province & Postal Code How Long? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied  Yes  No

If yes, explain \_\_\_\_\_

Do you have a "Fast Card"?  Yes  No Have you ever been turned down for a Fast Approved Driver?  Yes  No

If no will you provide a current criminal records check?  Yes  No

Do you have a valid Passport?  Yes  No

Can you / will you travel to the United States?  Yes  No

All Commercial Drivers operating in the US must participate in a random drug program.

Are you willing to participate in such a program?  Yes  No

Note any other pertinent information we should be aware of but not included on this form:

## Employment History

All driver applicants to drive a commercial truck must provide the following information on all employers during the preceding 3 years. List a complete mailing address, street number, city, province and postal code.

Applicants to drive a commercial motor vehicle\* in the United States shall also provide an additional 7 years' information.

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

<b>PRESENT / PREVIOUS EMPLOYER</b>	<b>DATES (MM/YY)</b>
ADDRESS	FROM   TO
CITY PROV. POSTAL CODE	POSITION HELD
CONTACT PHONE # FAX #	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="checkbox"/> Yes <input type="checkbox"/> No	

<b>PRESENT / PREVIOUS EMPLOYER</b>	<b>DATES (MM/YY)</b>
ADDRESS	FROM   TO
CITY PROV. POSTAL CODE	POSITION HELD
CONTACT PHONE # FAX #	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="checkbox"/> Yes <input type="checkbox"/> No	

<b>PRESENT / PREVIOUS EMPLOYER</b>	<b>DATES (MM/YY)</b>
ADDRESS	FROM   TO
CITY PROV. POSTAL CODE	POSITION HELD
CONTACT PHONE # FAX #	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="checkbox"/> Yes <input type="checkbox"/> No	

<b>PREVIOUS EMPLOYER</b>	<b>DATES (MM/YY)</b>
ADDRESS	FROM   TO
CITY PROV. POSTAL CODE	POSITION HELD
CONTACT PHONE # FAX #	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="checkbox"/> Yes <input type="checkbox"/> No	

## Employment History Continued...

<b>PREVIOUS EMPLOYER</b>	<b>DATES (MM/YY)</b> FROM _____ TO _____
ADDRESS	
CITY _____ PROV. _____ POSTAL CODE _____	POSITION HELD
CONTACT _____ PHONE # _____ FAX # _____	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="checkbox"/> Yes <input type="checkbox"/> No	

<b>PREVIOUS EMPLOYER</b>	<b>DATES (MM/YY)</b> FROM _____ TO _____
ADDRESS	
CITY _____ PROV. _____ POSTAL CODE _____	POSITION HELD
CONTACT _____ PHONE # _____ FAX # _____	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="checkbox"/> Yes <input type="checkbox"/> No	

<b>PREVIOUS EMPLOYER</b>	<b>DATES (MM/YY)</b> FROM _____ TO _____
ADDRESS	
CITY _____ PROV. _____ POSTAL CODE _____	POSITION HELD
CONTACT _____ PHONE # _____ FAX # _____	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="checkbox"/> Yes <input type="checkbox"/> No	

<b>PREVIOUS EMPLOYER</b>	<b>DATES (MM/YY)</b> FROM _____ TO _____
ADDRESS	
CITY _____ PROV. _____ POSTAL CODE _____	POSITION HELD
CONTACT _____ PHONE # _____ FAX # _____	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="checkbox"/> Yes <input type="checkbox"/> No	

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

**INQUIRY TO PAST EMPLOYERS**

Applicant's Name **X** \_\_\_\_\_

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.

**X** \_\_\_\_\_  
Applicants Signature

**X** \_\_\_\_\_  
Date

From: Safety Compliance  
Address: 565545 Towerline Rd  
City: Woodstock, ON N4S 7W3  
Fax / Phone #: 519-539-8801 – Phone  
519-467-0104 – Fax  
josem@countrytransport.com



# 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) X \_\_\_\_\_ 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.

### DRIVER CONSENT

<b>TO:</b> [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.	
<b>FROM:</b> [Prospective Employer]	
Company: <b>Country Transport</b> <b>56545 Towerline Rd.</b> <b>Woodstock, ON</b>	<b>Phone: (519) 539-8801</b> <b>Fax: (519) 467-0104</b> <b>e-mail: josem@countrytransport.com</b>
Attention: <b>Jose E. Monteiro, Safety-Compliance Coordinator</b>	
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.	
DRIVER'S NAME (Print): <u>X</u> _____	S.I.N #: <u>X</u> _____
DRIVER'S SIGNATURE: <u>X</u> _____	DATE: <u>X</u> _____

**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.