

Application Form

Date: _____

Contact Information:

Last Name First Name Middle Name Date of Birth SIN

Have you ever been known by any other name? If yes, please specify:

Main Phone Alternate Phone Email (required for payroll)

Addresses for Last Five Years:

Street City Province Postal Code Duration

Street City Province Postal Code Duration

Street City Province Postal Code Duration

Emergency Contact Information (Required):

Last Name First Name Middle Name Phone Number Relation

How did you hear about the company?

Magazine Newspaper Our Equipment Referred by An Employee: _____

Education:

Grade: 1 2 3 4 5 6 7 8 High School 10 11 12 13 College 1 2 3 4

Truck Driving School (if applicable): _____ **Dates:** _____ **To** _____

Do you have a legal right to work in Canada? Yes No

Are you legally able to cross into the United States? Yes No

Eligibility:

Have you ever been fired from a job? Yes No **Dates:** _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No **Dates:** _____

Has any license, permit or privilege ever been suspended or revoked? Yes No **Dates:** _____

Have you ever been convicted or have any charges pending of reckless, careless driving or operation of a motor vehicle?

Yes No **Dates:** _____

If you answered YES to any question above, please explain: _____

Employment History

Starting from today and working backward list all of your employers for the past 10 years. We are obligated to contact all employers for the past 3 years from the date of application. All time must be accounted for; gaps of unemployment must be accompanied with an explanation.

Period of Unemployment: Start _____ Finish _____

Reason: _____

Company: _____ Job Description: _____

Started: _____ Finished: _____ Reason for leaving: _____

Address: _____ Tractor/Truck Type: _____

City: _____ Province: _____ Trailer Type: _____

Contact: _____ Number of Accidents: _____ Total Miles/Time: _____

Phone: _____ Fax: _____ Areas Operated/Drive: _____

Were you Subject to the FMCSRs* while employed here? Yes No

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? Yes No

Period of Unemployment: Start _____ Finish _____

Reason: _____

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Started: _____ Finished: _____ Reason for leaving: _____

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Started: _____ Finished: _____ Reason for leaving: _____

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Reason: _____

Company: _____ Job Description: _____

Started: _____ Finished: _____ Reason for leaving: _____

Address: _____ Tractor/Truck Type: _____

City: _____ Province: _____ Trailer Type: _____

Contact: _____ Number of Accidents: _____ Total Miles/Time: _____

Phone: _____ Fax: _____ Areas Operated/Drive: _____

Were you Subject to the FMCSRs* while employed here? Yes No

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? Yes No

Accident / Incident Record:

List ANY accident / incident involvement within the past 5 years (even if not at fault)

Date	Type of Vehicle	Description	At Fault (yes/no)	Charged (yes/no)	# Fatalities	# Injuries	Amount of Damage (\$)

Moving Violations:

List all traffic convictions / violations for the last 5 years for any vehicle or jurisdictions, other than parking infractions

Date	Type of Vehicle	Location (State)	Description	Penalty/Fine (\$)

Motor Vehicle Licenses:

List all driver's licenses held in the past 5 years

Province/State	License Number	Class of License	Expiration Date

Please Read Carefully and Answer the Following Question:

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

No Yes

Applicant to Review and Sign Before Submitting

By signing below I certify that:

- I have read and understand all of the points listed below
- All information on this application is true and complete to the best of my knowledge and I understand that providing false, misleading, or incomplete information is grounds for immediate termination.
- Employment offered to me is at the will of the Carrier and does not constitute any guarantee of employment and/or contract.
- I am required to abide by all company policies, laws and regulations for the jurisdictions that I operate in. Failure to do so is grounds for termination of employment and/or contract.
- I authorize the carrier or an agent of the carrier to conduct investigations and inquire in to my background by contacting my prior employers, references or any other individuals the carriers considers necessary.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____ Print _____ Sign _____

Employment Verification Request

Company: _____ Phone: _____ Fax: _____

Address: _____

Authorization for Release of Personal Information:

I hereby authorize you to release all information concerning my employment and/or contract, which may include my performance and information regarding all Drug and Alcohol testing to Transpro Freight Systems. I release you of all liability which may result from providing this information.

Applicant's Signature _____ Date _____

Applicant's Name _____ ID#/SIN# _____

Dates of Employment: From _____ To _____

****Please circle all appropriate information****

Job Description	Status	Operations	Equipment	Trailers	Areas of Driving
Company Driver	Single	OTR-Long Haul	Tractor/Trailer	Dry Van 48'/53'	Local
Owner Operator	Team	OTR-Short Haul	Straight Truck	Refrigeration	Ontario Only
Driver for O/O	Student	Local		Flatbed or tanker	Canada Only
					U.S. & Canada

Other: _____

Accidents / Moving Violations / Incidents / Cargo Claims?

Date	Description	Injuries	Fatalities	Cost (\$)	P/NP
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason for Leaving: Quit with notice Quit Layoff Terminated Other: _____

Eligible for rehire: Yes Upon Review No, if so why? _____

Work Record: Satisfactory Unsatisfactory, please explain: _____

Has this driver ever:

Participated in a Drug and Alcohol testing program? Yes No

Tested positive for a controlled substance? Yes No

Tested positive for alcohol greater than .04 BAC? Yes No

Refused to be tested as per DOT regulations? Yes No

Violated any other provision of the DOT testing regulations? Yes No

Have you received any information from a previous employer that this individual violated drug and alcohol regulations? Yes No

If you answered yes to any of the above questions, did the driver complete the return-to-duty process, if so please provide documentation.

Comments _____

Form completed by: _____ Title _____ Date _____

Requested by: Carol Burroughsford **Title:** Safety and Compliance **Fax:** 905-693-4164

First attempt Second attempt Third attempt

Drug and Alcohol Testing Information Request

Request Form MI10 – revised – June 5, 2009; Request/Consent for Information on Alcohol & Controlled Substances Testing

Please complete to determine pre-employment qualification under 49 CFR 382.301:

1. Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No
2. Did the company drug & alcohol program comply with DOT regulation Part 40? Yes No
3. Was the applicant qualified to drive as set forth in Part 382? Yes No
4. Name and Address of Consortium (TPA): _____
Dates of Employment: From _____ To _____
5. Date of Last Test: _____ Type of Test: _____ Result: _____

Please list any tests and results performed in the previous 6 months:

- | | | |
|---------------------|---------------------|---------------|
| Date of Test: _____ | Type of Test: _____ | Result: _____ |
| Date of Test: _____ | Type of Test: _____ | Result: _____ |
| Date of Test: _____ | Type of Test: _____ | Result: _____ |
- Any other violation of 49 CFR 382? Yes, explain: _____ No

Below Section To Be Completed By Previous Employer:

For verification of driver's participation in a compliant testing program under 49 CFR, 382.413 & Par 40.25

Driver's Name: _____

1. Has the applicant ever tested positive, as verified by an MRO, for a controlled substance test covered under Part 40 in the last 3 years? Yes No
2. Has the applicant ever had an alcohol test with a Breath Alcohol Concentration 0.040 or greater in the last three years? Yes No
3. Has the applicant ever refused a DOT required drug or alcohol test in the last three years? (including verified adulterated or substituted drug test results) Yes No
4. To the best of your knowledge, has the applicant ever violated any other DOT drug & alcohol testing regulations other than questions 1-3 above in the last three years? Yes No
5. If yes to any of the above, did the applicant comply with the referral rehabilitation requirements of the Substance Abuse Professional (SAP)? Yes No
 - a. Was the person referred to a SAP? Yes NoIf employment with your company continued:
 - i. Was the applicant evaluated by the SAP? Yes No
 - ii. If yes, did the SAP recommend treatment and/or education? Yes No
 - iii. Did the applicant complete the treatment and/or education determined by the SAP? Yes No
 - iv. Did the applicant undergo a return to duty test? Yes No
 - v. If yes, was the return to duty test negative? Yes No
 - vi. Did the SAP recommend follow-up testing? Yes No
 - vii. Did the applicant complete the follow-up testing? Yes No

If applicable, please submit a copy of the documentation to show completion of return to duty and follow-up testing.

Comments: _____

I confirm the above information is accurate:

Print Name: _____ Signature: _____

Date: _____ Company: _____