

DRIVER PROFILE

Name: _____
Last First Middle

Social Insurance Number: _____ Date of Birth: _____
Month/Day/Year

Address: _____
Number Street

_____ *City Province Postal Code*

Phone Number: (_____) _____ - _____ Cell Number: (_____) _____ - _____
area code prefix number area code prefix number

Driver's License Number: _____ *Copy required*

Class: _____ Expiry Date: _____ Date First Received: _____
Month/Day/Year Month/Day/Year

PLEASE PROVIDE COPIES OF CERTIFICATES (IF APPLICABLE)

Can you legally cross the U.S. Border: Yes No

(A criminal search record, I-94 Card or passport is required) Please circle one of the above.

Do you have a FAST card? Yes No If No have you applied for a FAST card Yes No

Are you presently employed? Yes No If no, how long since leaving last employment:

List any restrictions you would have working an irregular schedule:

PHYSICAL HISTORY

Would you be willing to submit to a pre-employment medical examination: Yes No

Would you be willing to submit to a pre-employment urinalysis (substance abuse) test: Yes No

Do you have any physical limitations, which may limit your ability to perform the job? No

Yes *Please explain* _____

How much lost time due to injury have you suffered in the past three years? _____

Driving Experience

Have you been driving the type of commercial vehicles that your Driving Class indicates continuously for the last 3 (three) years?	Yes <input type="checkbox"/>	NO <input type="checkbox"/> <i>Please explain?</i>
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Commercial driving experience (in years) driving within the following radius of operation:

Up to 200 Miles	201 to 500 Miles	501+ Miles
How many years of US Commercial Driving experience do you have?		States most often driven to during this time:
Are you currently an: <i>(please check whatever applies)</i>		
Owner/Operator <input type="checkbox"/>	Company Driver <input type="checkbox"/>	Driver Trainee: <input type="checkbox"/>

EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle in interstate commerce must provide information on all employers during the preceding 10 years. Please list all employers in reverse order starting with the most recent.

Employer			Date	
Name:			From	To
Address:			Position Held:	
City:	Province:	Postal Code:	Salary/Wage:	
Contact Person :	Phone Number:		Reason for Leaving:	
Types of Trucks Driven Straight <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/>				
Types of Trailers used: Dry Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Logging <input type="checkbox"/> Tanker <input type="checkbox"/> Grain <input type="checkbox"/> Livestock <input type="checkbox"/> B-Train <input type="checkbox"/> Other <i>(please specify)</i>				

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Types of Trucks Driven Straight <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/>				
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Employer			Date	
Name:			From	To
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Contact Person :	Phone Number:		Reason for Leaving:	
Types of Trucks Driven Straight <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/>				
Types of Trailers used: Dry Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Logging <input type="checkbox"/> Tanker <input type="checkbox"/> Grain <input type="checkbox"/> Livestock <input type="checkbox"/> B-Train <input type="checkbox"/>				

EXPERIENCE, EDUCATION AND QUALIFICATIONS

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit or privilege to drive ever been suspended or revoked? YES NO

What safe driving awards do you hold? _____

How many accident-free driving years do you currently have? _____

List any motor vehicle accidents you have been involved in during the past 5 years

Dates	Nature of Accident	Fatalities	Injuries

List any special courses, training or background you might possess? _____

List your Educational Background beginning with the school most recently attended

Date	School	Courses Taken

CIRCLE STATES YOU HAVE OPERATED A COMMERCIAL VEHICLE IN DURING THE PAST 5 YEARS.

Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

CIRCLE PROVINCES YOU HAVE OPERATED A COMMERCIAL VEHICLE IN DURING THE PAST 5 YEARS.

Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Nova Scotia, Ontario, P.E.I., Quebec, Saskatchewan

Are there any provinces or states that you will not or cannot operate in? List: _____

Are you able to complete a log book properly? YES / NO if no explain: _____

Are you able to complete an inward cargo manifest and clear a load at U.S. or Canada Customs? YES NO

EMERGENCY RESPONSE

Name: _____ Date: _____

Whom should we contact in case of emergency?

Telephone Number: _____ Relationship: _____

Do you have any medical conditions we should be aware of?

If unable to contact the above person may we contact your personal doctor ? YES NO

Name: _____ Telephone Number: _____

PERSONAL DISABILITY COVERAGE

Name: _____ Single Married Other

Number of Dependents: _____ Are you a: Smoker Non-Smoker

Does your spouse have a medical program? YES NO

Please specify name of Insurance Company:

Does this program cover out of province medical emergencies? YES NO

Do you presently have out of province medial emergency insurance? YES NO

Please specify name of Insurance Company:

Do you presently have disability insurance? YES NO

Please specify name of Insurance Company:

PRE - EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

APPLICANT'S NAME (type or print)

APPLICANT'S SIGNATURE

MONTH/DAY/YEAR

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH/DAY/YEAR

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I, hereby authorize you to release the following information to _____ for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

_____ Date

_____ Applicant's Signature

Dear Sir/Madam:

The below named individual has made application to this company for a position as

_____ and states that he/she was employed by you _____
from _____ to _____.

We appreciate your time in completing in confidence the information requested below. We ask that you return this form by fax to my attention at the number listed below. I hope that I may be of the same assistance to you some time in the future.

Sincerely Yours,

_____ Position _____

Fax Number: _____

Name of Applicant: _____

Employed from: _____ to: _____ as a: _____

Did he/she drive a motor vehicle for you? Yes / No

What type of vehicle: _____

Was he/she a safe and efficient driver? Yes No Comments:

Reason for leaving your employ: Discharged Resignation Lay off

Was his/her general conduct satisfactory? Yes No

Please advise history of past driving record if available for three years _____

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in Intrastate, Interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in Interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. Part 392.42 and Part 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 driver's license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employer motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements:

The following license is the only one that I possess:

Driver's License No: _____ State/Prov: _____ Expiry. Date: ___/___/___

Driver's Signature: _____ Print Name: _____

photocopy of driver's license and photo identification to be attached upon contracting