

Driver Compliance & Qualification File

ROAD LINK XPRESS

1-1750B Britannia Road East, Mississauga, ON L4W 1J3

COMMERCIAL VEHICLE OPERATOR APPLICATION FOR EMPLOYMENT OR CONTRACT

Date of Application: _____ SIN#: _____
Month/Day/Year

Name: _____
Last First Middle

Address: _____
If resided at this address less than 3 years, please provide further addresses.

Address: _____

Phone Number:(____) _____ - _____ Cell #:(____) _____ - _____

Driver License Number: _____ - _____ - _____

Class: ___ Issuing Province ___ License Expiry Date: _____ Medical Expiry Date: _____

Owner Operators Only

Truck information: Year _____ Make _____ Last Annual Inspection _____

Do you have a WSIB exempt #? **No** If yes WSIB# _____

Do you have alternative insurance coverage including out of country? **Yes** **NO**

Name: _____

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**

Is there any reason that may prevent your from legally crossing the U.S. Border? **Yes** **No**

Do You have a Fast Card? **Yes** **No** If yes Fast Card# _____ Expiry _____

Are you presently employed? **Yes** **No** When are you available to start? _____

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

Are you physically capable of performing heavy manual labor up to 90lbs? **Yes** **No**

If no to above, Explain: _____

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EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle in interstate commerce shall provide information on all employers during the preceding 10 years. **Gaps in Employment Must be accounted for with explanation.** Please list all employers in reverse order, starting with the most recent. If more space is required please request another sheet from administrator.

| <u>Employer 1</u> | <u>Date</u> |
|--|---|
| Name: | From To: |
| Address: | Position Held: |
| City: Province: Postal Code: | Salary/Wage: |
| Contact Person: | Phone: Reason for Leaving: |
| Type of Equipment Driven: | Was this a Safety Sensitive position? |
| Were you subject to Federal Motor Carriers Safety Regulations during employment here? | Were you subject to Drug and Alcohol Testing? |
| Were you involved in any vehicle accidents while employed here? | |
| <u>Employer 2</u> | <u>Date</u> |
| Name: | From To: |
| Address: | Position Held: |
| City: Province: Postal Code: | Salary/Wage: |
| Contact Person: | Phone: Reason for Leaving: |
| Type of Equipment Driven: | Was this a Safety Sensitive position? |
| Were you subject to Federal Motor Carriers Safety Regulations during employment here? | Were you subject to Drug and Alcohol Testing? |
| Were you involved in any vehicle accidents while employed here? | |
| <u>Employer 3</u> | <u>Date</u> |
| Name: | From To: |
| Address: | Position Held: |
| City: Province: Postal Code: | Salary/Wage: |
| Contact Person: | Phone: Reason for Leaving: |
| Type of Equipment Driven: | Was this a Safety Sensitive position? |
| Were you subject to Federal Motor Carriers Safety Regulations during employment here? | Were you subject to Drug and Alcohol Testing? |
| Were you involved in any vehicle accidents while employed here? | |

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|---|-----------|--------------|---|
| Name: | | | From To: |
| Address: | | | Position Held: |
| City: | Province: | Postal Code: | Salary/Wage: |
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| Type of Equipment Driven: | | | Was this a Safety Sensitive position? |
| Were you subject to Federal Motor Carriers Safety Regulations during employment here? | | | Were you subject to Drug and Alcohol Testing? |
| Were you involved in any vehicle accidents while employed here? | | | |
| <u>Employer 2</u> | | | <u>Date</u> |
| Name: | | | From To: |
| Address: | | | Position Held: |
| City: | Province: | Postal Code: | Salary/Wage: |
| Contact Person: | | Phone: | Reason for Leaving: |
| Type of Equipment Driven: | | | Was this a Safety Sensitive position? |
| Were you subject to Federal Motor Carriers Safety Regulations during employment here? | | | Were you subject to Drug and Alcohol Testing? |
| Were you involved in any vehicle accidents while employed here? | | | |
| <u>Employer 3</u> | | | <u>Date</u> |
| Name: | | | From To: |
| Address: | | | Position Held: |
| City: | Province: | Postal Code: | Salary/Wage: |
| Contact Person: | | Phone: | Reason for Leaving: |
| Type of Equipment Driven: | | | Was this a Safety Sensitive position? |
| Were you subject to Federal Motor Carriers Safety Regulations during employment here? | | | Were you subject to Drug and Alcohol Testing? |
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EXPERIENCE, EDUCATION AND QUALIFICATIONS

Did you attend a credited driving school in order to obtain your license? _____

Name of School Attended: _____

Have you been trained in Hours of Service? _____ if YES when? _____

Have you been trained in Hazardous Materials? _____ if YES when? _____

Have you been trained in Load Securement? _____ if YES when? _____

Have you been trained in Pre-trip Inspections? _____ if Yes when? _____

Are you able to complete an inward manifest & clear a load at U.S. or Canada Customs? **Yes No**

How many accident-free driving years do you currently have in a Commercial Motor Vehicle? _____

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

| DATES | NATURE OF ACCIDENT | FATALITIES | INJURIES | TOW AWAY |
|-------|--------------------|------------|----------|----------|
| | | | | |
| | | | | |
| | | | | |

Which special courses, training or background do you possess? _____

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

TO BE READ CAREFULLY 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 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. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application,

In the event of my 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, as permitted by Law.

I understand that information I provide regarding current and previous employers may be used and those employers will be contacted, for the purpose of investigating my safety performance history as required by FMCSA 391.23 and I understand that I have the right to:

- Review information provided by previous employers:
- Have Errors in the information corrected by previous employers and for those previous employers to resend the corrected information.
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I can't agree on the accuracy of the statement.

DATE: MONTH/DAY/YEAR

APPLICANT'S SIGNATURE