



DRIVER APPLICATION FOR EMPLOYMENT

APPLICANT NAME: _____ **DATE OF APPLICATION:** _____

In compliance with the Federal and Provincial Equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of non-job related medical conditions or handicap.

TO BE READ AND SIGNED BY APPLICANT

I authorize Congil Truck Lines to make such investigations and inquiries of my employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers 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 may result in termination. I understand, also that I am required to abide by all ruled and regulations of Congil Truck Lines.

I understand that information I provide regarding current and / or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CRF 391.23(D) and (E). 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 re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ **Date:** _____

FOR COMPANY USE

PROCESS RECORD:

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT:

DATE TERMINATED: _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____

SUPERVISOR: _____



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DRIVER APPLICATION FOR EMPLOYMENT

FULL NAME: _____

Social Insurance Number: _____

Current Address:

Street: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____

Email: _____

Date of Birth: _____

Driver License # _____

Fast Card # _____

Passport # _____

Do you have a legal right to work in the United States? _____

Have you ever been Bonded? _____

Are You Able and Willing to Cross the Borders? _____

EMPLOYMENT HISTORY

EMPLOYER NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

DATE FROM: _____ TO: _____

POSITION: _____ SALARY / WAGE: _____

REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED: _____

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?



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EMPLOYER NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

DATE FROM: _____ TO: _____

POSITION: _____ SALARY / WAGE: _____

REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED: _____

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?

EMPLOYER NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

DATE FROM: _____ TO: _____

POSITION: _____ SALARY / WAGE: _____

REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED: _____

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?

Will accept Resume with detailed work history on it



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DRIVER APPLICATION FOR EMPLOYMENT

DRIVING EXPERIENCE

EQUIPMENT DRIVEN:

STRAIGHT TRUCK	YES	NO	TRACTOR AND B-TRAINS	YES	NO
TRACTOR AND SEMI-TRAILER	YES	NO	TRACTOR - TWO TRAILERS	YES	NO
MOTORCOACH-SCHOOL BUS (8 PASS)	YES	NO	MOTORCOACH - BUS (15 PASS)	YES	NO

PLEASE CIRCLE TYPE, VAN, TANK, FLAT, DUMP, REEFER, MOFFETT

List States Operated in for last Five Years: _____

List special coursed or training that will help you as a driver: _____

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.

Signature: _____ Date: _____



DRIVER APPLICATION FOR EMPLOYMENT

REQUEST AND CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

I, _____ hereby authorize that:

Previous Employer: _____ Phone: _____

Email: _____ may release and forward information requested by section 2 of this document concerning my past employment record and Alcohol/Controlled Substances testing records to:

Congil Truck Lines: _____

Phone: 519-652-5477

Fax: 519-652-6840

email: dispatch@congiltruck.ca

I hereby authorize you or your agents, as my previous employer or company, to release all information concerning dates of employment, oral or written assessments of my job performance, overall work performance, overall work performance including safety records, reason for leaving and eligibility for re-hire to Bill McMahon @ Congil Truck Lines for the purpose of investigations as required by section 391.23 of the Federal Motor Carrier Safety Regulations.

I also hereby authorize you or your agents, as my previous employer or company to release the information concerning my Alcohol and Controlled Substances Testing during the past three years.

You are released from any liability, which may result from giving such information; I understand that the information in this form will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the motor carrier safety regulation. For the purpose of facilitating this verification request I consent to providing my Social Insurance Number

_____.

This Request is in compliance with 49CFR Part 40.25, 49CFR Part 40, section 391.23, 382.413, 382.405, and 382.303

Applicant's Signature

Date



DRIVER APPLICATION FOR EMPLOYMENT

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 separates 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. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b) (2) and 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, Section 383.31 requires that anytime you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the province that issued your license (if the violation occurs in a state or province other than the one which issued our license). The notification to both the employer and state or province must be in writing.

The following license is the only one I possess:

Driver's License # _____

Province: _____

Expiry Date: _____

DRIVERS CERTIFICATION: I certify that I have read and understood the above requirements.

Drivers Name: _____

Drivers Signature: _____

Date: _____



DRIVER APPLICATION FOR EMPLOYMENT

DRIVER REQUIREMENTS

RULES

In order to ensure safe operation of the company's fleet vehicles, all drivers must be aware of and comply with all regulations governing their conduct.

LICENSING

I know that I must have a valid commercial driver's license _____

I agree to report all traffic Violations to my employer verbally and in writing. _____

I understand that I must not operate a vehicle while under the influence of drugs or alcohol _____

HOURS OF WORK

I have been informed of and understand the hours of work regulation _____

I am aware that I must arrange my work schedule to comply with these regulations. _____

I agree to submit a record of all on-duty hours accumulated while working for other operators. _____

PRE-TRIP INSPECTIONS

I am aware of the pre-trip inspections requirements and understand them. _____

LOAD SECURITY

I have been informed of and understand the load security regulations. _____

Drivers Signature: _____

Date: _____



DRIVER APPLICATION FOR EMPLOYMENT

MEDICAL DECLARATION

On March 30, 1999. Transport Canada and U.S. Federal Highway Administration (FHWA) entered into a reciprocal Agreement Regarding the physical requirements for a Canadian driver of a commercial vehicle in the U.S., as currently contained in the Federal Motor Carrier Safety Regulation, Part 391.41 et seq., and vice versa. The reciprocal agreement removes the requirement for a Canadian driver to carry a copy of medical examiners certificate indicating that the driver is physically qualified. (In effect, the existence of a valid driver's license issued by the Province of Ontario is deemed to be proof that a driver is physically qualified to drive in the U.S.). However, FHWA will not recognize an Ontario License if the driver has certain medical conditions, and those conditions would prohibit him from driving in the U.S.

I, _____ certify that I am qualified to operate a commercial motor vehicle in the United States. I further certify that:

I have no clinical diagnosis of diabetes currently requiring insulin for control.

I have no established medical history or clinical diagnosis of epilepsy.

I do not have impaired hearing. (A driver must be able to first perceive a forced whispered voice in the better ear at no less than 6 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 1000Hz, or 2000Hz with or without a hearing aid when tested by audiometric device calibrated to American national Standard Z24.5-1951).

DRIVER INITIALS: _____

AUTHORIZATION FOR DRIVER RECORD SEARCH

The Federal Motor Carrier Regulations, section 391.21, which covers drivers' qualification and application for employment, requires the motor carrier to obtain a list of all motor vehicle violations for the three years. In Ontario, this is known as a commercial vehicle operator record, driver abstract. It is Congil Truck Lines policy to obtain a list of both commercial and personal motor vehicle violations for each driver operating under its authorities, on a periodic basis. As a condition of my employment or contract of service, I _____ hereby provide written authorization for Congil Truck Lines to obtain such information.

I certify that I have read and understood the above requirements.

Drivers Name

Date

Drivers Signature



AUTHORIZATION FOR DRIVER RECORD SEARCH

The Federal Motor Carrier Regulations, Section 391.21, which covers drivers qualification and application for employment, requires the motor carrier to obtain a list of all motor vehicle violations for the last three years. In Ontario, this is known as a commercial vehicle operator record, driver abstract. It is Congil Truck Lines policy to obtain a list of both commercial and personal motor vehicle violations for each driver operation under its authorities, on a periodic basis. As a condition of my employment or contract of service, I _____ hereby provide written authorization for Congil Truck Lines to obtain such information.

I certify that I have read and understood the above requirements.

Drivers Name

Date

Drivers Signature

Witness



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EMPLOYEE CONSENT TO DRUG AND / OR ALCOHOL TESTING AND AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I have been requested by Congil Truck Lines Ltd to provide a sample or samples of my urine, blood or breath to be tested for drugs and / or alcohol consistent with Congil Truck Lines Ltd. Drug and Alcohol Policy. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to discipline up to and including termination.

I have been informed that ingestion of certain over the counter medications, supplements and prescription medications may result in a positive drug test. I understand that I will have an opportunity to provide a list of any over the counter medications, supplements, and prescription drugs which I have taken within the last thirty days on a separate form which I will retain, and any other relevant information to explain a positive drug test result if necessary.

I further authorize and give full permission to have Congil Truck Lines Ltd. and/or its company testing facility send the specimen or specimens so collected to any laboratory designated by Congil Truck Lines for a screening test for the presence of any prohibited substances under the policy and for the laboratory or other testing facility to release any and all documentation relating to such test to Congil Truck Lines and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I further agree to hold Congil Truck Lines, its agents, directors, officers, and employees as well as any testing laboratory/facility designated by Congil Truck Lines harmless from any and all liability in connection with this testing.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

Witness: _____ **Applicant:** _____

Date: _____

I refuse to consent to drug and/or alcohol testing. I understand that refusal to submit to drug and/or alcohol testing may affect my eligibility for employment or continued employment and/or may result in disciplinary action being taken based on available facts.

Applicant/Employee Signature: _____ **Date:** _____



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DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVERS: The Commercial Driver's License Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per 382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per 382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize Congil Truck Lines to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exist for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for Congil Truck Lines Ltd.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for Congil Truck Lines Ltd. to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____ **Date:** _____