***RECRUITMENT STANDARD***

**FOGZ Logistics LTD.**

5530 Oldcastle Rd

Oldcastle, Ontario N0R 1L0

In compliance with Federal and provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, natural origin, age, marital status, or non-job-related disability, or any other protected group status.

**The company will consider the following qualifications and experience.**

* Drivers minimum age (25)
* Years of verifiable CMV experience (3 years)
* Driver demerits (2 maximum)
* Driver CVOR abstract and/or US driving records (PSP) for CMV inspection history (No HOS, PTI or CMV at fault collisions)
* References from past employers
* Results of any previous drug and alcohol tests

**The company will administer and document.**

* A company administered road test.
* Knowledge verification testing (CARRIERS EDGE)
* Company orientation of policies and procedures
* 90-day probationary period before offer of employment
* Conduct annual driver reviews.

**Hours of Service**

RODS…Drivers will submit paper daily log/operator time records of duty status to the Company within 20 calendar days. Supporting documents (fuel, tolls, expenses, BOL) are submitted to the Company at the end of the trip.

ELD… Drivers will ‘approve’ their entries at the end of the final entry of the 24-hour period. Supporting documents (fuel, tolls, expenses, BOL) are submitted to the Company at the end of the trip.

Drivers will submit a record of all on-duty hours accumulated while working for other operators.

**Off Duty Declaration**

A driver is deemed off duty and relieved of responsibility once the vehicle and its contents are securely parked. The driver is free to leave the location of the vehicle and pursue activities of his/her own choosing (with the exception of the consumption of alcohol or drugs)

**Personal Use- Canada**

Personal use of a commercial motor vehicle is permitted ONLY under the following conditions.

* The activity is approved by the company.
* The vehicle is not drawing a trailer (bob tailing)
* There is no commercial purpose or vehicle repositioning.
* The vehicle does not travel more than 75 kilometers in the personal use period.
* Entries are made in the remarks area stating that the vehicle is being used for personal use.
* The odometer reading at beginning and end of personal use is recorded.

***COMMERCIAL DRIVERS’ APPLICATION***

**APPLICANT INFORMATION**

FOGZ Logistics LTD.

5530 Oldcastle Rd

Oldcastle, Ontario N0R 1L0

In compliance with Federal and provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, natural origin, age, marital status, or non-job-related disability, or any other protected group status

**DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position applying for** (circle one) ­ ***­ Company Driver ­ Owner Operator***

**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRST MIDDLE LAST**

**CURRENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOUSE PHONE NUMBER:** ( ) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #:** ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVIDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(FOR CUSTOMS CLEANACE AUTO CONTACT ONLY)**

**PREVIOUS ADDRESSES IF LESS THEN 3 YEARS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AGE**\_\_\_\_\_\_\_\_\_\_\_\_\_ **SIN#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must be at least 25 years of age)

**DRIVERS LICENSE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PROV/STATE\_\_\_\_\_\_\_\_\_\_\_CLASS /s \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How many years with Commercial Driver’s Licence? **\_\_\_\_\_**

**PHYSICAL EXAM (MEDICAL) EXPIRATION DATE \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MM/DD/YYYY)

**Has any license, permit or privilege ever been suspended or revoked?** \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

**Have you ever been convicted of a felony?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No

If the answers to any questions listed above are “yes”, give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have the legal right to work in Canada: YES / NO** **What is your current Citizenship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Can you legally cross the US/Canadian Border?** YES / NO (*If No, please explain*.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever failed a drug test? YES / NO** (If YES, have you completed a Back to Work Program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COMMERCIAL DRIVERS’ APPLICATION***

**APPLICANT INFORMATION**

**Are you registered with the US Drug & Alcohol CLEARINGHOUSE? YES / NO**

If NO please go to <https://clearinghouse.fmcsa.dot.gov/Register> and register (follow the driver registration link)

|  |  |
| --- | --- |
| **NAME** | **PHONE** |
| **NAME** | **PHONE** |
| **NAME** | **PHONE** |

**LIST 3 EMERGENCY CONTACTS**

**HAVE YOU WORKED FOR THIS COMPANY BEFORE?** \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

(If yes, give dates) From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION HISTORY:** Please circle the highest grade completed:

**Grade school:** 1 2 3 4 5 6 7 8 9 10 11 12 **College:** 1 2 3 4 **Postgraduate:** 1 2 3 4

**Circle the Provinces / States operated in, for the last five (5) years:** AB, BC, MB, NB, NL, NT, NS, NU, ON, PE QC, SK, YT

AL, AZ, AR, CA, CO, CT, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN.MS,MO,MT, NE,NV,NH, NJ, NM, NY, NC, ND, OH, OK, OG, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**List special courses/training completed** (SKID CONTROL, HAZMAT, FIRST AIDE, ETC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any Safe Driving Awards you hold and from whom:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COMMERCIAL DRIVERS’ APPLICATION***

**APPLICANT INFORMATION**

**DRIVING EXPERIENCE**

**What type/s of Equipment are you experienced with (please list all)**

**□ Reefer □Dual Temp Reefer □ Dry Van □ Flatbed □ Sprinter Van □ Straight Truck**

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Accident** | **Nature of Accidents**  **(Head on, Rear end, Etc.)** | **Location of Accident** | **# of Fatalities** | **# of People Injured** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Location** | **Charge** | **Penalty** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Driver’s License (list any each driver’s license held in the past three (3) years:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State or Province** | **License** | **Type** | **Endorsements** | **Expiration Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***COMMERCIAL DRIVERS’ APPLICATION***

**APPLICANT INFORMATION**

**EMPLOYMENT HISTORY**

**Give a *COMPLETE RECORD* of all employment for the past ten (10) years, (Earliest to the latest) including any unemployment or self-employment periods, and all commercial driving experience. (Submit a “request for information authorization” for a minimal 3-year employment 2 pages attached of required)**

FROM \_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_ Position Held\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Mo/Yr. Mo/Yr.*

Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was, your job subject to the drug and alcohol testing requirements?** \_\_\_Yes \_\_\_No

FROM \_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_ Position Held\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Mo/Yr. Mo/Yr.*

Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was, your job subject to the drug and alcohol testing requirements?** \_\_\_Yes \_\_\_No

FROM \_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_ Position Held\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Mo/Yr. Mo/Yr.*

Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was, your job subject to the drug and alcohol testing requirements?** \_\_\_Yes \_\_\_No

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize you to release the following information to **FOGZ Logistics LTD.,** *(prospective employer)* for purposes of investigation.

You are released from any and all liability which may result from furnishing such information.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Ph: Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attention Personnel Manager:**

The above-named individual has applied to **FOGZ LOGISTICS** LTD for a position as an AZ driver and states that he/she was

employed by you as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We appreciate your time in completing, in confidence, the information requested below.

Thank you for your response.

Sincerely,

Tracy Lorondeau (Compliance Manager) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tlorondeau@fogzlogistics.com

**To be completed by previous employer:**

**Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Did he/she drive a motor vehicle for you? \_\_\_\_\_\_\_\_ Straight Truck \_\_\_\_\_ Tractor / Trailer \_\_\_\_\_\_**

**Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Was he/she a safe driver? \_\_\_\_\_\_\_\_\_\_\_**
2. **Was his/her general conduct satisfactory with Customers \_\_\_\_\_\_ Management \_\_\_\_\_**
3. **Reason for leaving. Discharged \_\_\_\_\_\_ Resignation\_\_\_\_\_ Layoff \_\_\_\_ Other \_\_\_\_\_**
4. **Please advise history of past driving record if available for past three years.**

**Preventable Accidents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Points to CVOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Out of Province violations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Eligible for re-hire\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please assess the applicants work performance by circling P(Poor) F (Fair) G (Good) E (Excellent)**

|  |  |  |
| --- | --- | --- |
| **On Time Delivery: P F G E** | **Relationship w/Customers: P F G E** | **Relationship w/Staff: P F G E** |
| **Log Management: P F G E** | **Equipment Maintenance: P F G E** | **Equipment Handling: P F G E** |

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize you to release the following information to **FOGZ Logistics LTD.,** *(prospective employer)* for purposes of investigation.

You are released from any and all liability which may result from furnishing such information.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Ph: Fax: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attention Personnel Manager:**

The above-named individual has applied to **FOGZ LOGISTICS** LTD for a position as an AZ driver and states that he/she was

employed by you as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We appreciate your time in completing, in confidence, the information requested below.

Thank you for your response.

Sincerely,

Tracy Lorondeau (Compliance Manager) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tlorondeau@fogzlogistics.com

**To be completed by previous employer:**

**Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Did he/she drive a motor vehicle for you? \_\_\_\_\_\_\_\_ Straight Truck \_\_\_\_\_ Tractor / Trailer \_\_\_\_\_\_**

**Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Was he/she a safe driver? \_\_\_\_\_\_\_\_\_\_\_**
2. **Was his/her general conduct satisfactory with Customers \_\_\_\_\_\_ Management \_\_\_\_\_**
3. **Reason for leaving. Discharged \_\_\_\_\_\_ Resignation\_\_\_\_\_ Layoff \_\_\_\_ Other \_\_\_\_\_**
4. **Please advise history of past driving record if available for past three years.**

**Preventable Accidents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Points to CVOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Out of Province violations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Eligible for re-hire\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please assess the applicants work performance by circling P(Poor) F (Fair) G (Good) E (Excellent)**

|  |  |  |
| --- | --- | --- |
| **On Time Delivery: P F G E** | **Relationship w/Customers: P F G E** | **Relationship w/Staff: P F G E** |
| **Log Management: P F G E** | **Equipment Maintenance: P F G E** | **Equipment Handling: P F G E** |

**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCE TESTING**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYEE:**

I, (Print full Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize you (previous employer) to release and forward any and all information concerning my previous Alcohol and Controlled Substances Testing Records for purposes of investigation.

You are released from any and all liability which may result from furnishing such information.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**I, (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I Hereby authorize (Previous employer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, Prov., Postal Code**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To release and forward information requested by my prospective employer (below) of any and all document/s of my previous Alcohol and Controlled Substances Testing records to:**

**Prospective Employer: FOGZ Logistics LTD Attention: RECRUITING**

**Street: 5530 Oldcastle Rd Oldcastle ON N0R 1L0 Canada**

**Phone: 519-737-7115 Fax No.: 1-877-838-5779**

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

If driver was not subject to Part 382 FMCSA testing requirements while employed by this employer, please check here , sign below, and return. Under Part 382 testing requirements:

Has this person ever tested positive for a controlled substance in the last three years? Yes No

Has this person ever had an alcohol test with a BAC 0.04 or greater in the last three years? Yes No

Has this person ever refused a required test for drugs or alcohol in the last three years? Yes No

If yes to any of the above questions, please give the SAP’s (Substance Abuse Professional) name, address, and phone number for further reference.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(City) (State or Prov.) (Zip / Postal Code)

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Print Name)

**Signature, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRIVER’S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

* 1. (1) An inquiry into the driver’s driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator’s license or permit during those three years; and (2) An investigation of the driver’s employment record during the preceding three years.
  2. A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency, as required. This must be placed in the Driver Qualification File within 30 days of the date the driver’s employment begins and be retained in compliance with 391.51.
  3. Replies to the investigations of the driver’s safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver’s employment begins. This is effective as of October 30, 2004.
  4. Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for any accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
  5. Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

The right to review information provided by previous employers.

The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and

The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver’s request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver’s Safety Performance History.

*I acknowledge that I have read and understand the contents of this document.*

**Driver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

***COMMERCIAL DRIVERS’ APPLICATION***

**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 Regulations, Part 391.41 et seq., and vice versa. The reciprocal agreement removes the requirement for a Canadian driver to carry a copy of a 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.

1) I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that I am qualified to operate a commercial motor vehicle in the United States. I further certify that:

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

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

4) I do not have impaired hearing. (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 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 an audiometric device calibrated to American national Standard Z24.5-1951).

5) I have not been issued a waiver by the Province of Ontario allowing me to operate a commercial motor vehicle pursuant to Section 20 or 21 of Ontario Regulation 340/94.

I further agree to immediately inform the Safety or Operations Manager should my medical status change, or if I can no longer certify condition A to D, described above.

**Driver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(MM/DD/YYYY)

**IMPORTANT NOTICE**

**REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE**

In connection with our application for employment with **FOGZ Logistics LTD,** its employees, agents or contractors may obtain one or more reports regarding our driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if **FOGZ Logistics LTD.** uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, **FOGZ Logistics LTD.** will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, **FOGZ Logistics LTD.** will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application of reemployment is submitted by mail, telephone, computer, or other similar means, if **FOGZ Logistics LTD**. uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, **FOGZ Logistics LTD**. must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of the FMCSA; the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or the report. If you request a copy of a driver record from **FOGZ Logistics LTD.** who procured the report, then, within 3 business days of receiving your request, together with proper identification, must end or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

**FOGZ Logistics LTD**. cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that **FOGZ Logistics LTD**. may obtain such background reports, please read the following and sign below:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize **FOGZ Logistics LTD**. to access the FMCSA Pre-Employment

(print full name)

Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history form the previous three (3) years. I understand and acknowledge that this release of information may assist **FOGZ Logistics LTD.** to make a determination regarding my suitability as an employee.

I further understand that neither **FOGZ Logistics LTD.** nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the Data Qs system to the appropriate State for adjudication.

Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSA, violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by FOGZ Logistics LTD. and I understand that if I sign this consent form, FOGZ Logistics LTD. may obtain a report of my crash inspection history. I hereby authorize FOGZ Logistics LTD. and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date Signature

Name *(Please Print)*

**DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES**

**NOTICE TO DRIVER**:

All drivers must register with the US CLEARINGHOUSE DRUG AND ALCOHOL PROGRAM

Visit: <https://clearinghouse.fmcsa.dot.gov/register> and click Go to login.gov TO REGISTER

Registration must be completed before any pre-employment history can be acquired.

Instructions can be found here: <https://clearinghouse.fmcsa.dot.gov/Resource/Index/Registration-Driver-Instructions>

The Commercial Driver’s License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration’s (FMSCA’s) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or note each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at 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, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to 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

(print full name)

FOGZ LOGISTICS LTD. to conduct limited annual queries of the FMCSA’s Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists 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 the above-named motor carrier.

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 the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from the safety-sensitive duties.

**Driver’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Truck # (Driver ID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOURTEEN-DAY PRIOR LOG FORM**

**(Data sheet for new, casual, or temporary drivers)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRIVER’S LICENSE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Instructions:*** *At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8 (j)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 14 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 14 days.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Day* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *Total* |
| *Date* |  |  |  |  |  |  |  |  |
| *On Duty Hours* |  |  |  |  |  |  |  |  |
|  | *8* | *9* | *10* | *11* | *12* | *13* | *14* | *Total* |
| *Date* |  |  |  |  |  |  |  |  |
| *On Duty Hours* |  |  |  |  |  |  |  |  |

*I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved*

*from work at:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_**

**Time Day Month Year**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***COMMERCIAL DRIVERS’ APPLICATION***

**APPLICANT INFORMATION**

**To Be Read and Signed by Applicant:**

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant’s background to obtain any and all information of concern to applicant’s record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information. It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. 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.*

*Applicant*

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks:** *(For office use only)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

**DRIVER’S RISK RATING**

**DRIVER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTRUCTIONS: every driver applicant will be assigned a risk rating based on information given on application**

* Previous employment history
* Violations CVOR
* Criminal background check
* Years of experience
* Current age
* number of chargeable accidents in the past 3 years
* red flag violations in the past 2 years – (mechanical out of service, Excessive speeding, etc)
* clean level 1-3 inspections in the past 2 years
* previous employment D&A violations in the past 3 years

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 0-3 Yrs. Exp | 3-5 | 5+ |  | 21-24 Yrs. age | 25-30 | 31+ |
| 20 | 10 | 5 |  | 15 | 10 | 5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 Violation | 1 or more violations |  | 0 Accident | 1 or more Accidents |
| 0 | 5+ # of violations |  | 0 | 1 + # of accident |
|  |  |  |  |  |
| 0 Violation | Red Flag Violations |  | 0 Employers | # of Employers |
| 0 | 5+ # of Violations |  | 2 | 2 for every # of Employers |
|  |  |  |  |  |
| 0 Violation | D&A Violations |  | Clean Inspection | Inspection with Violations |
| 0 | 5+ # of Violations |  | 0 | 2 + # of Inspections |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANNUAL RISK RATING TABLE** | | | | | | | | |
| A | B | C | D | E | F | G | H | **TOTAL RISK** |
| Experience | Age | # of Violations | Accidents | Red Flags | # of Employers | D&A Violations | Inspection Violations |
|  |  |  |  |  |  |  |  |  |
| BEST | | AVERAGE | | QUESTIONABLE | | HIGH RISK | |
| 0-25 POINTS | | 25-36 POINTS | | 37-47 POINTS | | 48 + POINTS | |
| This risk rating table is not a formal or regulatory form. It is a tool for the Safety Manager to determine a good driver VS a driver who takes unnecessary risks, or one who has developed poor driving skills or practices. In addition, its use is for **internal purposes only, and is not to be given or copied to the driver, nor any person outside of our company or DOT readiness Group.** This is only intended as a recommendation by DOT readiness Group. Pay close attention to the Factors E and G it is recommended that some things on either factor should be immediate disqualifiers; items will be highlighted for your review.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Safety and Compliance Manager Signature Date | | | | | | | | |
|
|
|

**OFFICE USE ONLY**

**Driver’s Qualification Check list**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRUCK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TRAILER # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Drivers’ INFORMATION** |

***The Federal Motor Carrier Safety Regulations require motor carriers to maintain the Driver Investigation History File in a secure location with access to the files limited to those individuals with a need to know basis.***

|  |  |  |  |
| --- | --- | --- | --- |
| **CHECKLIST** | | | |
| Driver cover sheet created |  | O/O Contract complete / signed |  |
| Driver Binder Tab Index |  | O/O WSIB sign off |  |
| Application and Emergency contacts |  | Alternative insurance verification (out of province) |  |
| CVOR and ABSTRACT (within 30 Days) |  | Owner Operators Business License on file |  |
| Signed PSP Permission Form / Verification |  | Certificate of Incorporation |  |
| Drug and Alcohol Test complete |  |  |  |
| Copy of police clearance |  |  |  |
| Previous Employment History Verification complete (references) |  |  |  |
| Previous Employment Drug and Alcohol history |  |  |  |
| Driver Risk Rating Complete |  |  |  |
| Photocopy of driver’s license, passport, and fast card (if applicable) |  |  |  |
| Insurance company approved the applicant |  |  |  |
| Driver Road Test complete |  |  |  |
| Reefer training – load pulp – trailer temp verification – vent doors open or closed |  |  |  |
| Was spoken to about Trailer clean out |  |  |  |
| ELD training – split sleeper, personal conveyance, pre-trip inspection, etc. |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Fleet Manual / Policies (read and signed) |  |  |  |
| Carrier Edge New Hire Testing Complete |  |  |  |
| Maintenance Policy Signed (Truck and Trailer) |  |  |  |
| Driver Qualification Cover Sheet |  |  |  |
| **IN – TRUCK BINDER CHECK LIST** | | | |
| Ownership / Annual Certificate |  | CAB CARD |  |
| US Transponder ($205 USD) |  | BC tag Application (if needed) |  |
| ELD Certification |  | Envelopes (10PC) |  |
| Emissions inspection report |  | NY HUT stickers |  |
| Insurance Certificate |  | 7Q07 -code PARS |  |
| CVOR Certificate |  | CTPAT |  |
| MC Certificate |  | HUT registration – STICKER |  |
| KYU License |  | WSIB |  |
| IFTA REGISTRATION / LIC / STICKERS |  | W-8 Certification |  |
| Copy of Schedule 1 |  | NMFTA- SCAC Code PAPS |  |
| Accident Reporting Book |  | Truck Bill of Sale |  |
| PAPS / PARS STICKERS / SEALS |  | Spotted Lanternfly Certificate /Training material |  |
| Logbooks for back up (100pc) |  | 18 Point Inspection Sheet |  |