

140 Horseshoe Lake Drive
Halifax, NS
B3S 0B7



Driver / Owner Operator Application

Send complete forms to:

Fax: (902) 450-0918

Email: recruiting@clarkeroad.com

Dear Applicant:

Thank you for your interest in working with the Clarke Road Transport Team. We are one of the largest truckload carriers in Eastern Canada and part of the TransForce network. With a fleet of over 200 trucks we can provide you with a stable, rewarding career. Thank you for taking the time to complete this application.

Please complete all portions of the application, making sure to leave no blanks. If an item does not apply to you please indicate as such. Should you have any questions please contact our Recruiting Department.

Along with your application please include all documents listed on the following checklist:

- Copy of Driver's License (front and back).
- Copy of Driver's Abstract (less than 30 days old).
- Criminal Record Check (less than 30 days old) or copy of FAST card (front and back).
- Copy of Passport or FAST card (front and back).
- Copy of medical exam (less than 2 years old or we can arrange one for you at your cost).
- Signed "Expectations Summary."

Orientation is held in Halifax every second Monday and lasts 2 ½ days. Clarke Road Transport will pay for all reasonable travel expenses for the trip to Halifax. All applications and supporting documents must be received **no later than Noon on the Wednesday prior to orientation in order to attend.**

Applicants that are successful in our pre-screening process will be contacted to conduct interviews and gather further information.

Recruiting Contacts:

Ryan Gray
Recruiting Manager
(902) 450-3400 x 2513
rgray@mgmt.clarkeroad.com

Emily Stokes
Recruiter
(902) 450-3400 x 2563
estokes@admin.clarkeroad.com

Mary Gennette
Recruiting Coordinator
(902) 450-3400 x 2581
mgennette@admin.clarkeroad.com

EMPLOYMENT HISTORY

Begin with your present employment. Please provide complete addresses and phone numbers. All months (school, employed or unemployed) for the past 10 years must be accounted for. If there are gaps in your work history your application cannot be processed.

Dates: (mm/yy) From: _____ To: _____	Position Held _____
Company: _____	Reason for Leaving: _____
Street: _____	Driving Experience: _____
City: _____ Prov: _____	Supervisor: _____
Phone: _____	Prov/Regions Driven: _____

Were you subject to Federal Motor Carrier Safety Regulations while working for this company? Yes No
Was this position designated as safety sensitive and subject to random drug and alcohol testing? Yes No

Dates: (mm/yy) From: _____ To: _____	Position Held _____
Company: _____	Reason for Leaving: _____
Street: _____	Driving Experience: _____
City: _____ Prov: _____	Supervisor: _____
Phone: _____	Prov/Regions Driven: _____

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Were you subject to Federal Motor Carrier Safety Regulations while working for this company? Yes No
Was this position designated as safety sensitive and subject to random drug and alcohol testing? Yes No

Dates: (mm/yy) From: _____ To: _____	Position Held _____
Company: _____	Reason for Leaving: _____
Street: _____	Driving Experience: _____
City: _____ Prov: _____	Supervisor: _____
Phone: _____	Prov/Regions Driven: _____

Were you subject to Federal Motor Carrier Safety Regulations while working for this company? Yes No
Was this position designated as safety sensitive and subject to random drug and alcohol testing? Yes No

Dates: (mm/yy) From: _____ To: _____	Position Held _____
Company: _____	Reason for Leaving: _____
Street: _____	Driving Experience: _____
City: _____ Prov: _____	Supervisor: _____
Phone: _____	Prov/Regions Driven: _____

Were you subject to Federal Motor Carrier Safety Regulations while working for this company? Yes No
Was this position designated as safety sensitive and subject to random drug and alcohol testing? Yes No

ACCIDENT RECORD List all accident involvements with any motor vehicle for the past 5 years, including no fault:

Date	Vehicle Type	Nature of Accident	Prov/State	At Fault	Ticketed	Fatalities	Injuries	Preventable

TRAFFIC CONVICTIONS List all convictions (other than parking ticket) with any motor vehicle the past 5 years:

Date	Location	Violation	Penalty

Have you completed a driving course? Yes No If yes, school/date: _____

Have you received any safe driving awards? Yes No If yes, employer/date: _____

Have you ever been fired from a job? Yes No If yes, why/date: _____

Have you ever been denied entry to the U.S.? Yes No If yes, why/date: _____

Have you ever been convicted of a criminal offense? Yes No If yes, what/when: _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, why/when: _____

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

Yes No If yes, what/when: _____

APPLICANT'S STATEMENT

I give my consent to Clarke Road Transport to conduct background checks of any kind including, but not limited to, driver's abstract, criminal records search, medical reports, etc., for the purposes of this employment application. I give Clarke Road Transport permission to contact my references and past employers for the purpose of verifying my driving record and employment history. I understand that completion of this application does not mean a job offer has been or will be made. I am willing to submit to a physical exam and pre-employment drug test prior any employment offer.

Any false or misleading statements made throughout the application process will be grounds for immediate dismissal.

Clarke Road Transport is an equal opportunity employer and is committed to the goals of Employment Equity.

Name (Please Print) Signature Date

MEDICAL DECLARATION

On March 30, 1999 United States Federal Motor Carrier Safety Regulation medical requirements for Canadian drivers of commercial motor vehicles operating in the United States were revised. I acknowledge there is no requirement for a completed United States Medical fitness report. The revision does require that a Canadian driver must comply with the medical requirements of the province in which their commercial driver's license is issued and that a medical fitness report is completed on the frequency as required by the license issuing province.

I certify that under the new revisions of the medical requirement to operate a commercial motor vehicle in the United States, that I am not impaired to operate a commercial motor vehicle by any of the following:

- A. I have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (administered by injection).
- B. I have no established medical history or clinical diagnosis of epilepsy.
- C. I have no established medical history or clinical diagnosis of hearing impairment.

I also agree to inform the company should my medical status change, and if any of the above impairments are subsequently diagnosed to the level of affecting my fitness to operate a commercial vehicle in the United States.

Applicant's Signature

Date

STATEMENT OF PREVIOUS TESTING - EMPLOYMENT NOT OBTAINED

The information requested is pursuant to US DOT regulation 49 CFR Part 40, Subpart B, Section 40.25(j).

As the employer, you must ask the employee whether he or she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the employee applied for but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years.

Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer where you applied for but did not obtain safety-sensitive work covered by US DOT agency drug and alcohol testing rules during the past 3 years?

Yes No If yes, provide the following information:

Date of test/refusal: _____ Company: _____

Company Address: _____

APPLICANT'S CERTIFICATION AND AGREEMENT
 (Please read carefully)

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if selected, falsified statements on this application shall be considered sufficient cause for revocation of driving privileges. I further understand that this is an application for a driver position only and does not indicate that an employer/employee relationship exists with Clarke Road Transport.

Applicant's Name (Please Print)

Applicant's Signature

Date

PSP BACKGROUND CHECKS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with CLARKE ROAD TRANSPORT (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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, the Prospective Employer 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 for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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 FMCSA; that 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 report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

Please complete the following Authorization page.

PSP AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below: I authorize CLARKE ROAD TRANSPORT ("Prospective Employer") to access the FMCSA Pre-Employment 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 authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer 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 challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)



REQUEST/CONSENT FOR INFORMATION & TESTING HISTORY FROM PREVIOUS EMPLOYER

Release Authorization and Consent to Collect & Retain Personal Information

With my signature below I hereby authorize my previous employer to release any and all information to my prospective employer (below) with regards to any alcohol and/or controlled substance program and/or testing to which I was a party while in your employ, acting as your agent, under contract to you, or acting as your representative in any capacity during the preceding three years from the date below. I also grant permission for Clarke Road Transport to collect personal information, conduct reference checks and a criminal record search. This information may be used to evaluate my application for employment. If hired this information may be kept in my confidential employee file and updated from time to time. This permission includes my consent to the collection, use and communication of personal information under the Personal Information, Protection and Electronic Document Act, if applicable, and any similar Provincial Legislation.

Previous Employer: _____

Address: _____

Phone: _____ Fax: _____

Prospective Employer: Clarke Road Transport, 140 Horseshoe Lake Drive, Halifax, NS CANADA B3S 0B7
Phone: 866-360-7233; **Fax: 902-450-0918**

Name of Applicant (Please Print)

Applicant Signature

Date

Witness Signature

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Dates of Employment: Start Date _____ End Date _____

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

If driver **WAS** subject to Part 382 FMCSA testing requirements while employed by this employer, please answer the following questions, sign below and return.

Under Part 382 testing requirements:

- 1. Has this person tested positive for a controlled substance in the last three years? Yes No
- 2. Has this person ever had an alcohol test with a BAC 0.04 or greater in the last three years? Yes No
- 3. Has this person ever refused a required test for drugs or alcohol in the last three years? Yes No

If you answered yes to any of the above questions, please give the SAP's name, address and phone number for further reference:

Completed By: _____
Signature & Title (Previous Employer)

Date: _____