



BROKER APPLICATION

Dear Applicant:

Thank you for your interest in applying for employment with Clarke Road Transport

The following forms are enclosed:

- _____ Application for Hire
- _____ Tractor Specifications and Financial Information
- _____ Power of Attorney
- _____ US Heavy Vehicle Use Tax (HVUT)
- _____ Direct Deposit Service Enrollment/Authorization
- _____ Proof of Worker's Compensation
- _____ Request for WSIB Identification Number (Brokers Residing in Ontario)

To register your truck, you also must submit the following:

- _____ Completed Application
- _____ Copy of bill of sale or lease
- _____ Power of attorney (in application package)
- _____ Proof of current motor vehicle registration
- _____ Completed Tractor Specifications and Financial Information sheet (in package)
- _____ Void cheques and completed Direct Deposit Enrollment/Authorization (in package)
- _____ Proof of WCB or WSIB insurance coverage

If you will be providing your own trailer, you must submit the following:

- _____ Completed Trailer Equipment Sheet (in application package)
- _____ Copy of bill of sale or lease
- _____ Proof of current trailer registration
- _____ Proof of current trailer inspection

The completed application and all supporting documentation must be received by our office **no later than Noon AST on the Thursday prior to your scheduled orientation date** in order for you to attend.

All applications and supporting documentation can be mailed, returned in person or faxed to:

Ryan Gray or Emily Clarke
Recruiting Department
Clarke Road Transport
140 Horseshoe Lake Drive
Halifax, NS B3S 0B7
FAX: (902) 450-0918
rgray@mgmt.clarkeroad.com; eclarke@clarkeroad.com

If you would like further information regarding our company, please refer to our website:
http://www.clarkeroad.com/DIR_roadtransport/home.asp

Thank you for your interest in employment at Clarke Road Transport.



ATTENTION: Recruiting Department
140 Horseshoe Lake Drive, Halifax, NS B3S 0B7
Fax: (902) 450-0918

APPLICATION FOR EMPLOYMENT

ANSWER ALL QUESTIONS – PLEASE PRINT CLEARLY

The information given on this application will be treated as strictly confidential. It shall be necessary for the applicant to answer each and every question completely, clearly and accurately. Failure to do so will delay assessment of the applicant. The use of this blank does not indicate that there are any positions open and does not in any way obligate the company to hire or use the applicant.

Position Applied for: Broker

Company Name: _____

Personal Information:

Name: _____ Phone: (____) _____
Address: _____ Cell: (____) _____
_____ Email: _____

How long at current address? _____
(If less than 5 years, please provide dates and complete addresses for the past 5 years)

*Date of Birth: _____ *S.I.N. # _____
MM/DD/YY (Optional)

Driver's License #: _____ Province: _____

Expiry Date: _____ Class: _____
MM/DD/YY

Passport #: _____ Expiry Date: _____ Place of Birth: _____
MM/DD/YY

Fast Card #: _____ Expiry Date: _____ TWIC #: _____
MM/DD/YY

* U.S. Department of Transportation requires driver applicants to provide their date of birth and SIN [391.21(b)(2)]

In case of emergency notify: _____ Phone: (____) _____

Name of any relative in our employment: _____

Have you worked for this company in the past? _____ If yes, reason for leaving? _____

Who referred you to us? _____

Where did you hear about us? Kijiji Facebook Newspaper/Magazine Job Bank Other

If other, please provide source: _____

Languages spoken/written: _____ Any back injury? _____ If yes, when? _____

Have you ever received compensation payment? _____ Why? _____ When? _____

Are you willing to take a physical exam? _____ If no, please state why _____

PERSONAL HISTORY FOR PAST 10 YEARS

MUST BE COMPLETED – “SEE RESUME” IS NOT ACCEPTABLE

Begin with your present experience and work backwards in order, listing all of your employers, driving school and other training programs, periods of military service and self-employment. All time must be accounted for. Use supplementary sheet if necessary.

LEAVE NO BLANKS OR GAPS IN TIME FOR THE PAST 10 YEARS

If you do not remember phone numbers, please check on line to find them. (Application can not be processed without employer phone numbers)

DATES From (MM/YY)	To	Position Held
Company		Avg. Weekly Earnings
Address		Reason for Leaving
		Type of Trailer Pulled
Telephone ()		Equipment Driven
Supervisor		# of Accidents Total Kms
Full or Part-Time	Hours or Kms/Week	Province/Regions Driven In

MAY WE CONTACT YOUR PRESENT CARRIER OR EMPLOYER? Yes _____ No _____
Was this position designated as safety sensitive and subject to drug and alcohol testing? Yes _____ No _____

DATES From (MM/YY)	To	Position Held
Company		Avg. Weekly Earnings
Address		Reason for Leaving
		Type of Trailer Pulled
Telephone ()		Equipment Driven
Supervisor		# of Accidents Total Kms
Full or Part-Time	Hours or Kms/Week	Province/Regions Driven In

Was this position designated as safety sensitive and subject to drug and alcohol testing? Yes _____ No _____

DATES From (MM/YY)	To	Position Held
Company		Avg. Weekly Earnings
Address		Reason for Leaving
		Type of Trailer Pulled
Telephone ()		Equipment Driven
Supervisor		# of Accidents Total Kms
Full or Part-Time	Hours or Kms/Week	Province/Regions Driven In

Was this position designated as safety sensitive and subject to drug and alcohol testing? Yes _____ No _____

DATES From (MM/YY)	To	Position Held
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Was this position designated as safety sensitive and subject to drug and alcohol testing? Yes _____ No _____

DATES From (MM/YY)	To	Position Held
Company		Avg. Weekly Earnings
Address		Reason for Leaving
		Type of Trailer Pulled
Telephone ()		Equipment Driven
Supervisor		# of Accidents Total Kms
Full or Part-Time	Hours or Kms/Week	Province/Regions Driven In

Was this position designated as safety sensitive and subject to drug and alcohol testing? Yes _____ No _____

ACCIDENT RECORD (if none put none) List all accident involvements with any motor vehicle for the past 5 years (even no fault):

Date	Type Vehicle	Nature of Accident (Head on, Rear end, etc)	Were you at fault?	Were you ticketed?	# of fatalities?	# of injuries?	\$ Property Damage

TRAFFIC CONVICTIONS (if none, write none)

Date	Location	Violation (speed)	Penalty / \$ Fine

IN THE PAST 5 YEARS (answer Yes or No, or note you prefer to discuss in private)

	Yes	No	Date (mm/yy)
Have you ever been fired from a job?	_____	_____	_____
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	_____	_____	_____
Has any license, permit or privilege ever been suspended or revoked?	_____	_____	_____
Have you ever been convicted of a criminal offense?	_____	_____	_____
Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending?	_____	_____	_____

If you answered yes to any of the above, please explain: _____

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:** _____

**Consent Regarding the Collection
and
Retention of Personal Information**

Name: _____

Date of Birth: _____

SIN: _____
(Optional)

I, the undersigned, grant permission to Clarke Road Transport to collect personal information about me (including test results of any kind) and to conduct reference checks and a criminal record search for criminal convictions for which a pardon has not been granted. This information may be used to evaluate my application for employment and, if I am hired, this information may be kept in my employment 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.

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)



WORKER'S COMPENSATION

NFLD Brokers

I would like Clarke to cover Worker's Compensation _____
I will supply Letter of Clearance _____

NS Brokers

I will apply for a personal account _____
I will apply for a business account _____
I will supply a Letter of Clearance _____

NB Brokers

I would like Clarke to cover Worker's Compensation (under 3 employees) _____
I will supply a Letter of Clearance (over 3 employees) _____

ONT Brokers

I will supply a Letter of Clearance _____
I will join Clarke's NAL Group Plan _____

PEI Brokers

I will supply a Letter of Clearance _____ or confirmation of a Group Plan _____

QUEBEC Brokers

I will supply a letter of clearance _____
I will join Clarke's NAL Group Plan _____

USA Brokers

I will supply a letter of clearance _____

Name (Please Print)

Date: _____

Signature



TO: All US/Canada Owner Operators

US Heavy Vehicle Use Tax (HVUT)

The US Internal Revenue Services require that all vehicles registered through the International Registration Plan (IRP) must pay Heavy Use tax to the United States.

The tax applies to all vehicles with a gross vehicle weight (GVW) in excess of 55,000 lbs (25,000 kgs) that travel more than 5,000 miles (8,000 kms).

The tax is paid during the period from July 1 to June 30 of the following year. Canadian based units registered over 75,000 pounds is \$550.00 US per unit. Although the power's tax can be prorated for the 12 month period (ie: new unit starts in December then the tax due is only 7 months - $\$550/12 = \45.82 US per month for 7 months (December to June) for a total of \$320.81 US.

HVUT for all new Brokers and Owner Operators

Option:

- 1) I will provide proof HVUT was paid: _____
- 2) Please pay and deduct at \$50.00/pay: _____

Agreement and Acknowledgement Receipt

I have read and understand the above and agree to the option I have selected. I further agree that I must have this in place within 30 days and, if not, that I authorize Clarke Road Transport to pay on my behalf and deduct from my statements.

Independent Contractor or Company Name

Signature

Clarke Road Transport Representative



Email Authorization Form

(Due to the confidentiality of payroll information this authorization is required before payroll statements can be forwarded by email)

To receive Broker settlement statements via email, please complete this form and return to:

Clarke Road Transport
140 Horseshoe Lake Drive
Halifax, NS B3S 0B7
Attn: Settlements – Broker

If you require an email address change in the future, we require this form to be resubmitted with the revised information.

Please note we can only forward to one address and recommend that this address be that of the owner operator. This will enable you to review your statement each payroll in a timely manner, as well as allow you to forward it to other parties (ie: your accountant) should you wish to do so.

IMPORTANT: Please print the email address clearly and if possible, have a family member (or another third party) confirm the address is correct. An incorrect address will require you to complete a new form and resubmit.

Broker Information:

<p>_____</p> <p>Email Address (Please Print Clearly)</p> <p>_____</p> <p>Unit #</p> <p>_____</p> <p>Broker Company Name (if applicable)</p> <p>_____</p> <p>Broker Name (Please Print Clearly)</p>
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By signing below I agree that the above is correct and I am approving the emailing of my payroll information to the above email address.

Signature

Dated



DIRECT DEPOSIT APPLICATION

I hereby authorize Clarke Road Transport, through ADP, to make deposits to my chequing or savings or savings account at the financial institution of my choice. I will advise you of any change in this regard and the authorization is to remain in effect until cancelled in writing.

_____ Unit # _____
Broker Company Name (if any)

Name: _____

Financial Institution

Broker Signature

Institution Number

Broker Name (Please Print)

Branch Transit Number

Account Number

Bank Address:

ATTACH A BLANK CHEQUE clearly marked **VOID** and forward to the payroll department. If savings account, the transit number and account number should be recorded on the cover of your passbook.

Your account information is stored in a confidential computer file. Clarke Road Transport has **NO** access to your account except to make deposits. Each payday the net amount is sent directly to your financial institution and a copy of your pay stub to you. If your banking information changes, please notify the payroll department in writing, by the Friday prior to the payroll date, in order for your pay to be deposited into the correct account.

POWER OF ATTORNEY

I, _____, hereby authorize Chris Stortts of Clarke Road Transport to attach Nova Scotia plates to the below-mentioned tractor.

This Power of Attorney extends only to the Nova Scotia registration and licensing of the vehicle and I will, at all times, retain title to said vehicle.

Year: _____

Make: _____

Model: _____

VIN: _____

Signed this ___ day of _____, 2010

Signature: _____

Witness: _____

Specimen Signature: _____

Christine Stortts



TRACTOR SPECIFICATONS AND FINANCIAL INFORMATION

TRACTOR:

Make: _____ Model: _____ Year: _____

VIN: _____ Color: _____

Conventional: _____ Cabover: _____

Engine Type: _____ Horsepower: _____

Transmission: _____ Rear End Ratio: _____

Front End Rating: _____ Tire Size: _____

Rear End Rating: _____ Tire Size: _____

Wheelbase: _____

Fifth Wheel Height: _____ Type: _____ Slider: _____

of stacks: _____ # of Fuel Tanks: _____ # of Gallons: _____

Tare weight with full tanks: Actual: _____ Estimate: _____

Super Single Tires? Yes / No

FINANCIAL:

Company Name: _____

Leased: _____ Purchased: _____

Are all taxes paid? _____ In what province are they paid? _____

Value of tractor as of December of last year? _____

Monthly payment: _____ Creditor: _____

Number of payments remaining: _____

I will supply a letter of good standing from my creditor for my tractor?

I will provide proof of Worker's Compensation?