



COMPANY DRIVER APPLICATION

Dear Applicant:

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

The following forms are enclosed:

- _____ Application for hire
- _____ Request for Information Testing History from Previous Employer
- _____ Consent Regarding the Collection and Retention of Personal Information
- _____ Certificate of Compliance with Driver License Requirements/Certification of Violations
- _____ Pre-Employment Urinalysis Notification/Authority to Release Information to Future Employers for two years after leaving Clarke Road Transport

To submit your application, please include the following documentation:

- _____ Completed application (ensure all information has been filled out and/or signed)
- _____ Driver's abstract (no more than 30 days old)
- _____ Criminal Records Search or copy of FAST card (bring Birth Certificate, Passport, etc. to orientation)
- _____ Medical exam (less than 2 years old, provincial or other)
- _____ Copy of driver's license (front and back, all information must be easily read)

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: Company Driver

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: MM/DD/YY *S.I.N. # (Optional)

Driver's License #: Province:

Expiry Date: MM/DD/YY Class:

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

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

* 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 _____

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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:** _____

Statement of Previous Testing – Employment Not Obtained

The information requested is pursuant to US DOT regulation 49 CFR Part 40.

49 CFR Part 40, Subpart B, Section 40.25(j) states: 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:

Company Name: _____ Address: _____ Date of Test/Refusal: _____

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

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 Inc.

Applicant's Full Name (Please Print)

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: _____



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

Release Authorization

I, _____, with my signature below hereby authorize my previous employer:

Previous Employer: _____

Address: _____

Phone: _____ Fax: _____

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.

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

Date: _____ Name of Applicant: _____

Applicant Signature: _____ **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: _____ Date: _____
Signature & Title (Previous Employer)



**PRE-EMPLOYMENT URINALYSIS
NOTIFICATION**

The Federal Motor Carrier Safety Regulations, Section 391.102 – pre-employment testing requirements, apply to driver applications of this Company.

391.103 – Pre-Employment testing requirements

- | |
|--|
| <ul style="list-style-type: none"> a) A motor carrier shall require a driver applicant, who the motor carrier intends to hire or use, to be tested for the use of controlled substances as a prequalification condition. b) A driver applicant shall submit to controlled substance testing as a prequalification condition. c) Prior to collection of a urine sample, under Section 391.107 of the subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances. |
|--|

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances, based on the Urinalysis Test, will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Reviewing Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis test results to be given to other parties.

I have read and understood the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (Print Clearly)

Applicant's Signature

Witnessed by:

Company Representative's

Month Day Year

**AUTHORITY TO RELEASE INFORMATION TO FUTURE EMPLOYERS
FOR TWO YEARS AFTER LEAVING CLARKE ROAD TRANSPORT**

I, _____, SIN Number* _____, authorize Clarke Road Transport to release the following information with regards to the Drug and Alcohol Test Program to all future employers for a period of two (2) years from the date of termination with Clarke Road Transport:

1. All alcohol tests with a result of 0.04 BAC alcohol concentration or greater.
2. Verified positive controlled substance test results.
3. All refusals to be tested.

Applicant's Signature

Date

*SIN # Optional

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)



RELEASE AUTHORIZATION FOR CLIENT RECORD ABSTRACT

By signing this form I agree and authorize **CLARKE ROAD TRANSPORT, A DIVISION TFI HOLDINGS**, to obtain these abstracts from the various motor vehicle branches throughout Canada.

AND

I authorize the Registrar of Motor Vehicles to release a copy of my Client Record Abstract upon request to **CLARKE ROAD TRANSPORT, A DIVISION OF TFI HOLDINGS**.

Client Master Number

Client Name (Print)

Client Date of Birth

Client Signature

Date