

DRIVER QUALIFICATION CHECKLIST

Driver's Name: _____ D.O.B.: _____

Address: _____

Date Hired: _____ S.I.N.: _____

Date Terminated: _____

COMPLETION AT TIME OF HIRE

Item #	Document	Expiry/Completion
1	Application for Employment	<input type="checkbox"/> _____
2	Criminal Search CPIC	<input type="checkbox"/> _____
3	Record of Road Test	<input type="checkbox"/> _____
4	Driver Data Sheet	<input type="checkbox"/> _____
5	Previous Employment Verification (3 years)	<input type="checkbox"/> _____
6	Previous Drug/Alcohol Testing Verification (3 years)*	<input type="checkbox"/> _____
7	New Employee's Drug and Alcohol Statement*	<input type="checkbox"/> _____
8	Pre-Employment Urinalysis Notification*	<input type="checkbox"/> _____
9	Authorization for Driver Record Search	<input type="checkbox"/> _____
10	Drug and Alcohol Abuse Policy Employee Receipt*	<input type="checkbox"/> _____
11	Emergency Short Form (Next of Kin Declaration)	<input type="checkbox"/> _____
12	Copy of Driver's Medical	<input type="checkbox"/> _____

ITEMS REQUIRING SYSTEMATIC UPDATE

A	Driver's Licence	
	<ul style="list-style-type: none"> ▪ At time of hire ▪ At time of renewal 	<input type="checkbox"/> _____ <input type="checkbox"/> _____
B	Driver's Abstract (3 year Driving Record)	
	<ul style="list-style-type: none"> ▪ At time of hire ▪ Subsequent to hire 	<input type="checkbox"/> _____ <input type="checkbox"/> _____
C	Driver's Commercial Abstract (Carrier Driver CVOR)	
	<ul style="list-style-type: none"> ▪ At time of hire ▪ Subsequent to hire 	<input type="checkbox"/> _____ <input type="checkbox"/> _____
D	Violation and Record Review	
	<ul style="list-style-type: none"> ▪ At time of hire ▪ Annual Updates 	<input type="checkbox"/> _____ <input type="checkbox"/> _____

Audited by: _____ Date: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Date of Application: _____

Date available to begin: _____

Position(s) Applied for _____

Name _____
Surname, Given Name and Initial

Address _____
Street Number and Name, or Lot, Concession & Township City, Town, Village or R.R.

Province/Territory Postal Code **Phone** _____

Address _____ **How Long?** _____
for Past Street Number & Name or Lot City, Town, Village or R.R. Province & Postal Code

Three _____ **How Long?** _____
Years Street Number & Name or Lot City, Town, Village or R.R. Province & Postal Code

Do you have the legal right to work in Canada? _____

Are you 18 years of age or older? _____ Can you provide proof of age? _____

Have you worked for this company before? _____ When? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay Expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

EMPLOYMENT HISTORY

All commercial motor vehicle driver applicants must provide the following information of previous employment as required by regulations.

(NOTE: List employers in reverse order starting with the most recent. Add a separate sheet if required.)

Employer			Date	
Name:			From	To
Address:			Position Held:	
City:	Province:	Postal Code:	Reason for Leaving:	
Contact Person :	Phone Number:		Drove CMV Subject to U.S. FMCSRs <input type="checkbox"/> Y <input type="checkbox"/> N Safety-Sensitive Function Subject to D&A Testing <input type="checkbox"/> Y <input type="checkbox"/> N	

Employer			Date	
Name:			From	To
Address:			Position Held:	
City:	Province:	Postal Code:	Reason for Leaving:	
Contact Person :	Phone Number:		Drove CMV Subject to U.S. FMCSRs <input type="checkbox"/> Y <input type="checkbox"/> N Safety-Sensitive Function Subject to D&A Testing <input type="checkbox"/> Y <input type="checkbox"/> N	

Employer			Date	
Name:			From	To
Address:			Position Held:	
City:	Province:	Postal Code:	Reason for Leaving:	
Contact Person :	Phone Number:		Drove CMV Subject to U.S. FMCSRs <input type="checkbox"/> Y <input type="checkbox"/> N Safety-Sensitive Function Subject to D&A Testing <input type="checkbox"/> Y <input type="checkbox"/> N	

Employer			Date	
Name:			From	To
Address:			Position Held:	
City:	Province:	Postal Code:	Reason for Leaving:	
Contact Person :	Phone Number:		Drove CMV Subject to U.S. FMCSRs <input type="checkbox"/> Y <input type="checkbox"/> N Safety-Sensitive Function Subject to D&A Testing <input type="checkbox"/> Y <input type="checkbox"/> N	

Include any driving history for vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport dangerous goods in a quantity requiring placarding.

EDUCATION

HIGHEST GRADE COMPLETED - circle highest grade completed.

GRADE/SECONDARY SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12	BUSINESS, TRADE OR TECHNICAL SCHOOL 1 2 3 4
Course of Study	Course of Study
Type of certificate or diploma obtained	Licence, certificate or diploma awarded
Special courses or training	Special courses or training

OTHER COURSES, WORKSHOPS OR SEMINARS**1-3**

DATES	NAME	LOCATION	LICENCE, CERTIFICATE, DIPLOMA

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER'S LICENCES	Driver's Licence	Class	Expiry

Have you ever been denied a licence to operate a motor vehicle? YES NO

Has your driver's licence ever been suspended or revoked? YES NO

IF YOU ANSWERED "YES" TO EITHER OF THESE QUESTIONS, PLEASE GIVE DETAILS: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – 2 TRAILERS				
OTHER				

LIST PROVINCES, STATES OR TERRITORIES YOU HAVE OPERATED IN DURING THE LAST FIVE YEARS:

ACCIDENT REVIEW FOR PAST THREE (3) YEARS

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Overturn, Etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION AND OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS THAT YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY THE APPLICANT

My signature below certifies this application was completed by me, and that all information within is true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial and/or medical history and other related matters as may be necessary in arriving at an employment/contract of service decision. (Generally, inquiries regarding medical history will be made only if and after a condition offer of employment/contract of service has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) an (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Date

Applicant's Signature

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.
- D. I have not been granted a provincial waiver from the National Safety Code Standards for medical condition.

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.

_____ Date _____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED: _____ APPLICANT REJECTED: _____
 DATE EMPLOYED: _____ POSITION/LOCATION: _____

THIS SECTION SHALL BE COMPLETED BY A RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVG.	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL/TRAFFIC						

SIGNATURE OF INTERVIEWING OFFICER: _____ **DATE:** _____

RECORD OF ROAD TEST**3-1**

Driver's Name: _____ Address: _____
 Licence Number: _____ Province: _____ Class: _____
 Tractor Unit No.: _____ Trailer No.: _____
 Checked from: _____ To: _____ Date: _____

For those items that apply, check (✓) if driver's performance is satisfactory, OR mark with an (X) if driver's performance is unsatisfactory. Explain unsatisfactory items under the Remarks Section.

Part 1 : Pre-Trip Inspection and Emergency Equipment

- Checks general condition approaching unit
- Looks for leakage of coolants, fuel, lubricants
- Checks under hood - oil, water, general condition of engine components, steering mechanism
- Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers
- Tests brake action, tractor protection valve, and parking (hand) brake
- Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses and four-way flashers
- Checks instruments
- Cleans windshield, windows, mirrors, lights, reflectors

Part 2 : Placing Vehicle in Motion and Use of Controls

- A. MOTOR
- Starts motor without difficulty
 - Allows proper warm-up
 - Understands gauges on instrument panel
 - Maintains proper engine speed while driving
 - Basic knowledge of motors – gas, diesel
 - Does not abuse motor
- B. CLUTCH AND TRANSMISSION
- Starts loaded unit smoothly
 - Uses clutch properly
 - Times gearshifts properly
 - Shifts gears smoothly
 - Uses proper gear sequence
- C. BRAKES
- Understands operating principles of air brakes
 - Knows proper use of tractor protection valve
 - Understands low air warning
 - Tests brakes before starting trip
- D. STEERING
- Controls steering wheel
 - Good driving posture and good grip on wheel

E. LIGHTS

- Knows lighting regulations
- Uses proper headlight beam
- Dim lights when meeting or following other traffic
- Adjusts speed to range of headlights
- Proper use of auxiliary lights

Part 3 : Coupling and Uncoupling

- Lines up units
- Hooks brake and light line properly
- Secures trailer against movement
- Backs under slowly
- Tests hook-up with power
- Checks hook-up visually
- Handles landing gear properly
- Proper hook-up of full trailer
- Secures power unit against movement

Part 4 : Backing and Parking

- A. BACKING
- Gets out and checks before backing
 - Looks back as well as uses mirror
 - Gets out and rechecks conditions on long back
 - Avoids backing from blind side
 - Signals when backing
 - Controls speed and direction properly while backing
- B. PARKING (City)
- Does not hit nearby vehicles or stationary objects
 - Parks proper distance from curb
 - Sets parking brake, puts in gear, chocks wheels, shuts off motor
 - Checks traffic conditions and signals when pulling out from parked position
- C. PARKING (Road)
- Parks in legal and safe location
 - Parking off pavement
 - Avoids parking on soft shoulder
 - Uses emergency warning signals when required
 - Secures unit properly

Part 5 : Slowing and Stopping

- Use gears properly ascending
- Gears down properly descending
- Stops and restarts without rolling back
- Tests brakes at top of hills
- Uses brakes properly on grades
- Use mirrors to check traffic to rear
- Signals following traffic
- Avoids sudden stops
- Stops smoothly without excessive fanning
- Stops before crossing sidewalk when coming out of driveway or alley
- Stops clear of pedestrian crosswalks

Part 6 : Operating in Traffic Passing and Turning

- A. TURNING
 - Gets in proper lane well in advance
 - Signals well in advance
 - Checks traffic conditions and turns only when way is clear
 - Does not swing wide or cut short while turning
- B. TRAFFIC SIGNS AND SIGNALS
 - Approaches signal prepared to stop of necessity
 - Obeys traffic signal
 - Uses good judgement on yellow light
 - Starts smoothly on green
 - Notices and heeds traffic signs
 - Obeys "Stop" signs
- C. INTERSECTIONS
 - Adjusts speed to permit stopping if necessary
 - Checks for cross traffic regardless of traffic controls
 - Yields right-of-way for safety
- D. GRADE CROSSING
 - Adjusts speed to conditions
 - Makes safe stop, if required
 - Selects proper gear
- E. PASSING
 - Passes with sufficient clear space ahead
 - Does not pass in unsafe location: hill, curve, intersection
 - Signals lane changes
 - Warns drivers being passed
 - Pulls out and back with certainty
 - Does not tailgate
 - Does not block traffic with slow pass
 - Allows enough room when returning to right lane

- F. SPEED
 - Speed consistent with basic ability
 - Adjusts speed properly to road, weather, traffic conditions, legal limits
 - Slows down for rough roads
 - Slows down in advance of curves, intersections etc.
 - Maintains consistent speed
- G. COURTESY AND SAFETY
 - Uses defensive driving techniques
 - Yields right-of-way for safety
 - Goes ahead when given right-of-way by others
 - Does not crowd other drivers or force way through traffic
 - Allows faster traffic to pass
 - Keeps right and in own lane
 - Uses horn only when necessary
 - Generally courteous and uses proper conduct

Part 7 : Miscellaneous

- A. GENERAL DRIVING ABILITY & HABITS
 - Consistently alert and attentive
 - Adjusts driving to meet changing conditions
 - Performs routine functions without taking eyes from road
 - Checks instruments regularly while driving
 - Willing to take instructions and suggestions
 - Adequate self-confidence in driving
 - Is not easily angered
 - Positive attitude
 - Good personal appearance, manner, cleanliness
 - Good physical stamina
- B. FREIGHT HANDLING
 - Checks freight properly
 - Handles and loads freight properly
 - Handles bills properly
 - Breaks down load as required
- C. RULES AND REGULATIONS
 - Knowledge of company rules
 - Knowledge of Cdn. Regulations
 - Knowledge of U.S. FMCSR Regulations
 - Knowledge of special truck routes
- D. USE OF SPECIAL EQUIPMENT (specify)

REMARKS:

GENERAL PERFORMANCE: SATISFACTORY NEEDS TRAINING UNSATISFACTORY

QUALIFIED FOR: STRAIGHT TRUCK TRACTOR-TRAILER OTHER _____

Examiner's Signature: _____

CERTIFICATION OF ROAD TEST

INSTRUCTIONS TO CARRIER: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the road test form and the original of the Certification of Road Test shall be retained in the Driver Qualification File of the person who was examined, and duplicate copies provided to the person examined. [FMCSR Sect. 391.31(e)(f)(g)(1)(2)]

Driver's Name: _____ **Type of Power Unit:** _____

S.I.N. Number: _____ **Type of Trailer:** _____

Driver's Licence: _____ **Province:** _____ **Class:** _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED DRIVER WAS GIVEN A ROAD TEST UNDER MY SUPERVISION ON _____ CONSISTING OF APPROXIMATELY _____ MILES OF DRIVING.

IT IS MY CONSIDERED OPINION THAT THIS DRIVER POSSESSES SUFFICIENT DRIVING SKILL TO SAFELY OPERATE THE TYPE OF COMMERCIAL MOTOR VEHICLE LISTED ABOVE.

Examiner's Name: _____ **Signature:** _____

Organization: _____ **Title:** _____

DRIVER DATA SHEET**For Casual, New Hires & Temporary Employees**

Instructions: Motor Carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the preceding 14 days and time at which such driver was last relieved from duty prior to beginning work for such.

Note: Hours for any compensated work during the preceding 14 days, including work performed for a non-motor carrier must be recorded on this form.

Driver's Name (Print): _____

Social Insurance Number: _____

Driver's Licence No.: _____ **Prov.** _____ **Class:** _____

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
Date															
Hours Worked															

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 _____ / _____ / _____.

Day Month Year

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

Are you currently working for another employer Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed by this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment.

Driver's Signature

Date

Witness _____

Company Representative

Date

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I, hereby authorize you to release the following information to the following company for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.



Applicant's Signature

Date

Previous Carrier: _____ **Fax No.:** _____

Phone No.: _____ **Date:** _____

Driver's Name: _____ **SIN No.:** _____

Reported Employ Dates: _____ **Actual:** _____

Area Drove: _____ **Equipment Drove:** Straight Dry Van Reefer Tank

DRIVING PERFORMANCE (CIRCLE THE APPROPRIATE SCORE - 1 = POOR 2 = FAIR 3 = GOOD)

1 2 3 - RELIABILITY AND DEPENDABILITY

1 2 3 - PAPERWORK

1 2 3 - ATTITUDE/APPEARANCE

1 2 3 - RELATIONSHIP WITH FELLOW WORKERS

1 2 3 - TRIP PLANNING

1 2 3 - TIMELINESS

1 2 3 - EQUIPMENT HANDLING/CARE

1 2 3 - CUSTOMER RELATIONS

1 2 3 - SAFETY & COMPLIANCE

1 2 3 - HOURS OF SERVICE (LOGS)

Tickets on Company CVOR/U.S. Carrier Profile – Yes No Minor Ticket Major Ticket

DETAILS: _____

Accidents – Yes No Preventable Non-Preventable Under \$5,000 Over \$5,000

DETAILS: _____

Cargo Claims – Yes No Under \$5,000 Over \$5,000

DETAILS: _____

Workplace Injuries – Yes No **Time lost from work?** - Yes No

DETAILS: _____

Would you rehire this driver? Yes No Was notice given by the driver? Yes No

Completed by: _____ **Title:** _____



FORM 413 / 301

REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301(b)

PURPOSE OF THIS FORM: (A) Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers **MUST** provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O. **(B) (I) Under 49 CFR 382.301(b)** a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program **[382.301(c)(1)]**. An employer can exercise this exemption if he contacts the testing program and obtains the information below. **(II) Under 49 CFR 382.301(c)(2)** an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

Name (print) _____ (SIN) _____ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. Consent for the release of this information follows.

APPLICANT/DRIVER CONSENT

TO: [Previous Employer] **Date:** _____

Company: _____ **Phone:** _____ **Fax:** _____

Address: _____

Designated Employer Representative: _____

In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.

FROM: [Prospective Employer]

Company: Coleson Freight Carriers Ltd. **Phone:** 519-238-1172 **Fax:** 519-238-1119

Address: 242 Main Street Exeter ON N0M 1S3

Attention: SAFETY DEPT.

I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.

Applicant Name: _____ **Applicant's SIN/Employee ID:** _____

Applicant Signature: _____ **Date:** _____

Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301. Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

Please check off if sections (1) and (2) for the pre-employment exemption are not required.

(1) Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No

(2) For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program _____ (mm/dd/yy).

Employee's ending date of participation to program _____(mm/dd/yy).

Program complies with DOT requirements? Yes No

Date of last drug test _____(mm/dd/yy)

DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382 Subpart B (last 6 months).

Date _____ Type of Test _____ Positive Negative
(mm/dd/yy)

Date _____ Type of Test _____ Positive Negative
(mm/dd/yy)

Date _____ Type of Test _____ Positive Negative
(mm/dd/yy)

Comments:

(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25

TESTING HISTORY

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years? Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years? Yes No
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)? Yes No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)? Yes No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
 - a) Was the person referred to a SAP? Yes No
If employment with your company continued:
 - b) Was the person evaluated by the SAP? Yes No
 - c) If yes, did the SAP recommend treatment and/or education? Yes No
 - d) Did the person complete the treatment and/or education as determined by the SAP? Yes No
 - e) Did the person undergo a return-to-duty test? Yes No
 - f) If yes, was the return-to-duty test negative? Yes No
 - g) Did the SAP recommend follow-up testing? Yes No
 - h) Did the person complete the follow-up testing? Yes No

***If applicable**, please submit copy of documentation of completion of return-to-duty and follow-up testing records.

I confirm that the above information is accurate:

Name of Company Rep (Print)

Company

Signature

Date



New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective 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.

Company Name: Coleson Freight Carriers Ltd.

Address: 242 Main Street, Exeter ON N0M 1S3

Prospective Employee Name: _____

Prospective Employee's SIN/ID #: _____

To be answered by the employee:

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

Yes No

If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

Prospective Employee Signature

Date

Witnessed By (Printed Name)

Date

Witnessed By (Signature)

Title

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

8

The Federal Motor Carrier Safety Regulations, Section 391.103 -- the pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

(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 391.107 of this 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 or contract of service, I agree to the urine 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 Coleson Freight Carriers Ltd. The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to Vic Volochkov.

My written authorization is required for the Urinalysis Test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Signed this _____ day of _____, 20_____.

APPLICANT'S NAME (please print)

APPLICANT'S SIGNATURE

WITNESSED BY:

 COMPANY REPRESENTATIVE'S SIGNATURE

 MONTH / DAY / YEAR

VIOLATION AND REVIEW RECORD

D

Driver's Name _____
(Please Print or Type)

I. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date Date	Case Case	Location Location	Type/Code Type/Code

If no violations were listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)	(Driver's Signature)
Coleson Freight Carriers Ltd.	242 Main St Exeter ON N0M 1S3
(Motor Carrier's Name)	(Motor Carrier's Address)
(Reviewed by: Signature)	(Title)

II. REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25 of the Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months and the driver:

- Meets minimum requirements for safe driving
- Does not adequately meet satisfactory safe driving performance.
- Is disqualified to drive a motor vehicle pursuant to Section 391.15

Action Taken:

Coleson Freight Carriers Ltd	242 Main St Exeter ON N0M 1S3
(Motor Carrier's Name)	(Motor Carrier's Address)
(Reviewed by: Signature)	(Date)
	(Title)

AUTHORIZATION FOR DRIVER RECORD SEARCH

9

The Federal Motor Carrier Safety Regulations, Section 391.21, which covers Driver's Qualification and application for employment, requires the motor carrier to obtain a list of all motor vehicle violations for the last three (3) years.

In Ontario, this is known as a Commercial Vehicle Operator Record Driver Abstract. It is company policy to obtain a list of both commercial and personal motor vehicle violations for each driver operating under its authorities, on a periodic basis.

As a condition of my employment or contract of service, I hereby provide written authorization for Coleson Freight Carriers Ltd. to obtain such information.

I have read and understand the above conditions.

Signed this _____ day of _____, 20_____.

APPLICANT'S NAME (please print)

APPLICANT'S SIGNATURE

WITNESSED BY:

CO. REPRESENTATIVE'S SIGNATURE

MONTH / DAY / YEAR

EMERGENCY SHORT FORM (Next of Kin Form)

Employee's Name: _____

Street Address: _____

City/Town: _____

Province/State: _____ Postal Code: _____

Telephone No.: Residence: _____ Other: _____

S.I.N.: _____ OHIP: _____

Medications: _____

In Case of Illness/Injury Notify:

Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Telephone: Residence _____ Work: _____

Special Emergency Instructions:

Next of Kin: _____ Telephone: _____

Family Dr.: _____ Telephone: _____

Address: _____

Special Instructions: (include any allergies)

Applicant's Signature_____
Date

DRUG AND ALCOHOL ABUSE PROGRAM

Certified Receipt Form

10

Employee/Owner-Operator's Name: _____

This is to certify that I have been provided educational materials that explain the requirements of 49 CFR 382.601 and my employer's policies and procedures with respect to meeting the requirements. The materials included detailed information of the following checked (✓) items:

- 1. The designated person to answer questions about the materials.
- 2. The categories of drivers subject to Part 382.
- 3. Sufficient information about the safety-sensitive functions.
- 4. Specific information concerning prohibited driver conduct.
- 5. Circumstances under which a driver will be tested.
- 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- 7. The requirement that tests are administered in accordance with Part 382.
- 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- 9. The consequences for violations of Company Policy and for drivers found to have an alcohol concentration between 0.02 - 0.039.
- 10. Information on the effects of alcohol and controlled substances on:
 - an individual's health
 - work
 - signs and symptoms of a problem
 - personal life

Employee's Signature

Date

Company Representative's Signature

Date

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with COLESON FREIGHT CARRIERS LTD. ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize COLESON FREIGHT CARRIERS LTD. ("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 consenting to 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.

3. 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 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 DataQs system to the appropriate State for adjudication.

4. 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 FMCSR 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 Prospective Employer and I understand that if I sign this consent form, 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 _____

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**