

DRIVER'S APPLICATION FOR EMPLOYMENT

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

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment 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 49 CFR 391.23(d) and (e). I understand that I have the right to:

- 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.

Certification

APPLICANT NAME (PLEASE PRINT)	APPLICANT SIGNATURE X	Date Year Month Day
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FOR COMPANY USE

Process Record

APPLICANT HIRED	REJECTED
DATE EMPLOYED Year Month Day 	POINT EMPLOYED
DEPARTMENT	CLASSIFICATION
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)	
PRINT NAME OF INTERVIEWING OFFICER	SIGNATURE OF INTERVIEWING OFFICER Date Year Month Day

Termination of employment

DATE TERMINATED Year Month Day 	DEPARTMENT RELEASED FROM
DISMISSED	VOLUNTARILY QUIT OTHER
TERMINATION REPORT PLACE IN FILE	SUPERVISOR
This form is made available with the understanding that _____ is not engaged in rendering legal, accounting, or other professional services. _____ assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.	

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS - PLEASE PRINT)

POSITION(S) APPLIED FOR			SOCIAL SECURITY NUMBER
FIRST NAME	MIDDLE NAME	LAST NAME	PHONE NUMBER

List your addresses of residency for the past 10 years.

Current Address	STREET	CITY	PROVINCE	POSTAL CODE	YY MM HOW LONG?
Previous Addresses	STREET	CITY	PROVINCE	POSTAL CODE	YY MM HOW LONG?
	STREET	CITY	PROVINCE	POSTAL CODE	YY MM HOW LONG?
	STREET	CITY	PROVINCE	POSTAL CODE	YY MM HOW LONG?

Do you have the legal right to work in the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Birth	Year	Month	Day	Can you provide proof of age? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have the legal right to work in the Canada?	YES <input type="checkbox"/> NO <input type="checkbox"/>					

Have you worked for this company before? YES ☐ NO ☐

DATES	YY MM	YY MM	RATE OF PAY	POSITION	REASON FOR LEAVING
	FROM	TO			

Are you now employed? YES ☐ NO ☐ If not, how long since leaving last employment? YY | MM

WHO REFERRED YOU?	RATE OF PAY EXPECTED	HAVE YOU EVER BEEN BONDED? (ANSWER ONLY IF A JOB REQUIREMENT)	NAME OF BONDING COMPANY
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Have you ever been convicted of a felony? YES ☐ NO ☐ IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT-ALL CIRCUMSTANCES WILL BE CONSIDERED.

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? YES ☐ NO ☐

IF YES, EXPLAIN IF YOU WISH _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.

CURRENT / LAST EMPLOYER	DATE	
NAME	FROM YY MM	TO YY MM
ADDRESS	POSITION HELD	
CITY / PROVINCE	SALARY/WAGE	
CONTACT PERSON	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EMPLOYMENT HISTORY

EMPLOYER		DATE	
COMPANY NAME		FROM YY MM	TO YY MM
ADDRESS		POSITION HELD	
CITY / PROVINCE		SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYER		DATE	
COMPANY NAME		FROM YY MM	TO YY MM
ADDRESS		POSITION HELD	
CITY / PROVINCE		SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYER		DATE	
COMPANY NAME		FROM YY MM	TO YY MM
ADDRESS		POSITION HELD	
CITY / PROVINCE		SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYER		DATE	
COMPANY NAME		FROM YY MM	TO YY MM
ADDRESS		POSITION HELD	
CITY / PROVINCE		SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			

*Includes 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 hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES		NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT	YY MM DD				
NEXT ACCIDENT	YY MM DD				
NEXT ACCIDENT	YY MM DD				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

DATES	LOCATION	CHARGE	PENALTY
YY MM DD			
YY MM DD			
YY MM DD			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES☐

NO☐
- B. Has any license, permit or privilege ever been suspended or revoked?

YES☐

NO☐

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES FROM (MN) TO (MN)		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	YES <input type="checkbox"/>	NO <input type="checkbox"/>	VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
TRACTOR-TWO TRAILERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
TRACTOR - THREE TRAILERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
MOTORCOACH - SCHOOL BUS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	More than 8 Passenger —			
MOTORCOACH - SCHOOL BUS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	More than 15 Passenger —			
OTHER _____						

LIST STATES OPERATED IN FOR LAST FIVE YEARS

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 OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

X

SIGNATURE

YY | MM | DD

DATE

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER
I hereby authorize			Date of Birth
			Year
			Month
			Day
PREVIOUS EMPLOYER			
COMPANY NAME		EMAIL	
ADDRESS		PHONE	
CITY	PROVINCE	FAX NUMBER	
CONTACT PERSON			
TO RELEASE AND FORWARD THE INFORMATION REQUESTED BY SECTION 3 OF THIS DOCUMENT CONCERNING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS WITHIN THE PREVIOUS 3 YEARS FROM			
Date of employment application		Year	Month
		Day	

PROSPECTIVE EMPLOYER

COMPANY NAME	EMAIL
ATTENTION	PHONE
ADDRESS	FAX
CITY / PROVINCE	
IN COMPLIANCE WITH §40.25(G) AND 391.23(H), RELEASE OF THIS INFORMATION MUST BE MADE IN A WRITTEN FORM THAT ENSURES CONFIDENTIALITY, SUCH AS FAX, EMAIL, OR LETTER.	

X _____ YY | MM | DD
APPLICANT'S SIGNATURE DATE

SECTION 2 TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us. YES ☐ NO ☐ _____ EMPLOYED AS _____ FROM _____ TO _____

Did he/she drive a motor vehicle for you? YES ☐ NO ☐

If yes, what type? STRAIGHT TRUCK ☐ TRACTOR-SEMITRAILER ☐ BUS ☐ CARGO TANK ☐ DOUBLES / TRIPLES ☐

OTHER (SPECIFY) _____

Reason for leaving your employ: CHARGEDYES ☐ RESIGNATIONYES ☐ LAY OFFYES ☐ MILITARY DUTY

IF THERE IS NO SAFETY PERFORMANCE HISTORY TO REPORT, CHECK HERE ☐ SIGN BELOW AND RETURN.

ACCIDENTS: COMPLETE THE FOLLOWING FOR ANY ACCIDENTS INCLUDED ON YOUR ACCIDENT REGISTER (§390.15(B)) THAT INVOLVED THE APPLICANT IN THE 3 YEARS PRIOR TO THE APPLICATION DATE SHOWN ABOVE, OR CHECK HERE ☐ IF THERE IS NO ACCIDENT REGISTER DATA FOR THIS DRIVER.

DATE	LOCATION	NO. OF INJURIES	NO. OF FATALITIES	HAZMAT SPILL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE PROVIDE INFORMATION CONCERNING ANY OTHER ACCIDENTS INVOLVING THE APPLICANT THAT WERE REPORTED TO GOVERNMENT AGENCIES, INSURERS, OR RETAINED UNDER INTERNAL COMPANY POLICIES: _____

X _____ YY | MM | DD
SIGNATURE TITLE DATE

MOTOR VEHICLE DRIVER'S

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
- 3) **CDL DOMICILE REQUIREMENTS:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I will possess:

DRIVER'S LICENSE NO.	PROVINCE	YY MM DD EXPIRY DATE
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DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

DRIVER'S NAME (PLEASE PRINT)	X DRIVER'S SIGNATURE	YY MM DD DATE
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NOTES: _____

DRIVER STATEMENT OF ON-DUTY HOURS

(FOR NEWLY HIRED DRIVERS)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 14 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. **NOTE:** Hours for any compensated work during the preceding 14 days, including work for a non-motor carrier entity, must be recorded on this form.

DRIVER NAME (PLEASE PRINT)										SOCIAL INSURANCE NUMBER (SIN)					
DRIVER'S LICENSE NUMBER										PROVINCE		CLASS		YY MM DD EXPIRY DATE	
ENDORSEMENT(S)				TYPE OF LICENSE				ISSUING PROVINCE				YY MM DD EXPIRY DATE			

DAY	1 (Yesterday)	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

AM <input type="checkbox"/> PM <input type="checkbox"/>										YY MM DD					
TIME										DATE					
DRIVER NAME (PLEASE PRINT)										X		YY MM DD		DATE	
DRIVER'S SIGNATURE															

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non motor carrier entity.

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 with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

DRIVER'S NAME (PLEASE PRINT)										X		YY MM DD		DATE	
COMPANY REPRESENTATIVE (PLEASE PRINT)										X		YY MM DD		DATE	
COMPANY REPRESENTATIVE SIGNATURE															

DISCIPLINARY POLICY

I the undersigned am aware that I will be subject to penalties leading from temporary suspension from work with out pay up to dismissal for non-compliance with the company rules depending on how severe of the incident. I also understand that if I have a number of incidents in a short period of time. I will be subject to re-training and re-testing again, subject to the severity of the incident(s).

Speed Limits

This will acknowledge that I am aware that when operating company owned or leased vehicles, it is my lawful duty to comply with the posted speed limit (up to a maximum of 100 KPH) as a legislated requirement under the Ontario Highway Traffic Act and all local By-Laws. Failure to comply with this policy is grounds for disciplinary action by company management.

Vehicle Passengers

I the undersigned, understand that it is the company's policy that there be no passenger in accompany owned or leased vehicle with out prior consent from company management. It is also my responsibility to inform company management of anyone who intends to ride in a company owned or leased vehicle prior to driving that vehicle.

Driver's License Policy

I, the undersigned understand that it is my responsibility to inform the company management of any traffic violations filed against me while driving a company vehicle or any personal vehicle. I agree to inform the company if my driver's license has been suspended for any reason and I shall immediately inform the company of the suspension, the reason of the suspension, and the duration of the suspension. I also agree to supply the company with a copy of my current driver's license, and a copy every time thereafter when the license or license endorsements are renewed, re leaved, re-classified or changed in any other way. I also agree to advise the company of the date when my medical examination is due. If I have not passed the medical examination by the medical due date I will not be permitted to drive company vehicles.

Alcohol and drug policy

I, the undersigned understand that it is unacceptable to be on duty while under the influence of any intoxication, which can affect my performance at work. I am aware of the potential danger of such an action and therefore agree that I will be dismissed from any breach of this policy.

Smoking

Smoking is prohibited inside the truck tracktor or within 100 feet and 100 feet of all building entrances. I am aware of the potential danger of such an action and therefore agree that I will be fined and dismissed from any breach of this policy.

Use Of Seat Belts

I, the undersigned, understand that it is my responsibility to wear my seat belt while operating any company owned or leased vehicle. Any breach of the policy is grounds for disciplinary action by company management.

Accident reporting

I, the undersigned, understand that it is my responsibility to inform the company of any and off accidents and I am involved in.

Daytime Running Lights

I, the undersigned, understand hat it is my responsibility to ensure proper function of daytime running lights on any vehicle that I am operating. It is the company policy that our vehicles be equipped with daytime running lights and that everyone who operates any company-owned or leased vehicle adheres to this policy. Failure to comply with this policy is grounds for disciplinary action by company management.

Refuse To Work

I, the undersigned, understand that it is my responsibility to inform the company of any incident or safety concerns, which might affect me to perform my job safely. Failure to inform the company of any incident or safety concerns before refusing to work would be a violation of this policy grounds for disciplinary action by company management.

Hours of Work

I, the undersigned, understand and have been informed of the hours of work regulations and I am aware that I must arrange my work schedule to comply with these regulations. I also agree to submit a record of all on-duty hours accumulated while working for other carriers.

Load Security

I, the undersigned understand and have been informed of Load Security Regulations and agree to comply with these regulations.

Pre/Post Trip Inspections

I, the undersigned understand and have been informed of the pre/post trip inspection policy and agree to meet these requirements as set out in the Ontario Highway Traffic Act. I also agree that will submit all roadside inspection reports immediately upon completion of any trip.

X

YY | MM | DD

DRIVER'S NAME (PLEASE PRINT)

DRIVER'S SIGNATURE

DATE

X

YY | MM | DD

COMPANY REPRESENTATIVE (PLEASE PRINT)

COMPANY REPRESENTATIVE SIGNATURE

DATE

ALCOHOL AND DRUG ABUSE POLICY

I hereby acknowledge receipt of _____ Alcohol and Drug Abuse Policy.

I am aware of the procedures regarding testing for the presence of drugs and alcohol, & agree to learn more about the negative effects and serious consequences of drug and alcohol use on my personal health and safety.

X

YY | MM | DD

DRIVER'S NAME (PLEASE PRINT)

DRIVER'S SIGNATURE

DATE

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also 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 two years. If the employee admits that he or she had a positive test or a 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 Sec. 40.25(b) (5) and (e))

Prospective Employee Name (print): _____

ID Number: _____

The prospective employee is required by sec. 40.25(j) to respond to the following questions:

1) 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 two years?

Choose one: YES ☐ NO ☐

2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to- duty requirements?

Choose one: YES ☐ NO ☐

I certify that the information provided on this document is true and correct.

_____ X	_____ YY MM DD
PROSPECTIVE EMPLOYEE NAME (PLEASE PRINT)	PROSPECTIVE EMPLOYEE SIGNATURE DATE

_____ X	_____ YY MM DD
COMPANY REPRESENTATIVE (PLEASE PRINT)	COMPANY REPRESENTATIVE SIGNATURE DATE

PRE QUALIFICATION DRUG TESTING FEE

A urine sample will be collected and tested for controlled substances per FMCSA Regulations. I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any addition parties without my written authorization.

I understand that there will be a \$100.00 administrative fee for the drug test if I leave within six (6) months. This deduction will be taken from the Independent Contractor.

DRIVER'S NAME (PLEASE PRINT)

X

DRIVER'S SIGNATURE

YY | MM | DD

DATE

**RECEIPT OF EDUCATIONAL MATERIALS FOR CONTROLLED
SUBSTANCES AND ALCOHOL USE AND TESTING AS PER THE
REQUIREMENTS OF PART 382 TO FMCSR**

I have received copy of educational materials explaining the requirements of part 382 prior to Pre-employment dot drug test / exemption

The Requirements have also been verbally explained during the orientation training by the safety department.

I understand and will comply with zero tolerance policy of _____ towards the controlled substance and alcohol use and testing.

X

DRIVER'S NAME (PLEASE PRINT)

DRIVER'S SIGNATURE

YY | MM | DD

DATE

MEDICAL DECLARATION

On march 3rd, 1999, Transport Canada and the U.S. federal Highway administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of commercial vehicle in the U.S, as currently contained in the federal Motor carriers safety regulation, part 391.41 et seq, and vice-versa. The reciprocal agreement will remove the requirements for a Canadian driver to carry a copy of a medical examiners certificate indicating that the driver is physically qualified to drive (In effect, the existence of a valid driver's license issued by the province of Ontario is deemed to be a proof that a driver is physically qualified to drive in U.S.) however, FHWA will not recognize an Ontario license if the driver has certain medical conditions and those conditions would prohibit them from driving in the U.S.

I, certify that I am qualified to operate a commercial motor vehicle in the United States.

I further certify that:

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

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

C) I don't have impaired hearing. (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1000 Hz, or 2000Hz with or without a hearing aid when tested by an audiometric device calibrated to American national standard Z24.5-1951).

D) I have not been issued a waiver by the province of Ontario allowing me to operate a commercial motor vehicle pursuant to section 20 and 22 of the Ontario regulation 340/94.

I further agree to inform _____, should my medical status change, or if I can no longer certify conditions A to D, described above.

X

DRIVER'S NAME (PLEASE PRINT)

DRIVER'S SIGNATURE

YY | MM | DD

DATE

X

COMPANY REPRESENTATIVE (PLEASE PRINT)

COMPANY REPRESENTATIVE SIGNATURE

YY | MM | DD

DATE

IMPORTANT INFORMATION CONCERNING U.S. COUNTRY WIDE POLICY REGARDING ALCOHOL AND COMMERCIAL MOTOR VEHICLES

Per section 392.5 of the Federal Motor Carrier Safety Regulations, the U.S. has a **Zero Tolerance** policy regarding alcohol in a commercial motor vehicle. This means the following:

- 1) Drivers are forbidden to use or possess alcohol at any time in a commercial motor vehicle.
- 2) Alcohol can not be anywhere on or in a commercial vehicle. It does not matter if the alcohol is sealed, out of reach of the driver, or in the trailer.
- 3) There are NO exceptions for purchase of alcohol at duty free facilities. If a duty free facility is on U.S. soil or if purchased in Canada for export to the U.S. the alcohol restriction still applies.
- 4- Driver's can not be on duty or operate a commercial motor vehicle if they have used any alcohol within the past 4 hours.
- 5- The same rules apply to any workers, passengers, or co-drivers transported in a commercial motor vehicle.

Consequences of violating these rules include the following:

- 1) Driver is placed out of service and can not move the truck for 24 hours.
- 2) Driver is issued a ticket by law enforcement (amount varies by jurisdiction).
- 3) Out of service inspection impacts company's Safestat score which can lead to compliance reviews and higher insurance premiums.
- 4) Enforcement action can be taken against the company through an onsite compliance review- This can include fines or suspension of a company's ability to operate.

***The following are the only limited exceptions to this rule:*

The alcohol is manifested and is part of the shipment (example shipment of beer).

Alcohol is possessed or used by passengers of a bus only.

The vehicle is not being used as a "commercial" vehicle and solely being driven for personal reasons (example driver is using a tractor without a trailer to drive to a hotel as personal transportation).

For more information, see 392.5 of the CFR's, available online at www.fmcsa.dot.gov

The consequences are not worth the risk- Do Not operate in the U.S. with alcohol.

DRIVER'S NAME (PLEASE PRINT)

X

DRIVER'S SIGNATURE

YY | MM | DD

DATE

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE
		EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box – ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date _____ Driver's Signature X

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: X _____
Signature Date

_____ Printed Name Title

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

TRUCK INFORMATION INDEPENDENT CONTRACTOR

All lines must be filled in

For purposes of the aforementioned Contract, the Contractor provides the following-described commercial highway tractor and licensing under the terms of the Agreement:

VEHICLE:

OFFICE USE ONLY

Tractor, Straight Truck

Assigned Company Unit No.

Make _____

Model No _____ Colour _____

Year of Manufacture _____ Serial Number _____

Engine (Make & Size) _____ Transmission _____

Rear-end Ratio _____ Tire Size: _____

Wheelbase _____ Tractor Weight (w/fuel) _____

Accessories:

Engine Brake _____ First Aid Kit _____

Flares _____ Fire Extinguisher _____

Flags _____ Tarps _____

Load Securement Devices _____

Licensing and Regulatory:

Registered Owner _____ Lien Holder _____

Commercial Plate No _____ Copy of Registration _____

Copy of CVIP Certificate _____ Motor Carrier Plate No _____

Licensed GVW _____ Tare Weight (w/fuel) _____

Revenue Canada BN _____ H.S.T. Registration No: _____
(Business Number)

X

INDEPENDENT CONTRACTOR NAME (PLEASE PRINT)

INDEPENDENT CONTRACTOR SIGNATURE

YY | MM | DD

DATE

RECORD OF ROAD TEST

DRIVER'S NAME (PLEASE PRINT)		ADDRESS	CITY / PROVINCE / POSTAL CODE
EQUIPMENT DRIVEN: <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer			
LICENSE NUMBER	STATE	DATE	
CHECKED FROM		TO	DATE

Check ☒ only those items on which the driver's performance is UNSATISFACTORY.
Explain unsatisfactory items under Remarks.

PART I

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 compartment, steering
- ☐ 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
- ☐ Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher
- ☐ Checks instruments for normal readings
- ☐ Checks dashboard warning lights for proper functioning
- ☐ Cleans windshield, windows, mirrors, lights, reflectors
- ☐ Reviews and signs previous report

PART 2

COUPLING AND UNCOUPLING

- ☐ Lines up units
- ☐ Connects glad hands to trailer to apply trailer brakes before coupling
- ☐ Connects glad hands and light line properly. Couples without difficulty
- ☐ Raises landing gear fully after coupling. Visually checks king pin assembly to be certain of proper coupling
- ☐ Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer
- ☐ Assure that surface will support trailer before uncoupling

PART 3

PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A ENGINE

- ☐ Places transmission in neutral before starting engine
- ☐ Starts engine without difficulty
- ☐ Allows proper warm-up
- ☐ Understands gauges on instrument panel
- ☐ Maintains proper engine speed (rpm) while driving
- ☐ 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

- ☐ Knows proper use of tractor protection valve
- ☐ Understands low air warning
- ☐ Tests service brakes
- ☐ Builds full air pressure before moving

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 head lights
- ☐ Proper use of auxiliary lights

PART 4

BACKING AND PARKING

A BACKING

- ☐ Gets out and checks before backing
- ☐ Looks back as well as uses mirrors
- ☐ 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
- ☐ Parks in legal and safe location

C PARKING (ROAD)

- ☐ Parks off pavement
- ☐ Avoids parking on soft shoulder
- ☐ Uses emergency warning signals when required
- ☐ Secures unit properly

PART 5

SLOWING AND STOPPING

- ☐ Uses gears properly ascending
- ☐ Gears down properly descending
- ☐ Stops and restarts without rolling back
- ☐ Tests brakes before descending grades
- ☐ Uses brakes properly on grades
- ☐ Uses 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

- ☐ Signals intention to turn well in advance
- ☐ Gets into proper lane well in advance of turn
- ☐ Checks traffic conditions and turns only when intersection is clear
- ☐ Restricts traffic from passing on right when preparing to complete right hand turn
- ☐ Completes turn promptly and safely and does not impede other traffic

B TRAFFIC SIGNS AND SIGNALS

- ☐ Approaches signal prepared to stop if necessary
- ☐ Obeys traffic signal
- ☐ Uses good judgment on yellow light
- ☐ Stops 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 control
- ☐ Yields right-of-way for safety

D GRADE CROSSINGS

- ☐ Adjusts speed to conditions
- ☐ Makes safe stop, if required
- ☐ Selects proper gear and does not shift gears while crossing
- ☐ Knows and understands federal and state rules governing grade crossing

E PASSING

- ☐ Passes with sufficient clear space ahead
- ☐ Does not pass in unsafe location: hill, curve, intersection
- ☐ Signals change of lanes
- ☐ Warns driver being passed
- ☐ Pulls out and back with certainty
- ☐ Does not tailgate
- ☐ Does not block truck 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 AND 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 HANDLING OF FREIGHT

- ☐ Checks freight properly
- ☐ Handles and loads correctly properly
- ☐ Handles bills properly
- ☐ Breaks down load as required

C RULES AND REGULATIONS

- ☐ Knowledge of company rules
- ☐ Knowledge of regulations: federal, state, local
- ☐ Knowledge of special truck routes

D USE OF SPECIAL EQUIPMENT (Specify)

- ☐ _____
- ☐ _____

REMARKS: _____

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semitrailer _____ Other _____

SIGNATURE OF EXAMINER _____

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 signed 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. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

DRIVER'S NAME _____ TYPE OF POWER UNIT _____

SOCIAL INSURANCE NO. _____ TYPE OF TRAILER(S) _____

OPERATOR'S OR CHAUFFEUR'S LICENSE NO. _____ STATE _____ IF PASSENGER CARRIER, TYPE OF BUS _____

This is to certify that the above-named driver was given a road test under my supervision on 20____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

SIGNATURE OF EXAMINER _____ ORGANIZATION _____

TITLE _____ ADDRESS OF EXAMINER _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“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.

AUTHORIZATION

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

I authorize _____ (“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)

NOTICE: This form is made available to monthly account holders by NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

**CRIMINAL RECORD VERIFICATION
Informed Consent Form**

A. Personal Information					
Surname (last name):			Given names(s):		
Surname (last name) at birth:			Former name(s):		
Place of birth (City, Province/State, Country):					
Date of birth (YYYY-MM-DD):			Sex (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male		
Phone number(s):			Email address:		
Current Home Address					
_____	_____	_____	_____	_____	_____
Number	Street	Apartment	City	Province/Territory/State	Postal/ZIP code
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
B. Reason for the Criminal Record Verification					
Reason for Request (example: Employment – Employer – Job Title):					
Organization Requesting Search:					
Contact Name:			Contact Phone Number:		
C. Informed Consent					
<p>SEARCH AUTHORIZATION – I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.</p>					
<p>POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):</p> <p><input type="checkbox"/> CPIC investigative Data Bank <input type="checkbox"/> Police Information Portal (PIP)</p> <p><input type="checkbox"/> OTHER:</p>					
<p>AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.</p> <p>I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to <u>ISB Paralegal/Reliability Screening Solutions</u> , located in <u>Mississauga/Ottawa, Canada</u> .</p> <p style="text-align: center;">Company Name City and Country</p> <p>I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Cobourg Police Service to <u>ISB Paralegal/Reliability Screening Solutions</u> , located in <u>Mississauga/Ottawa, Canada</u> .</p> <p>Name of Processing Police Service Company Name City and Country</p>					
Signature of Applicant		Date		Signed at	
		Year – Month - Day		City Province/Territory	
D. Identification Verification					
			<input checked="" type="checkbox"/> Physical Identity Verification		<input type="checkbox"/> Electronic Identity Verification
Witnessing Agent's Name:			Identification Verified:		
Witnessing Agent's Signature:			Type of Photo ID Viewed (Government Issued) & Secondary ID		

Name and location of the company where information will be stored in Canada: RELIABLE SCREENING SOLUTIONS INC, OTTAWA,ONTARIO,CANADA

****Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation. ****

Date de version du formulaire: 2017-10-05 Cobourg Police Service