



**Excerebus Logistics, Inc. PROFESSIONAL DRIVER
APPLICATION FOR EMPLOYMENT**

ALL of the attached forms listed below MUST be completed in full including dates and signatures.

- Application and Employment History (*10 years*)
- Previous Employment Reference (*first section only*)
- Previous Employment Alcohol and Controlled Substance Test References (*first section only*)
- Certification of Violations (*any violations in the past 12 months – Canada/USA*)

DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

In compliance with Federal and Provincial equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status or non-job related disability.

Position(s) Applied For: _____

Name: _____
LAST FIRST MIDDLE

Phone #: _____ Cell Phone #: _____ Fax #: _____

List addresses for past 5 years beginning with the most recent:

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

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

Date of Birth: _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers) Year Month Day

Have you worked for Excerebus Logistics, Inc. before? _____ Where / In what capacity?

Dates: From: _____ To: _____ 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 you have applied for?

Y[] N[]

If yes, please explain: _____

Applicant's Signature: _____

Date: _____

EXPERIENCE AND QUALIFICATIONS

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE
(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	CHARGES	INJURIES/FATALITIES
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS, CITATIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

ENTER THE HIGHEST GRADE COMPLETED IN THE BOX ABOVE: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME CITY

EXPERIENCE AND QUALIFICATIONS – DRIVER

	PROV / STATE	LICENCE NO.	TYPE	EXPIRATION DATE
DRIVER LICENCES				

A: Have you ever been denied a licence, permit or privilege to operate a motor vehicle? YES [] NO []

B: Has any licence, permit or privilege ever been suspended or revoked? YES [] NO []

If the answer to either A or B is YES, attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX # OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

LIST PROVINCES/STATES OPERATED IN THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING TAKEN 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:

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. 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, enquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers, and other persons from all liability in responding to enquiries 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 further understand that I am required to abide by all rules and regulations of the company.

Date

Signature

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file)

THIS SECTION TO BE COMPLETED BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal / Traffic Convictions						

SIGNATURE OF INTERVIEWING OFFICER: _____

TRANSFERS

FROM: _____	TO: _____	FROM: _____	TO: _____
DATE: _____		DATE: _____	
REASON FOR TRANSFER: _____		REASON FOR TRANSFER: _____	

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

DISMISSED: _____ VOLUNTARY QUIT: _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 5 years.

NOTE: Add another sheet if necessary.

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? Y [] N [] IF NO, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE REASON BELOW.

TRAFFIC VIOLATION REPORT

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 complete this section.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier below. 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)

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 of Conviction	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 required to be listed during the past 12 months.

(Driver's License No.)	(Expiration Date)
(Date of certification)	(Drivers signature)
.	
(Motor Carrier's Name)	
(Motor carrier's address)	
(Reviewed by: Signature)	(Title)

EMPLOYEE AUTHORIZATION: REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Excerebus Logistics, Inc. 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 which may result from furnishing such information.

APPLICANT'S NAME: _____

S.I.N. #: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Previous Employer: _____

Contact Name: _____

Telephone No: _____

Fax No: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Employment Dates: Start: _____

Finish: _____

Position/Job: _____

Equipment Operated: _____

Experience: Mountain: Y [] N []

U.S.: Y [] N []

Winter: Y [] N []

Did he/she treat equipment well? _____

Was he/she a safe and efficient driver? _____

Was his/her general conduct satisfactory? _____

Did he/she have any accidents? _____

Did he/she have any citations? _____

How was his/her attitude towards:

• Management? _____

• Customers? _____

• Co-workers? _____

How much lost time from work due to injury/illness? _____

Reason for leaving your employ: Discharged: Y [] N [] Resigned: Y [] N [] Laid Off: Y [] N [] Other: _____

If a position were available, would he/she be available for re-hire? _____

Comments:

EMPLOYEE THREE YEAR HISTORY DISCLOSURE

As required by the USDOT and Excerebus company practices, please indicate if you have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for but did not obtain safety-sensitive transportation work covered by DOT in the past three years.

STATEMENT OF COMPLIANCE

I, _____, have **not** tested positive or refused any pre-employment
Print Driver's Name

drug or alcohol test for a position I have applied but did not obtain a safety-sensitive position covered by DOT, as described above, in the past two years.

Signature of Driver

Date

STATEMENT OF NON-COMPLIANCE

I, _____, have tested positive or refused any pre-employment drug
or
Print Driver's Name

alcohol test for a position I have applied but did not obtain a safety-sensitive position covered by DOT, as described above, in the past three years. I understand that I must comply with the USDOT regulations in order to qualify to drive a commercial motor vehicle in the USA as well as comply with Excerebus's policy in order to work in any safety-sensitive position for the company.

Company Applied	Date Applied	Contact Name	Contact Phone

Signature of Driver

Date

Previous Employer Three Year Release of Information Form
CONFIDENTIAL WHEN COMPLETED

To be Completed by Employee

I, (name of applicant print clearly) _____ S.I.N. _____
hereby authorize and request that the below listed companies, including Excerebus it's MRO release a copy of
my drug and or alcohol test results and program participation information to the following company (previous 3
years): My date of hire with this company will be: _____

Prospective Employer's Name: Excerebus Logistics, Inc. **Contact:** Colleen Middleton **Fax:** _____

Previous Employers: (Print Clearly with Black Ink.)

Faxed	Company Name	Contact Name	Month, Year Left	Phone Number

I hereby acknowledge and agree that I shall hold all parties harmless in all ways for any consequences arising from the release, interpretation, or misuse of the information released as a result of this request.

Signature of Applicant: _____ **Date:** _____

Signature of Witness: _____

For Completion by previous employer - COMPANY NAME:

- Has this person ever tested positive for controlled substances in the last three years? Yes _____ No _____
- Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three years? Yes _____ No _____
- Has person ever refused a required test for drugs or alcohol in the last three years? Yes _____ No _____

If Yes, please provide the SAP's particulars for further reference.

SAP's Name: _____ Phone #: (____) _____

Address: _____

Has follow up testing program been completed? Yes _____ No _____. If No, how many follow up tests are outstanding? _____

Verified by (print): _____ Title: _____

Signature: _____

Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Excerebus Logistics, Inc. 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 which may result from furnishing such information.

Applicant's Signature: _____

Date: _____

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information below will be used for a "permissible purpose" as defined in the Act and that the information received will not be used for any other purpose.
2. I further certify that if the applicant named below is denied employment based on the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Signature: _____

Date: _____

TO: _____

The applicant below has completed an application with our company for the position of _____
 _____. As in accordance with Section 391.23, Federal Department of Transportation
 Regulations, please provide the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL INSURANCE NUMBER: _____

LICENSE NUMBER: _____

REQUESTED BY:

Excerebus Logistics, Inc.

NAME

POSITION

SIGNATURE

DATE

DRIVER DATA SHEET

For Casuals, New Hires & Temporary Employees

Name (Print): _____ S.I.N. #: _____

Motor Vehicles Operator's License Numbers: _____

Type of License: _____ Issuing State/Province: _____

INSTRUCTIONS: Motor carriers when using a driver for the first time intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 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.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge, and that I was last relieved from work at _____ on _____

Signature: _____

Witness: _____

Date: _____

EMPLOYMENT CHECKLIST FOR INTERMITTENT, CASUAL OR OCCASIONAL DRIVER

1. **Medical Examiner's Certificate** – The medical examiner's certificate of physical qualification to drive a motor vehicle or a legible photographic copy of the certificate. _____

2. **Certificate of Driver's Road Test** – The certificate of driver's road test issued to the driver, or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test. _____

Please note that pertinent drug/alcohol testing regulations must also be complied with for an intermittent, casual, or occasional driver.

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations (Section 391.103 – Pre-Employment Testing Requirements) apply to driver applicants of Excerebus Logistics, Inc.

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 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, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on a urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for Excerebus Logistics, Inc.

The Medical Review Officer maintains 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 and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name: _____

Signature: _____

Witnessed By: _____

Date: _____

CONTROLLED SUBSTANCE TEST RESULTS

As per 49CFR Part 391.87(f); a motor carrier shall retain in the driver's qualification file such information that will indicate only the following:

- 1) The types of controlled substances testing for which the driver submitted a urine specimen
- 2) The date of such collection
- 3) The location of such collection
- 4) The identity of the person or entity:
 - a. Performing the collection
 - b. Analyzing the specimen
 - c. Serving as the MRO
- 5) Whether the test results were "negative" or "positive", and if positive the controlled substances identified in any positive test.

Motor Carrier: Excerebus Logistics, Inc.

Employee: _____

Date: _____

-
1. Types of controlled substances testing for which the driver submitted a urine specimen:
-

2. Date of collection: _____

3. Location of collection site: _____

Name

Address

City

Prov.

Postal Code

4. Identity of the person or entity:

- a. Performing the collection _____

- b. Analyzing the specimens _____

- c. Serving as the Medical Review Officer _____

5. Results of the test (check one):

Negative _____ Positive _____

Identify controlled substances if positive: _____

RETAIN THIS FORM IN THE DRIVER QUALIFICATION FILE. INCLUDE THIS INFORMATION IN THE FILE EACH TIME THE DRIVER IS TESTED

ANNUAL REVIEW OF DRIVING RECORD
Remarks Section

Initial Review for 12 Month Period

Date: _____

REMARKS:

Company I.D. and Qualification Card Issued: Y [] N []

Letter of Disqualification Issued: Y [] N []

Subsequent Review During 12 Month Period

Date: _____

REMARKS:

Company I.D. and Qualification Card Issued: Y [] N []

Letter of Disqualification Issued: Y [] N []

INSERT “Employee Eligibility Verification” SHEETS (3 PAGES)

CHECKLIST FOR DRIVER FORMS

For Office Use Only

Driver's Name: _____

SECTION I – To be completed at the time of application

Form	Date Request Forwarded	Date Document Completed	Manager's Signature
Driver's Application for Employment			
Experience and Qualifications			
Experience and Qualifications – Other			
Employment History			
Traffic Violation Report			
Employee Authorization – Request for Information from Previous Employer			
Employee Two Year History Disclosure			
Previous Employer Two Year Release of Information Form			
Request for Check of Driving Record			

SECTION II – To be completed subsequent to hiring

Form	Date Request Forwarded	Date Document Completed	Manager's Signature
Driver Data Sheet			
Pre-Employment Urinalysis Notification			
Controlled Substance Test Results			
Annual Review of Driving Record			
Employment Eligibility Verification (3 pages)			