

Connors Transfer Ltd.

DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions - please print)

Date: _____

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

SIN#

Phone #: _____

Cell Phone #: _____

Fax #: _____

Owner/Operator (GST#) _____

List addresses for past 5 years beginning with 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 _____

(Required for Commercial Drivers)

Year

Month

Day

Can you provide proof of age? _____

Have you worked for Connors 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? _____

YES []

NO []

Applicant's Signature: _____

Date: _____

EMPLOYMENT HISTORY

Connors Transfer Ltd.

NOTE: All driver applicants must provide the following information on all employers during the preceding 5 years. Add another sheet if necessary.

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

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

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

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

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

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

Y [] N []

Connors Transfer Ltd.

EXPERIENCE AND QUALIFICATIONS

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

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

TRAFFIC CONVICTIONS, CITATIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED: 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

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 FROM TO	APPROX # OF MILES (Total)
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

LIST PROVINCES/STATES OPERATED IN FOR 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?

Connors Transfer
 LTD.

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 enquiries 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 _____
 DATE EMPLOYED _____
 DEPARTMENT _____

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

REJECTED _____
 POINT EMPLOYED _____
 CLASSIFICATION _____

THIS SECTION TO BE COMPLETED BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

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

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

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

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____

DISMISSED: _____

TERMINATION REPORT PLACED IN FILE: _____

VOLUNTARY QUIT _____

DEPARTMENT RELEASED FROM _____

OTHER _____

SUPERVISOR _____

D



Fast Coast
Mobile Medical Inc.
The Occupational Health & Safety Specialists

121 Isley Avenue, Suite 5A
 Camarillo, CA 93010
 Phone: 800-254-2971 Fax: 800-620-4784
 Website: www.ecmm.ca Email: ecmm@ecmm.ca

Release of Information Form

Section 1: To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed Name: _____
 Employee SSN or ID Number: _____

I hereby authorize the release of information from my DOT regulated drug and alcohol testing records by my previous employer listed in Section 1-4 to the employer listed in Section 1-5. This release is in accordance with DOT regulation 49 CFR Part 40, Sec. 40.205 and FMCSR Part 382, Sec. 382.307(c). I understand that information to be released in Section 1-4 by my previous employer is limited to the following items for the past three years:

1. Alcohol test results with a result of 0.04 or higher;
2. Verified positive controlled substance testing;
3. Refusal to be tested for controlled substance or alcohol;
4. Date last tested for controlled substance and result (if applicable);
5. Inclusive dates for participation in the employer's random drug and alcohol testing program;
6. Other violations of DOT agency drug and alcohol testing regulations;
7. Documentation of any of completion of the return-to-duty process following a rules violation;
8. Information obtained from previous employers of a drug and/or alcohol violation.

Employee Signature: _____ Date: _____

Section 1-A: Previous Employer Name: _____
 Address: _____
 Phone Number: _____

Section 1-B: New Employer Name: _____
 Address: _____
 Phone Number: _____
 Fax Number: _____

Designated Employer Representative: _____
 Phone Number: _____
 Fax Number: _____

Connors Transfer Ltd.
REFERENCE CHECKING FORM

Name of Applicant: _____

Reference Company: _____

Employment dates: _____ to _____

Reason for leaving: _____

What gear transmission did he/she operate? _____

What type of truck did he/she drive? _____

What were the primary driving locations? _____

Was he/she enrolled into the company drug & alcohol pool? YES / NO

If YES what is the fax number for your D&A administrator to complete D&A forms? _____

How was his/her working relationship with colleagues/management? Is he Re-hireable? _____

Did he/she have any accidents, convictions, violations or load claims? _____

What was his/her general attitude towards work? _____

Others? _____

Was he/she generally prompt for reporting to work? Deliveries? Driving? _____

How did the employee do with logbooks and company paperwork? _____

I, _____ hereby authorize _____ to release employment related information to Connors Transfer Limited as required by FMCSR 391.23 and release you from any and all liability which may result from furnishing such information.

Applicant Signature _____

Date: _____

Company Rep completing reference check signature (PRINT & SIGN) _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with 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 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 ("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 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 FMCSA 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 (Please Print) _____

NOTICE: This form is made available to monthly account holders by NICTD 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.