



## APPLICATION FOR EMPLOYMENT

**Note: Please attach original or copies of the following documents: Copy of your Driver's License – Current Drivers Abstract and CVOR Drivers Abstract (no older than 7 days). Also include Current Police Clearance (no older than 30 days)**

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

Date of Application: \_\_\_\_\_

Position Applied For: Company Driver  Owner/operator

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SIN#: \_\_\_\_\_ (required for Truck Drivers upon hire) Year      Month      Day

Current Address:  
 Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

List your addresses of residency for the past 5 years.

Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long? \_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long? \_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long? \_\_\_\_

Do you have the legal right to work in Canada? Yes / No

What is your current Citizenship? \_\_\_\_\_ Do you have a Work Visa: \_\_\_\_\_

Have you worked for this company before: Yes / No

If (yes) dates from: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you currently employed: Yes / No

If (no) how long since leaving your last employment \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Who referred you?: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes / No



If (Yes) please explain.

---



---

List your employment history for the past 10 years starting with the most current.  
All time for the past 10 years must be accounted for even if you were unemployed.

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____
Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____
Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____
Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

**Education:**

Circle 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 & Qualifications:**

Driver's License #: \_\_\_\_\_

Province: \_\_\_\_\_

Type/Class: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Please report **ALL** collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years. (Attach sheet if more space is needed).

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Please report **ALL** 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: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____





Have you ever had your license to operate a motor vehicle suspended, revoked or denied?

**Yes / No** (Circle one)

If yes give complete details on reason and dates:

---

---

---

If answer to above is no please complete the following:

I \_\_\_\_\_ hereby guarantee that I have never been denied a license nor had a license to operate a motor vehicle suspended or revoked for any reason. Signature: \_\_\_\_\_.

**Driving Experience:**

Straight Truck: Type of Equipment (van, reefer, flat etc): _____ Dates from: _____ To: _____ Estimated # of Miles: _____
---

Tractor & Semi-Trailer: Type of Equipment (van, reefer, flat etc): _____ Dates from: _____ To: _____ Estimated # of Miles: _____
---

Tractor & Two Trailers: Type of Equipment (van, reefer, flat etc): _____ Dates from: _____ To: _____ Estimated # of Miles: _____ Other (Please specify): _____ _____ _____
---

List states & provinces operated in for the 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:

---

---



List special equipment or technical materials you can work with (other than those already shown)

---

---

**This certifies that this application was completed by me, and that all entries on it and information in it are true and complete. This authorization shall remain on file and shall serve as on-going authorization for: (i) the collection, use and disclosure of my information for the purposes stated above; (ii) the Company re-checking and updating their files, at any point during or after my relationship with the Company, by making similar inquiries as described above; (iii) the Company sharing with each other information they have obtained on me; (iv) the Company sharing their files with third parties who may be interested in employing me (now and after my employment or contract with the Company is terminated) and (v) the disclosure of my information, if deemed reasonably necessary, in anticipation of and in the course of an actual or potential sale, reorganization, consolidation, merger or amalgamation of the Company; (vi) the investigation of illegal, potentially fraudulent or questionable activities and (vii) when required or permitted by law. This authorization is effective immediately upon execution of this document, and continues throughout my relationship with the company, and after my relationship with the Company terminates.**

**I hereby release the Company, 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. For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records.**

**Except as provided for herein, or with your prior consent, the Company shall not use the information gathered on me for any other purpose.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## MEDICAL DECLARATION

The 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. This revision does require that a Canadian driver must comply with the medical requirements of the province in which their Commercial Drivers License is issued and that a medical fitness report is completed on the frequency as required by license issuing province.

I, \_\_\_\_\_ certify that under the new revisions of the medical requirements 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 impaired hearing, first perceives a forced whispered voice in the better ear at no less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz., 1,000Hz, and 2,000Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.s – 1951.
- D) I do not have High blood (pressure not exceeding 160/90)
- E) 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 Motor Vehicle in the United States

Driver's Name: \_\_\_\_\_

Signature of Driver: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_





## COMPANY'S MEDICAL POLICY

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.

The FHWA has reviewed the medical provisions of the Canadian National Safety Code for Motor Carriers (NSC) and has determined they are equivalent to the medical fitness regulations in the FMCSR's.

By this grant of reciprocal status, Canadian drivers who meet the medical provisions in the NSC and who operate a Commercial Vehicle in the U.S. will no longer be required to carry a medical card as of the effective date of the agreement. If at any time in the future, the U.S. shall take steps to merge its medical fitness determination into its commercial driver's license (CDL) process, Canada agrees to accept the U.S. CDL as proof of medical fitness without further negotiation between the countries.

As company policy, we are now requesting a copy of the Medical Fitness Report, in compliance with the Ministry of Transportation, be submitted to the Safety Department upon renewal. This copy will allow us to continue monitoring compliance with the US DOT Regulations, which still apply to all Commercial Motor Vehicle Carriers.

We would like to petition that a copy of your Canadian Medical be submitted within 30 days of issuance of this policy. In the event that you exhaust all possible ways of retrieving a copy of your Canadian Medical, (E.g. Family Physician etc.) then the following Medical Declaration will suffice until your Ministry of Transportation Medical Report is renewed.

In the future, upon expiry of your Canadian Medical, please submit a copy of your renewed Medical Report to the Safety Department, before sending the original to the Ministry of Transportation.

Please sign and date this Medical Policy and Medical Declaration and return it to the Safety and Compliance Coordinator, as soon as possible.

I have read and understand what the Company's Medical Policy is asking and will commit to total compliance of the policy.

Driver's Name (Please Print) \_\_\_\_\_

Driver's Signature \_\_\_\_\_

Date \_\_\_\_\_



## Driver Certification for Other Compensated Work

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 (8) (9) of the Federal Motor Carriers Safety Regulations includes time performing any other work in the capacity of, or in the employ of service of a common contract or private carrier, also performing any compensated work for any non-motor carrier entity.

(circle one)

Are you currently working for another employer?

Yes  No

At this time do you intend to work for another employer while still employed by Sidh Truck Transportation inc.

Yes  No

I hereby certify that the information given above is true and I understand that once I become employed/contracted with SIDH truck Transportation Inc., if I begin working for any additional employers(s) for compensation that I must inform SIDH Truck Transportation Inc. immediately of such employment activity.

### Driver Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Applicants Signature

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Carrier Official







## ANNUAL VIOLATION AND REVIEW RECORD

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 of Conviction	Offence	Location	Type of Vehicle Operated

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)

\_\_\_\_\_  
 (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.

**Action Taken:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## AUTHORIZATION FOR DRIVER RECORD SEARCH

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. This is known as a PSP, implemented into the new CSA.

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 of 90 days due to the new impound law of Ontario.

As a condition of my contract of service, I hereby provide written authorization for Sidh Truck Transportation Inc. to obtain such information.

I have read and understand the above conditions.

\_\_\_\_\_  
APPLICANT'S NAME (Please print)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**WITNESSED BY:**

\_\_\_\_\_  
Com. REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
MONTH / DAY / YEAR





## **Motor Vehicle Driver's CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Pat 383 apply to every driver who operates in interstate, 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 10,000 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. These requirements are in effect as of July 1 1987. 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.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Section 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.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name: (please print) \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Carrier Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Carrier Name: \_\_\_\_\_

**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 12/22/2015*