



**WHEN FILLING OUT YOUR APPLICATION
PLEASE INCLUDE A COPY OF YOUR:**

- ✓ **CVOR**
- ✓ **ABSTRACT**
- ✓ **DRIVERS LICENSE**
- ✓ **CRIMINAL SEARCH**
- ✓ **CURRENT MEDICAL**
- ✓ **PASSPORT OR FAST CARD**



DRIVER'S APPLICATION FOR EMPLOYMENT

INTERNATIONAL TRUCKING INC

670 INDUSTRIAL RD
CAMBRIDGE, ON
N3H 4V9
519-219-8000

Date of Application: _____ Preferred Position: _____
Month/Day/Year *Please describe*

Name: _____ Social Insurance Number: _____
Last First Middle

Address: _____
Number - Street City Province Postal Code

Cell Number: (_____) _____ - _____ Date of Birth: _____
area code prefix number Month/Day/Year

Driver's License Number: _____ Class: _____ Expiry Date: _____
Copy required Month/Day/Year

*Email address: _____ US Phone # _____

Can you legally cross the U.S. Border: Yes / No
(A criminal search record, I-94 Card or passport/FAST card is required) Please circle one of the above.

Are you presently employed? Yes / No If no, how long since leaving last employment: _____

Date you would be available for employment: _____

List any restrictions you would have working an irregular schedule: _____

PHYSICAL HISTORY

Would you be willing to submit to a pre-employment medical examination: Yes / No

Would you be willing to submit to a pre-employment urinalysis (substance abuse) test: Yes / No

Do you have any physical limitations, which may limit your ability to perform the job applied for? _____

Are you physically capable of performing heavy manual labour? Yes / No

If No to above, Explain: _____

How much lost time due to injury have you suffered in the past three years? _____

EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle in interstate commerce must provide information on all employers during the preceding 10 years.

Please list all employers in reverse order starting with the most recent.

Employer	Date	
Name:	From	To
Address:	Position Held:	
City: Province: Postal Code:	Salary/Wage:	
Contact Person: Phone Number:	Reason for Leaving:	

Were you subject to the FMCSR's while employed here Y__ N__

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? Y__ N__

Employer	Date	
Name:	From	To
Address:	Position Held:	
City: Province: Postal Code:	Salary/Wage:	
Contact Person: Phone Number:	Reason for Leaving:	

Were you subject to the FMCSR's while employed here Y__ N__

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? Y__ N__

Employer	Date	
Name:	From	To
Address:	Position Held:	
City: Province: Postal Code:	Salary/Wage:	
Contact Person: Phone Number:	Reason for Leaving:	

Were you subject to the FMCSR's while employed here Y__ N__

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? Y__ N__

Employer	Date	
Name:	From	To
Address:	Position Held:	
City: Province: Postal Code:	Salary/Wage:	
Contact Person: Phone Number:	Reason for Leaving:	

Were you subject to the FMCSR's while employed here Y__ N__

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? Y__ N__

Employer	Date	
Name:	From	To
Address:	Position Held:	
City: Province: Postal Code:	Salary/Wage:	
Contact Person: Phone Number:	Reason for Leaving:	

Were you subject to the FMCSR's while employed here Y__ N__

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? Y__ N__

EXPERIENCE, EDUCATION AND QUALIFICATIONS

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES / NO

Has any license, permit or privilege to drive ever been suspended or revoked? YES / NO

What safe driving awards do you hold? _____

How many accident-free driving years do you currently have? _____

List any motor vehicle accidents you have been involved in during the past 5 years

Dates	Nature of Accident	Fatalities	Injuries

List any special courses, training or background you might possess? _____

List your Educational Background beginning with the school most recently attended

Date	School	Courses Taken

Are there any provinces or states that you will not or cannot operate in? List: _____

Are you able to complete a log book properly? YES / NO if no explain: _____

Are you able to complete an inward cargo manifest and clear a load at U.S. or Canada Customs? YES / NO

EXPERIENCE, EDUCATION AND QUALIFICATIONS

Have you ever been trained to transport Dangerous Goods? YES / NO if yes where: _____

Which classes of Dangerous Goods have you transported? _____

For each employer listed on page 2, please list the type of equipment operated. eg: flatbed, van, tanker, etc.

EMPLOYER	TYPE OF EQUIPMENT	LENGTH OF TIME

In order to properly evaluate your application, we ask you to list in the space provided below the special skills or reasons that you believe would help to make you an integral part of our team.

TO BE READ AND SIGNED BY APPLICANT

- This certifies that this application was completed by myself, and that all entries on it and information in it are true and complete to the best of my knowledge.
- I authorize International Trucking INC 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. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.
- In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my being discharged. I understand, also, that I am required to abide by all rules and regulations of (International Trucking Incorporated) as permitted by Law.

Date: Month/Day/Year

Applicant's Signature

PROCESS RECORD

** This section to be completed by Company Representative*

	Superior	Good	Fair	Below Average	Poor	Unacceptable
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Past Experience						
Attitude						

Applicant Hired: _____
Date & Name of Representative

Unacceptable: _____
Date & Name of Representative

Date Employed: _____
First date employed for payroll

Training Required: _____
Date entered on training roster

Date Terminated: _____

Reason: _____

Dismissed: _____

Voluntarily Quit: _____

Other: _____

Notes: _____

EMERGENCY RESPONSE

Name: _____ Date: _____

Whom should we contact in case of emergency? _____

Telephone Number: _____ Relationship: _____

Do you have any medical conditions we should be aware of? _____

BENEFITS SECTION

As we are a Transborder Carrier we require all of our drivers to be covered by out of province medical coverage. As well, after a three-month probationary period, all drivers qualify for a full benefits program. It is for this reason that we require the information listed below.

Name: _____ (Please circle): Single / Married / Other

Number of Dependents: _____ Are you a: Smoker / Non-Smoker

Does your spouse have a medical program? YES / NO

Please specify name of Insurance Company: _____

Does this program cover out of province medical emergencies? YES / NO

Do you presently have out of province medical emergency insurance? YES NO

Please specify name of Insurance Company: _____

Do you presently have disability insurance? YES / NO

Please specify name of Insurance Company: _____



Driver's Rights Pertaining To Release of Driver Information Under Regulation 391.23

Motor Carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding 3 years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those 3 years; and
- (a)(2) An investigation of the driver's employment record during the preceding 3 years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each state driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the driver investigations history file within 30 days of the date the driver's employment begins. This goes into effect October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous 3 years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident(s) involving the driver that occurred in the 3 years preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous 3 years from the date of the employment application in a safety-sensitive function that requires alcohol and controlled substance testing specified by 49 CFR part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers
2. The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide the information to the applicant within 5 business days of receiving the written request. If the driver has not arranged to pick up or receive the requested goods within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

I acknowledge that I have read and understood the contents of this document

Driver's Printed Name: _____

Driver's Signature: _____

Date _____



DRUG & ALCOHOL TESTING PROGRAM CONSENT FORM

The Federal Motor Carrier Safety Regulations, Section 382.301 pre-employment test requirements, apply to driver-applicants of this company.

- 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 pre-qualification condition.
- b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- c) Prior to collection of a urine sample under section 382.301 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

Furthermore, I understand that it is a condition of being considered for employment, of continued employment by the company that I agree to abide by the company policy. By my signature I consent to urine and/or breath testing for controlled substances and/or alcohol prior to and at any time during my employment when requested by my employer on a random or event triggered basis. I hereby specifically authorize the company to have all and immediate access to any and all of my urine and/or breath custody and control forms and the results thereof.

.The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified.

I understand and agree that I may not be under any degree of influence of alcohol or controlled substance at any time during my employment. Should any level of alcohol or controlled substance be detected in any of my breath or urine at any time while employed, the company shall have grounds for immediate termination of my employment. This authorization specifically covers any random, or event triggered testing as may be required by U.S. Department of Transportation regulations or company policy.

Any positive test results or refusal to submit to any type of test shall constitute my automatic resignation from this company.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Signature and Date _____

Applicant Printed Name _____

Applicant ID _____



General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse (§ 382.703)

I, [Driver Name], hereby provide consent to [Company Name] or a consortia/third-party administrator (C/TPA) or other service agent designated by [Company Name] to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. Limited queries of the Clearinghouse will be conducted to satisfy compliance with 49 CFR §391 and may also be conducted to satisfy additional company safety requirements for the duration of employment.

I understand that if the limited query conducted by [Company Name] indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to [Company Name] without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for [Company Name] to conduct a limited query of the Clearinghouse, [Company Name] must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

**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.

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