

Highway USA

DRIVER EMPLOYMENT APPLICATION

Company Name: _____

Address: _____

PERSONAL INFORMATION

Date _____ Position Applied For: o/o ☐ driver ☐

Name _____

Social Insurance Number _____ Country of Birth _____

Nationality: _____ Passport # _____

WCB # _____ GST # _____

Portpass # _____

Date of Birth _____

Address _____

City _____ Prov. _____ Postal Code _____

Cell Phone _____ Secondary Contact _____

Emergency Contact (Name & Phone) _____

Email: _____

(If not longer than three years at the above address, please provide your previous address)

Address _____

City: _____ Prov. _____ Postal Code _____

Have you previously worked for this company? _____ If yes, dates previously
worked from _____ to _____ Position _____

Are you presently employed? _____ If no, for how long since your last position? _____

Where did you hear about us? _____ What rate of pay did you expect? _____

Driver License Number:	Issuing Province:
Class:	Issue Date:
	Expiry Date

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

Has your License, permit or privilege to drive ever been suspended or revoked? _____

Have you ever applied for a license in a different province? If yes, which province _____

Do you still hold that license? _____

EDUCATION

What is the highest education level you completed? _____

School/ College/University (last attended) _____

Driving Training School _____

MEDICAL HISTORY

Do you have any physical limitations, which would impair your ability to perform the position you have applied for? _____ If yes, what? _____

Are you physically capable of heavy lifting and manual work? _____

How much time have you lost from work in the last three years due to sickness or injury? _____

Are you willing to take a physical examination? _____ Have you ever been tested for drugs? _____ If yes, have you ever-tested positive? _____ Do you permit us to contact your previous employers in regard your results? _____

DRIVING EXPERIENCE

Class of Vehicles	Type of Vehicle Truck, Van, Tank, Grain	For How Long (years)	Total Miles Driven (approx.)
Straight Truck			
Tractor/ Trailer			
Bus			
Car			
Other			

List provinces and states operated in for the past ten years _____

Describe any other trucking/ transportation experience that will assist you in working for this _____

Work _____

ACCIDENT RECORD

Date	Type of Accident	Fatalities	Injuries

TRAFFIC VIOLATION RECORD

Date	Nature of Violation	Location	Fine

<u>EMPLOYMENT HISTORY</u>	
Employer	Period
Name:	Position:
Address:	From:
City: Prov.: P. Code:	To:
Tele: Fax:	Contact:
Reason for Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Period
Name:	Position:
Address:	From:
City: Prov.: P. Code:	To:
Tele: Fax:	Contact:
Reason for Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Period
Name:	Position:
Address:	From:
City: Prov.: P. Code:	To:
Tele: Fax:	Contact:
Reason for Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Employer	Period
Name:		Position:
Address:		From:
City:	Prov.: P. Code:	To:
Tele:	Fax:	Contact:
Reason for Leaving:		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Employer	Period
Name:		Position:
Address:		From:
City:	Prov.: P. Code:	To:
Tele:	Fax:	Contact:
Reason for Leaving:		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Employer	Period
Name:		Position:
Address:		From:
City:	Prov.: P. Code:	To:
Tele:	Fax:	Contact:
Reason for Leaving:		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 ☐ No

TO BE READ AND SIGNED BY THE APPLICANT

I certify that this application was completed by me, and all the entries and information contained in it are true and complete to the best of my knowledge.

I authorize you to make any investigations or inquire into my personal, medical history and other related matters that may be necessary to reach a decision regarding my employment.

I release all persons from all liability in responding to inquiries made in connection with this application.

If I am hired, I understand that false or misleading information given in this application or subsequent interview(s) may result in the termination from the employment.

I also understand that I am required to abide by the rules, regulations and procedures as laid down in the company's policies.

I understand that should I wish to terminate my employment with the company, I will hand in two weeks written notice in advance and my final payment will be given to me 60 days from the date of the letter.

Date

Signature of Applicant

ASSESSMENT REPORT

	Superior	Good	Average	Poor
Application				
Interview				
Past Experience				
Road Test				
Driving Record				

HIRING RECORD

Date Applicant Hired _____ **Terminal Employed At** _____

Signature

Title/ Position

Date of Applicant's Notice _____ **Date Terminated** _____

Reason for Termination _____

Signature

Title/Position

Date Re-hired _____ **Terminal Employed At** _____

Signature

Title/ Position

Date of Applicant's Notice _____ **Date Terminated** _____

Reason for Termination _____

Signature

Title/Position

Notes:

COMPANY NAME: _____

NEW DRIVER ACKNOWLEDGMENT FORM

I, _____ driver and employee of the company agree to abide by all requirements as outlined within the policy manual. In summary, I agree to the following:

1. To provide my employer with a copy of license when renewed or any name or address changes occur.
2. **I understand that it is a requirement as part of my employment to have a current N print driver abstract in my drivers file each year.**
3. I understand that any tickets or violations, notice & orders, accident reports & roadside inspections must be reported to my employer **within 24 hours** and he must have a copy or original of the ticket within 20 days.
4. I understand it is part of my job requirement to complete a vehicle trip inspection report daily, and it must be filled correctly, completely and accurately as per training. A pre trip and post trip must be conducted. I realize that these must be submitted to my employer every 20 days. I understand that filling a false report is an offence. I also understand that ensuring the vehicle brakes are adjusted is my responsibility at time of inspection.
5. I understand that it is my responsibility to complete an accurate record of hours of service for each day and it must be completed accurately and submitted to my employer within 20 days. I also understand the maximum hours for daily driving and the minimum rest period required before driving again the next day.
6. I completely understand the disciplinary policy as outlined in the policy manual. I understand that continued violations and unsafe driving or failure to follow all administrative guidelines will result in termination of employment.
7. I understand that it is a requirement to have **New Driver Acknowledgement form** (this form) signed and dated as a

receipt of policy manual upon completion of Driver Safety training.

8. I understand I must know where the registration and inspection documents are for the vehicle I am driving before I start driving.
9. I understand I must report any defects immediately and I must have repairs done (that will impact vehicle safety) before driving.
10. I understand I must ensure that the vehicle's load is secure.
11. I completely understand the drug and alcohol policy as outlined within the policy manual. I also understand there is a zero tolerance policy for substance abuse and usage while using company vehicles and while under the company's NSC number.
12. I understand that any driver suspensions must be reported to the employer immediately.
13. I understand I am only able to carry authorized passengers.
14. I understand that if applicable, my TDG certificate must be kept up to date if I am transporting dangerous goods.

I understand that by not abiding by the requirements stipulated above, that I will be terminated from employment with the company

Driver Signature

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 _____

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: _____ Date _____

Signature _____ Title _____

Printed Name _____

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.

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 or rated at 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 or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 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 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** 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 possess:

Driver's License No. _____ State _____ Exp. Date _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance.)

**MOTOR VEHICLE
DRIVER'S 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.

[illegible]

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.

(Date of Certification)

(Driver's Signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) _____

Employee ID No. _____

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

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

A.M.

P.M. On _____

Time

Day

Month

Year

Drivers Signature

Date

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, and performing any compensated work for any non-motor carrier entity.

(check 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 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.

Witness

Drivers Signature

Date

Drivers Signature

Date

Driver Information

Driver Number: _____

Name: _____

Address: _____

Telephone #

() _____

Care Card# _____

SIN# _____

WCB# _____

Birthdate: _____

Month

Day

Year

Drivers Licence# _____

Expiry Date: _____

Signature _____

Date: _____

Month

Day

Year



National Safety Code Abstract Personal Request Form

Insurance Corporation
of British Columbia
PO Box 3750
Victoria BC V8W 3Y5

Telephone: 250-414-7732
Fax: 250-978-8012

Please type or print clearly, illegible information cannot be processed.

LAST NAME		FIRST NAME	SECOND NAME
DRIVER'S LICENCE NUMBER		DATE OF BIRTH (ddmmmyyyy)	TELEPHONE NUMBER

SIGNATURE OF DRIVER
(REQUEST WILL NOT BE PROCESSED IF SIGNATURE MISSING)

DATE

Return abstract by:

☐

Mail

TO MY MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE
OR			
TO NAME OF CARRIER OR COMPANY			
MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE

☐

Fax

TO MY FAX NUMBER
OR
TO NAME OF CARRIER OR COMPANY
FAX NUMBER

☐

Email

TO MY EMAIL ADDRESS
OR
TO NAME OF CARRIER OR COMPANY
EMAIL ADDRESS

A National Safety Code Driver's Abstract is also available by calling Customer Contact at 250-978-8300 (in Victoria) or toll-free at 1-800-950-1498.

Notice to Drivers

Company Name_____:

Effective Immediately :

We have seen a sharp increase in DOT and NSC violations that has decreased our rating for each. Many drivers are still not reporting any violations when they receive them. Although we have tried to discuss with each driver the importance of keeping the truck in perfect working condition, it appears we now have to take other measures to ensure our message is getting through and everyone is taking this seriously. Effective immediately, any driver that receives a violation that could have been preventable will be issued a first time fine of \$200.00. If the driver receives a violation and fails to report it, they will be fined a total of \$500.00 for the first offence. Second fine will be \$400.00 + suspension. A third violation will be reviewed by management to determine the severity of the violation and dealt with accordingly. This is something that our company never wanted to implement, but it appears that we currently have no option. For those drivers that provide a violation free inspection, for both truck and trailer, they will be given a safety bonus of \$50.00 for each inspection that comes through our office. No limit on how many you can get. Please keep in mind that violations also include the trailer and load. It is up to the driver to ensure that everything is in proper working order when on the road and checking regularly at every opportunity throughout the trip.

MANAGEMENT

Driver Signature:_____

Date:_____

Driver Name:_____

OPERATOR & COMPANY DRIVER

ACKNOWLEDGEMENT & RECEIPT FORM

Name: _____

Unit Number: _____

Position: _____

By signing below, I hereby acknowledge receipt of the Company Policy Manual. I also acknowledge that I am expected to make myself aware of all the policies and procedures contained in this manual, and that I also agree to follow all the Company policies as outlined in this manual.

Dated on the _____ Day of _____, _____
Day Month Year

DIRECTOR

Employee Signature

Employee Name Printed

COMPANY NAME:

PROGRESSIVE DISCIPLINARY POLICY

The driver is required to strictly adhere to and observe the rule and regulations enforced by the transportation regulatory authorities NSC/USDOT to ensure the safety and security of the people and property while on the road. In order to ensure the compliance by the drivers the company has formulated the Progressive Disciplinary Policy which is enforced with immediate effect.

The following general principles will be considered when determining the proper disciplinary action for moving traffic violations, preventable collisions and preventable incidents:

Multiple infractions may be combined to show cause for suspension or termination earlier than indicated.

More serious collisions/injuries/incidents may be cause for suspension or termination earlier than indicated.

Violations demonstrating reckless disregard for safety, for example speeding convictions, HOS violations etc., may be subject to disciplinary action up to and including termination of employment.

Contraventions or accidents with status as “pending” or “unknown” will not be subject to disciplinary action and will be under review until proven guilty.

The severity of the discipline will be in direct correlation to the severity of the safety violation. Injury or damage is not a necessary constituent to warrant disciplinary action. It is the violation of the rule itself and not necessarily its end result that is the subject of possible disciplinary action.

First offence/violation:	Verbal warning, interview and training
Second offense/violation:	written warning – similar violation
Third offense/violation:	24 hours suspension– similar violation
Fourth offense/violation:	48 hours suspension– similar violation
Fifth offense/violation:	7 day suspension
Sixth offense/violation: will result in termination	A final written warning indicating that one final offense
Seventh offense/violation:	Immediate termination of employment

Accident Violations

Preventable Collisions (Any loss producing event/third party liability.)

<u># of Collisions</u>	<u>Action</u>
One (1) preventable collision in last 12 mos.	Verbal Warning and retraining if required. Documented and placed in drivers file.
Two (2) preventable collisions within 12 mos.	Written Warning. Written warning placed in driver file.
Three (3) preventable collisions within 12 mos.	Disciplinary suspension of three (3) days. Suspension notice placed in drivers file.
Four (4) preventable collisions within 12 mos.	Discipline up to and including termination of employment.

Driver may achieve a “step back” in the progressive disciplinary policy if they have been violation free for 3 months.

The management of the company is confident that you will take due care and diligence while you are on duty and driving. You are an important member of the team. Let us make the company the transport industry leader!

Driver Name: _____

Driver Signature: _____

Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1

AUTHORIZATION

I, (Print Name) _____, hereby authorize:

(First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

(Date of Employment Application)

to:

Prospective Employer: _____ Attn.: _____

Street Address: _____ Phone: _____

City, State, Zip: _____

In compliance with 49 CFR §§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.

Prospective employer's confidential fax number: _____

Prospective employer's confidential email: _____

Applicant's Signature _____ Date _____

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2

ACCIDENT HISTORY

The applicant named above was employed by us. ☐ Yes ☐ No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____.

Did he/she drive motor vehicle for you? ☐ Yes ☐ No If yes, what type? ☐ Straight Truck ☐ Tractor/Semitrailer
☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§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
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER – COMPLETE SIDE 2, SECTION 3

SECTION 3**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Phone: _____

Section 3 completed by (Signature) _____

Date: _____

SECTION 4**MODE OF COMMUNICATION**

This form was sent to previous employer via (check one) ☐ Fax ☐ Mail ☐ Email ☐ Other _____
By _____ Date: _____

SECTION 5**RECEIPT INFORMATION**

Complete the following when the requested information is obtained.

Information received from _____

Recorded by: _____

Method: ☐ Fax ☐ Mail ☐ Email ☐ Phone

Date: _____

☐ Other _____

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to prospective employer

SIDE 2 SECTION 4: Prospective Employer

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

SIDE 2 SECTION 5: Prospective Employer

- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter

DRIVER EMPLOYMENT CONTRACT

Date: _____

Company Name: _____

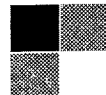
Dear _____

This has reference to your application and subsequent interview; the management is pleased to offer you an appointment as a Driver with effect from

_____ with the following terms and conditions:

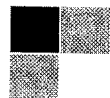
1. The pay rate inclusive of vacation pay and other benefits permissible under the Labor Laws, province of BC and Govt. of Canada will be _____ Currency in Canadian dollars. Your pay rate will be as follows as a team driver .
2. The necessary deductions as required under the government laws (CRA) will be made from your payments. The payment will be made through the company's check on the 15th of the following month in your name. Your services with the company will be governed by the rules, regulations and policies enforced by the regulatory agencies such as NSC & USDOT and the company.
3. The Company will not make any compensation/payment whatsoever to you for the loss of business day/idle time/loss of time in the event of non-procuring/securing cargo loads by the Company or cancellation of the cargo load by the Company's customer or any accident occurred to your tractor/trailer except for the en-route lay-over as mentioned above.
4. The Company will issue you a gas card (s) for gas filling in the Tractor on the company's account. You will be responsible for the safe custody and for any misuse of the gas card (s). You will also be responsible to get the gas receipts and submit them to the Company along with the paper work.

Initial: _____ | Confidential



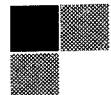
5. You will ensure that all the operating authorities, decals, stickers, insurance papers, MVI, permits etc of the vehicles to be driven by you are placed in your truck & trailer and are current.
6. You are required to immediately report the Company's office about the traffic violation ticket (s) obtained by you within seven (7) days otherwise a fine of \$100.00 will be charged per citation/ violation ticket. You will hand in the original violation ticket to the Company for payment, which will be recovered from your pay. For a personal violation ticket you will be responsible to make the payment and will provide a copy for company's record.
7. You are required to perform your duties safely strictly following the instructions, rules and regulations of the WorksafeBC. You will use hard steel toed shoes, safety-vest, gloves and hard hat while performing your duty. You will be responsible for any accident or injury occurred to you due to your negligence.
8. You will obtain Travel Insurance coverage and will provide copy for record. You will keep the insurance coverage current at times.
9. The Company will not take any responsibility whatsoever for the unlawful acts, deeds and actions committed by you. Similarly you will not carry any unauthorized persons, animal and goods/articles in the truck and trailer. You will obtain the necessary authorization letter from the company in case you intend to carry a person or an animal in the vehicle.
10. You will be responsible for the safety, security and proper handling of the cargo to be hauled by you. Any damage occurred to the cargo due to the negligence on your part as reported by the Client(s) of the Company and as determined by the management will be your responsibility. Any cargo damage claimed due to your negligence and not recoverable under the Cargo Insurance will be borne by you. Such damage amount will be recovered from your pay as determined by the management.

Initial: _____ | Confidential



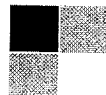
11. The Company driver will be responsible for any damage occurred to the Company's/Client's/third party's property and/or the Company's trailer pulled by the driver. Any such damages not covered under the Insurance Coverage (ICBC) will be borne by the Company driver and will be recovered from his account with the company. The Company driver will be responsible for the safety, security and mishandling of the cargo hauled by him. Any damage occurred to the cargo due to the negligence on the part of the Company driver as reported by the Client(s) of the Company and determined by the Company's management will be the responsibility of the Company driver. Any cargo damage claimed but not covered under the Cargo Insurance will be borne by the Company driver and will be recovered from the payments due to the Company driver.
12. In the event of an accident occurred to the Tractor and/or Trailer, and a damage occurred to the cargo and the third party, the company driver will be responsible to meet the financial obligations such as the Insurance Deductibles, cleaning, disposal of debris etc. as laid down in the Vehicle Insurance (ICBC) and Cargo Insurance policies.
13. It is driver responsibility to secure the load properly with straps and load bars and if the load is rejected by the customer due to load movement, then driver/o/o will be charged for restacking /reloading the load.
14. It is driver responsibility to check the trailer weight is under the legal axle weight. As per DOT the weight on 4th & 5th axle combine should not be more than 34000lbs and make sure that each individual axle (4th & 5th) is not more than 20,000 lbs.
15. It is driver responsibility to get the Canadian bond cancelled and stamped at the Canadian custom office and US bond cancelled and stamped at US custom office at the border. If the bonds are not cancelled at the border it will be driver responsibility to pay the fines due to his action.
16. The driver/owner operator is liable for the fine imposed by CBSA for not getting the manifest from the company before reaching the border and also it is driver/owner operator responsibility to ask the company regarding the load if it is clear or not and also to request for the trip no. for manifest. If the company gets fines due to your negligence (i.e not asking the company for

Initial: _____ | Confidential



- aci trip no. and also not to confirm if the load is clear and the aci is submitted to the customs) you will be responsible to pay the fine.
17. It is driver responsibility to maintain the refer temperature as per the BOL instruction and also it is driver responsibility to check the pulp temperature .If the load gets rejected or refused or damaged due to improper temperature setting or temperature not set properly or pulp temperature is incorrect the driver will be responsible to pay the cargo claim deductible .
 - 18.It is driver responsibility to get all the pars stamped at the border by the custom officer before crossing the border to Canada .If any pars are not stamped driver will have to pay the fines .
 - 19.Driver will be responsible to make sure to have the TDG card before hauling dangerous goods and if he/she found hauling dangerous goods without proper certification they will be responsible for any liability and any consequences arises due to this
 20. The driver would have to share deductible (both cargo and ICBC) with the company if considered liable for causing an accident.
 21. Driver should have safety vest,steel toe shoes,hard hat, 6 ranchet straps.
 22. Driver should get the company BOL and shipper BOL signed.
 23. In case you need off pls. inform the company two weeks in advance.
 24. Log book should be kept up-to-date during the trip.
 25. Driver will be fined \$500 for every fail cvs inspection or any oos .
 26. Any intrastate load picked by any o/o will be his/her responsibility and they will be liable for any consequences arises due to it.
 - 27.You will be responsible to hand in the complete paperwork (documents pertaining to the cargo load trips done) at the Company's office located in Surrey, BC within a period of seven (7) days or completing the trip from the date the cargo load delivered to the consignee. Any delays will result in holding back your payment till the time the invoice (s) of the cargo load is

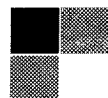
Initial: _____ | Confidential



paid by the client (s). The Company reserves the rights not to give any dispatch (load) to you till the time the previous paper work is received properly in the Company's office.

28. The company will reimburse you the tolls expenses and local/jurisdictional taxes etc. incurred and paid by you in connection with the cargo load driven by you. The reimbursement will be made on the submission of the receipts/invoices along with the expenses statement of these expenses.
29. You will be responsible for the proper up keep and the maintenance of the company's vehicle (tractor/trailer) at the company's expenses obtaining prior approval for that. You are required to do safe drive strictly observing the traffic rules and regulations enforced by the regulatory authorities from time to time. You will be responsible for any violation /citation tickets for any negligent driving. Also you will be responsible for ICBC deductible amount for any damage occurred to the truck & trailer and the third party property while loading and unloading the cargo at the premises .
30. You will be responsible to pay any damages occurred to our truck and trailer due to your negligence or fault also if the damaged is repaired under icbc you will responsible to pay deductible.
31. The Company reserves the rights to immediately terminate this Contract in the event it is determined that you are not a safe driver.
32. Your work performance will be reviewed regularly. Un-satisfactory performance may result in suspension or termination of your services as per the Progressive Disciplinary Policy of the company. You will be required to strictly abide by the Company's policies, rules and procedures, and the traffic and safety rules & regulations as laid down by the regulatory bodies such as NSC & USDOT while on duty. Any negligence/violations/oversights of these rules, regulations and policies will result in a penalty, fine, and/or suspension

Initial: _____ | Confidential



or termination of your services as defined in the Progressive Disciplinary Policy of the company, and as determined and deemed appropriate by the management.

33. You will be responsible to get the Company's Bill of Lading signed by both the Shipper and the consignee (Receiver). Failing which the payment of that load will be held till the time the Bill of Lading is got signed by the Driver.

34. Should you at any time during the term of your employment with the company fail to deliver any cargo load as directed by the Company or otherwise breach the terms of this employment contract or commit or omit any act or deed, the commission or omission of which is prejudicial or detrimental to the business of the Company and in conflict with this contract, the Company may deem this to be a breach of this contract and may at its option initiate necessary disciplinary action against you.

35. Either party can terminate this contract by giving two months written notice in advance except for the termination condition(s)/circumstances as stated in the clauses above only due to the circumstances/conditions beyond one's control.

Yours truly,

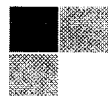
President

Company Name: _____

Certificate of Acceptance

I _____

Initial: _____ | Confidential



SIN# _____ hereby certify that I have
thoroughly read and understood the terms and conditions of this Service Contract.
I hereby willingly express my agreement and acceptance to these terms and
conditions. I further solemnly declare that I will abide by the traffic and safety
laws, rules and regulations, and the company's policy, rules and procedures in
letter and spirit.

Driver's Signature

_____/_____/_____ 20_____
Driver's Name d m year
Date

Initial: _____ | Confidential



SCHEDULE "A"

DRUG AND ALCOHOL TESTING CONSENT FORM

(TO BE EXECUTED BY ALL EMPLOYEES AND APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. I understand that as a condition of employment, or continued employment, with the Company I must be part of, and I consent to, drug and alcohol testing which is required by the U.S. Department of Transportation.
2. I confirm and acknowledge that I have been informed that drug and alcohol testing includes Pre-Employment, Post Accident, Random, Return to Duty, Follow Up, and Reasonable Suspicion tests as set out in the DOT Standard Drug and Alcohol Policy, ("the Policy") of which a true copy as been provided to me.
3. I confirm and acknowledge that any breach of the Policy by me may result in disciplinary action against me, up to and including termination.
4. As an applicant, (if applicable) I acknowledge that I cannot commence safety sensitive work for the Company until I have submitted a urine sample for testing and the sample has been confirmed as negative for controlled substances.

My signature below confirms that I have read and understood the above terms and that I agree to abide by them.

Dated this _____ day of _____ 20__ at _____ B.C.

Employee Signature

Supervisor Signature

Employee Printed Name

Supervisor Printed Name

SCHEDULE "B"
PAST EMPLOYER INFORMATION CONSENT FORM
(TO BE EXECUTED BY APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. My signature below confirms my consent for the Company to inquire of my past employers in order to determine if I have engaged in Prohibited Conduct while I was employed with any of them.
2. I understand that my past employer is obligated to release all information that they have in my file held by them that relates to Prohibited Conduct during the past three years including but not limited to:
 - A. Whether I have had a breath test in excess of 0.039 BAC; and,
 - B. Whether I had a positive controlled substance test; and,
 - C. Whether I have refused to submit to a test; and,
 - D. Whether I have failed to undertake or complete a rehabilitation program prescribed by a SAP; and,
 - E. Whether I have had an accident during the three years preceding the date of my employment with the Company.
3. I acknowledge that I will be removed from my job with the Company should their inquiries of past employers determine that I have engaged in Prohibited Conduct which I have not already disclosed.
4. I understand that I have the right to review information provided by previous employers and I have the right to request that the previous employer correct any error made in their responses. If the previous employer does not agree that an error was made, I have the right to request that a rebuttal statement be attached to the alleged erroneous information.

My past employers include:

Name of Previous Employer

Phone # of Previous Employer

Dated this _____ day of _____ 20__ at _____ B.C.

Employee Signature

Supervisor Signature

Employee Printed Name

Supervisor Printed Name

SCHEDULE "B" "1"
DISCLOSURE FORM

(TO BE EXECUTED BY APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. Have you ever, in the past two years, applied for but did not actually obtain, safety-sensitive transportation work with a company covered by DOT drug and alcohol testing rules? Yes _____ No _____

2. If the answer to question "1" above was "yes", then did you take a pre-employment drug test for this company that you applied to, but did not actually work for? Yes _____ No _____

3. If the answer to question number "2" above was "yes", then did you test positive for drugs on this pre-employment drug test?
 Yes _____ No _____ Not applicable _____

4. If the answer to question number "3" above was "no", then did you ever refuse to take a pre-employment drug test for a company that you applied to, but did not actually work for? Yes _____ No _____ Not applicable _____

My signature below confirms that I have truthfully answered the questions on this Disclosure Form.

I acknowledge that, if I answered "yes" to question "3" or question "4", I cannot perform safety sensitive work with the Company until I have successfully completed the return-to-work process.

I acknowledge that I will be removed from the Company should they become aware that I have not truthfully answered the questions on this Disclosure Form.

Dated this _____ day of _____ 20____ in the Province of British Columbia.

Employee Signature

Supervisor Signature

Employee Printed Name

Supervisor Printed Name

SCHEDULE "C"
LAST CHANCE AGREEMENT

(TO BE EXECUTED BY EMPLOYEES ENGAGING IN PROHIBITED CONDUCT)

My signature below confirms that I have read and agree to the terms set out in this Last Chance Agreement.

1. I acknowledge that I have engaged in Prohibited Conduct as defined by the Company's DOT Standard Drug and Alcohol Policy ("the Policy") and that a condition of my employment or contract with the Company requires that I execute this Last Chance Agreement and abide by its terms in order to be considered for continued employment.
2. I agree to meet with a Substance Abuse Professional (SAP) as directed by the Company and to adhere to any conditions of treatment determined by the SAP.
3. I acknowledge and agree that I will be terminated immediately, without further notice or compensation, if I:
 - i.) engage in Prohibited Conduct within five years of the date indicated below; or,
 - ii.) fail to meet with the SAP; or
 - iii.) do not comply with the treatment program determined by the SAP; or
 - iv.) refuse to test for alcohol or drugs as set out in the Policy; or
 - v.) refuse to test for alcohol or drugs as determined necessary by the SAP.
4. I understand that I will not be considered for reinstatement until the Company has received written confirmation from the SAP that I am fit for duty.
5. I give permission to the Company to speak to and correspond with the SAP with regard to my treatment, my compliance to treatment, and the length of time that I will be off work. I recognize that this is necessary as the Company has to plan its affairs.

Dated this _____ day of _____ 20__ at _____ BC.

Employee Signature

Supervisor Signature

Employee Printed Name

Supervisor Printed Name

SCHEDULE "D"
ACKNOWLEDGEMENT OF RECEIPT OF
THE DOT STANDARD
DRUG AND ALCOHOL POLICY
(TO BE EXECUTED BY ALL COVERED EMPLOYEES)

MY SIGNATURE BELOW CONFIRMS THAT I HAVE RECEIVED A COPY OF THE DOT STANDARD DRUG AND ALCOHOL POLICY ("the Policy").

1. I understand that I must abide by the terms of the Policy to ensure my safety, the safety of my fellow workers and the safety of the public. I further recognize that adherence to the Policy is critical to the maintenance of the Company's reputation.
2. I understand that as an employee of the Company, I may be required to take an alcohol and/or controlled substance test. I also understand that if I refuse to such a test, or tests, or otherwise engage in Prohibited Conduct, the Company will remove me from service and that I will be suspended without pay subject to my execution of, and adherence to the terms of, the Last Chance Agreement a copy of which is attached as Schedule "C".
3. I understand that this Policy may be changed from time to time with the only notification being the posting of changes on the employee bulletin board.
4. I acknowledge receipt of the materials contained in the Policy including information concerning the effects of alcohol and drugs on an individual's health, work, and personal life, including signs and symptoms and where to get help for myself or a co-worker.

Dated this _____ day of _____ 20 ____ at _____ BC.

Employee Signature

Supervisor Signature

Employee Printed Name

Supervisor Printed Name

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize
(Driver's printed name)

(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: _____ Date: _____

