



Verspeeten Cartage Ltd.
Application for Employment
274129 Wallace Line, Ingersoll, ON, N5C 3J7

(Please answer all questions and print clearly)

Position applying for: _____ Date _____

Name: _____

Address: _____

(street)

(City / Province)

(Postal code)

Please list any addresses which you resided in during the 3 years preceding the date the application was submitted:

Date		Address
To	From	

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Number: _____

Social Insurance Number: _____

Driver's Licence Number: _____

Driver's Licence Expiration Date: _____

List all licenses held in the previous 5 years

Number	State	Class

Application for Employment

Have you worked for Verspeeten Cartage Ltd. before? Yes No

If "Yes", please provide the dates and reason for leaving: _____

Were you referred to Verspeeten Cartage Ltd. Yes No

If "Yes", who referred you? _____

Do you have a fast card? Yes No

If "Yes" please state
Fast card number: _____

Do you have the legal right to work in the United States (dual citizenship)?

Yes No

Have you ever had a problem with Canadian or American authorities that could affect your ability to operate a commercial vehicle or cross the border?

Yes No

Has your driver's licence ever been suspended or revoked?

Yes No

If "Yes" please explain: _____

EDUCATION

	Name & Location	Subjects studied	Graduated / Degree?
High School			
College or University			
Trade School			
Specialized Training			
Other			

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DRIVING EXPERIENCE

	Accumulated Years	Total Miles
Straight Truck		
Tractor-Trailer/Semi Trailer		
Tractor – Two Trailers		
Heavy Haul – Greater than 80,000lbs gross		
Other (Bus, heavy equipment)		

VIOLATION HISTORY

List any driving or other violations you have been convicted of in the previous 3 years regardless of what you were driving.

Date	Description	Location	Penalty

ACCIDENT HISTORY

List all accidents that you have been involved in the past 3 years regardless of what vehicle you were driving.

Date	Description (rollover, side-swipe, etc.)	Injuries	Fatalities

Verspeeten Cartage Ltd.

Application for Employment

PREVIOUS EMPLOYMENT HISTORY

You must list all employers even if it was not trucking related for the past 10 years starting with the most recent

Employer _____	Employed from _____ to _____
Address _____	Position _____
Phone _____	Reason for leaving _____
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the testing requirements of 49 CFR 40?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer _____	Employed from _____ to _____
Address _____	Position _____
Phone _____	Reason for leaving _____
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the testing requirements of 49 CFR 40?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer _____	Employed from _____ to _____
Address _____	Position _____
Phone _____	Reason for leaving _____
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the testing requirements of 49 CFR 40?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer _____	Employed from _____ to _____
Address _____	Position _____
Phone _____	Reason for leaving _____
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the testing requirements of 49 CFR 40?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer _____	Employed from _____ to _____
Address _____	Position _____
Phone _____	Reason for leaving _____
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the testing requirements of 49 CFR 40?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

DECLARATION OF EMPLOYMENT STATUS

In order to comply with current regulatory standards, it is necessary for Verspeeten Cartage Ltd. to obtain information from all prospective employees to explain gaps that are 30 days or greater between periods of employment or any periods of extended unemployment.

We would ask for you to complete the following and provide as much information as possible for all gaps of employment of 30 days or more.

I, _____, confirm that from,
_____ to _____ (Check all that apply)

_____ I was not employed in any capacity of a full time or regular part-time basis.

_____ I was self-employed

_____ I was not convicted of a crime or felony involving a motor vehicle or any aspect of the motor carrier industry.

_____ I was not involved in a motor vehicle accident of any type.

I confirm that I was unemployed from, _____ to _____ for the following reason(s):

_____ I was not employed in any capacity of a full time or regular part-time basis.

_____ I was self-employed

_____ I was not convicted of a crime or felony involving a motor carrier or any aspect of the motor carrier industry.

_____ I was not involved in a motor vehicle accident of any type.

The two people listed below, neither of whom is related to me in any manner, can verify the above information. I hereby authorize you to contact them and request that information, and authorize them to release that information.

Name	Telephone Number

(Applicants Name) Print

(Applicants Signature)

Month Day Year

Witnessed by: _____
(Company Representative Signature)

Month Day Year

**Verspeeten Cartage Ltd.
Application for Employment**

TO BE READ AND SIGNED BY THE APPLICANT

Applicant's Name: _____

I hereby certify that this application has been completed by me and that all information is true, accurate and complete to the best of my knowledge.

In the event I am employed by Verspeeten Cartage Ltd., I understand that any misleading or false information that I may have given on this application or during any interview(s) may result in the immediate termination of my employment. I also understand that I am required to abide by all company policies and procedures as well as all relevant government regulations.

I hereby grant Verspeeten Cartage Ltd. permission to conduct background and reference checks with all of my former employers unless otherwise stated at the time of application. I understand that these background and reference checks will include relevant information about my work history.

Signature _____ **Date** _____
(MM/DD/YYYY)

Verspeeten Cartage Ltd.
REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: Perspective Employer: Verspeeten Cartage Ltd.		To: Previous Employer	
274129 Wallace Line, Ingersoll, ON, N5C 3J7		Company:	
Phone: 519-425-7881	Fax: 519-425-4962	Name:	
1333 College Avenue, Windsor, ON, N9B 1M8		Street:	
Phone: 519-253-8442	Fax: 519-973-9027	City	

Drivers name: _____ S.I.N. _____ has submitted an application with Verspeeten Cartage for a position as a truck driver and states he/she was employed by your company from _____ to _____. Please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Thank you kindly,

_____ Date: _____ (MM/DD/YYYY)

1. Is the employment record with your company correct as stated above?

2. What kind(s) of work did the applicant do?

3. Did the applicant drive motor vehicles for you? List type(s) _____
4. Was the applicant a safe and efficient driver? Yes _____ No _____
5. Give the dates of any vehicle accidents in which he/she was involved.

6. Reason for leaving your employ:
Discharged _____ Laid off _____ Resigned _____
7. Did the applicant conduct themselves in a satisfactory manner?

8. In your opinion is the applicant competent for the position sought?

9. Did the applicant pose either repeated and or severe disciplinary problems?
Yes _____ No _____
10. Would you re-employ this person? Yes _____ No _____ Please explain: _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work					
Cooperation with others					
Safety Habits					
Personal Habits (hygiene)					
Punctuality					
Driving Skills					
Attitude					

Remarks: _____

Waiver

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability and fitness, Verspeeten Cartage Ltd. or their authorized agents which may request such information in connection with my job application of employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

Applicants Signature _____ Date(MM/DD/YYYY) _____ Witness Signature _____ Date (MM/DD/YYYY) _____



New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective employee, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years.

Company Name: VERSPEETEN CARTAGE LTD.

Address: 274129 WALLACE LINE
INGERSOLL, ON, N5C 3J7

Prospective Employee Name: _____

Prospective Employee's SIN/ID number: _____

To be answered by the employee:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

Prospective Employee Signature

Date (mm/dd/yyyy)

Witnessed By (Printed Name)

Date (mm/dd/yyyy)

Witnessed By (Signature)

Safety & Compliance, Recruitment
Title



Clearinghouse Limited Query Consent Form FOR U.S. DOT DRUG AND ALCOHOL TESTING

For the purpose of this consent the following definitions apply:

Under Title 49 §382.107 of the DOT regulations a driver is defined as any person who operates a commercial motor vehicle. This includes, but is not limited to: Full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent owner-operator contractors.

Under Title 49 §382.107 of the DOT regulations an Employer is defined as a person or entity employing one or more employees (including an individual who is self-employed) that is subject to DOT agency regulations requiring compliance with this part. The term, as used in this part, means the entity responsible for overall implementation of DOT drug and alcohol program requirements, including individuals employed by the entity who take personnel actions resulting from violations of this part and any applicable DOT agency regulations.

I understand that as a driver I am subject to drug and alcohol regulations adopted by the United States Department of Transportation ("DOT") including the FMCSA's Drug and Alcohol Clearinghouse ("the Clearinghouse").

The purpose of Clearinghouse and the limited query is to improve highway safety by helping employers, the FMCSA, State Driver Licensing Agencies, and State law enforcement to quickly and efficiently identify drivers who are not legally permitted to operate commercial motor vehicles (CMVs) due to drug and alcohol program violations. This secure online database will provide access to real-time information, ensuring that drivers committing these violations complete the necessary steps before getting back behind the wheel, or performing any other safety-sensitive functions.

I understand that pursuant to the DOT regulations my Employer/Carrier or potential Employer/Carrier, hereafter referred to as "Employer/Carrier" must perform a limited query of the Clearinghouse to determine whether a record exists for me. I agree and consent to my Employer/Carrier conducting this limited query each year for the duration of my employment/contract with my Employer/Carrier. I further consent to the number of limited queries required by my Employer/Carrier throughout the term of my employment/contract, as communicated to me by my Employer/Carrier.

I understand that my Employer/Carrier must retain this consent for 3 years from the date of the last query performed.

I understand that the limited queries will not provide my Employer/Carrier with details of any of my drug and alcohol program violations. However, if the limited query shows that information exists in the Clearinghouse about me, my Employer/Carrier must conduct a full query, in accordance with the DOT regulations. The full query will give my Employer/Carrier access to my full record contained in the Clearinghouse.

I understand that my Employer/Carrier has designated DriverCheck Inc. as the Third Party Administrator (TPA) to perform queries of the Clearinghouse and for DriverCheck Inc. to obtain, use and disclose to my Employer/Carrier information contained within the Clearinghouse.

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

I understand that for my Employer/Carrier to perform a full query of my information in the Clearinghouse a separate consent is required from me. I understand that I must submit a separate electronic consent through the Clearinghouse web portal for my Employer/Carrier to perform a full query.

Employer/Carrier (Company Name)

Driver's Printed Name

Date

Driver's Signature

**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 **VERSPEETEN CARTAGE LTD.** (“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 **VERSPEETEN CARTAGE LTD.** (“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 2/11/2016

