



**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 License Expiration Date:** \_\_\_\_\_

**List all licenses held in the previous 5 years**

Number	State	Class

## Application for Employment

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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 drivers licence ever been suspended or revoked?

Yes  No

If "Yes" please explain: \_\_\_\_\_  
\_\_\_\_\_

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## 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
<b>Straight Truck</b>		
<b>Tractor-Trailer/Semi Trailer</b>		
<b>Tractor – Two Trailers</b>		
<b>Heavy Haul – Greater than 80,000lbs gross</b>		
<b>Other (Bus, heavy equipment)</b>		

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**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

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**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, sideswipe, etc.)	Injuries	Fatalities

# Verspeeten Cartage Ltd.

## Application for Employment

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### 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

<b>Employer</b> _____	<b>Employed from</b> _____ <b>to</b> _____
<b>Address</b> _____	<b>Position</b> _____
<b>Phone</b> _____	<b>Reason for leaving</b> _____
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"/>	

<b>Employer</b> _____	<b>Employed from</b> _____ <b>to</b> _____
<b>Address</b> _____	<b>Position</b> _____
<b>Phone</b> _____	<b>Reason for leaving</b> _____
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"/>	

<b>Employer</b> _____	<b>Employed from</b> _____ <b>to</b> _____
<b>Address</b> _____	<b>Position</b> _____
<b>Phone</b> _____	<b>Reason for leaving</b> _____
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"/>	

<b>Employer</b> _____	<b>Employed from</b> _____ <b>to</b> _____
<b>Address</b> _____	<b>Position</b> _____
<b>Phone</b> _____	<b>Reason for leaving</b> _____
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"/>	

<b>Employer</b> _____	<b>Employed from</b> _____ <b>to</b> _____
<b>Address</b> _____	<b>Position</b> _____
<b>Phone</b> _____	<b>Reason for leaving</b> _____
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)

«Date» \_\_\_\_\_  
month                      day                      year

Witnessed by: \_\_\_\_\_  
(Company Representative Signature)

«Date» \_\_\_\_\_  
month                      day                      year

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**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 as well as drug and alcohol testing information as it pertains to the U.S. DOT requirements under 49 CFR 40.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Verspeeten Cartage Ltd.**  
**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

<b>From: Perspective Employer</b> <b>Verspeeten Cartage Ltd.</b>		<b>To: Previous Employer</b>	
274129 Wallace Line, Ingersoll ON N5C 3J7		Attention:	
Phone: 519 425 7881 / Fax: 519 425 4962		Address:	
1333 College Ave. Windsor ON N9B 1M8		Phone:	Fax:
Phone: 519 253 8442 / Fax: 519 973 9027		Email:	
		Completed by:	Signature:

Name: \_\_\_\_\_ License # \_\_\_\_\_ has submitted an application with **Verspeeten Cartage Ltd.** 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.

1. Is the employment record with your company correct as stated above? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*If not*, please provide correct information: from: \_\_\_\_\_ to \_\_\_\_\_

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

3. Did the applicant drive motor vehicles for you? Please circle: **Tractor-trailer / Straight-truck / Other**

4. Was the applicant a safe and efficient driver? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

5. Were there any accidents/incidents reported for this driver? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Date(s): \_\_\_\_\_ Description(s): \_\_\_\_\_

6. Reason for leaving your employ: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_

7. Did the applicant conduct themselves in a satisfactory manner? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

8. In your opinion is the applicant competent for the position sought? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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					
Co-operation with others					
Safety Habits					
Punctuality					
Driving Skills					
Attitude					

*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 all liability of any type as a result of providing the requested information to the above-mentioned company/person.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Safety Dept. / Signature**

\_\_\_\_\_  
**Date**



## 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 Limited

Address: 274129 Wallace Line

Ingersoll, Ontario 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 has 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

\_\_\_\_\_  
Witnessed By (Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By (Signature)

\_\_\_\_\_  
Title



**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 on the whole of 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 you with 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 be displayed on your PSP report. Since the PSP report does not report, or assign, or imply faults, 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 12/22/2015

