



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

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: _____

EDUCATION

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

**Verspeeten Cartage Ltd.
Application for Employment**

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)

«Date» _____
month day year

Witnessed by: _____
(Company Representative Signature)

«Date» _____
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 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

From: Perspective Employer		To: Previous Employer		
Verspeeten Cartage Ltd.		Company:		
274129 Wallace Lane		Name:		
Ingersoll, ON, N5C 3J7		Street:		
Phone: 519-425-7881	Fax: 519-425-4962	City	Province	Postal Code

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: _____

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 Witness Signature Date

FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301(b)

PURPOSE OF THIS FORM: (A) **Under 49 CFR 382.413** which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O. (B) **(I) Under 49 CFR 382.301(b)** a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. **(II) Under 49 CFR 382.301(c)(2)** an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

Name (print) _____ (SIN) _____ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

APPLICANT/DRIVER CONSENT

TO: [Previous Employer] Date: _____
Company: _____ Phone: _____
Fax: _____
Address: _____

Designated Employer Representative: _____

In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.

FROM: [Prospective Employer]
Company: _____ Phone: _____
Fax: _____ Address: _____

Attention: _____

I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.

Applicant Name (Print): _____ Applicant's SIN/Employee ID: _____

Applicant Signature «driver»: _____
Date: _____

Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301.

Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

Please check off if section (2) for the pre-employment exemption is not required.

(1) Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No

(2) For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program _____ (mm/dd/yy).
 Employee's ending date of participation to program _____ (mm/dd/yy).
 Program complies with DOT requirements? Yes No
 Date of last drug test _____ (mm/dd/yy)

DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382

Subpart B (last 6 months).

Date _____ Negative (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/>
Date _____ Negative (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/>
Date _____ Negative (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/>

Comments: _____

(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25

TESTING HISTORY

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years? Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years? Yes No
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)? Yes No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)? Yes No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
 - a) Was the person referred to a SAP? Yes No
 If employment with your company continued:
 - b) Was the person evaluated by the SAP? Yes No
 - c) If yes, did the SAP recommend treatment and/or education?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Did the person complete the treatment and/or education as determined by the SAP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Did the person undergo a return-to-duty test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) If yes, was the return-to-duty test negative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Did the SAP recommend follow-up testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Did the person complete the follow-up testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If applicable, please submit copy of documentation of completion of return-to-duty and follow-up testing records.		

I confirm that the above information is accurate.

Name of Company Rep (Print)

Company

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: _____

Address: _____

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

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 _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection

information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

