



# DRIVER APPLICATION

## DATA Entry Form

**Driver Name**

**DL #**

**Type**

**Pro of Issue**

**DL Expiry**

**Date SIN Card**

**Todays Date**

**Date of Birth**



# Instructions and Acknowledgement

## Instructions

1. Fill all fields, do not leave any field blank. Write NA if not applicable.
2. Use Blue ink pen. Do not use red ink.
3. Provide a minimum of three years residential address history. If in Canada for less than three years, write "migrated to Canada" in place of the address.
4. Provide a minimum of three years employment history. If driving a commercial vehicle longer than three years provide Ten years job history. If in Canada for less than three years, write "migrated to Canada" as previous employer.

## Acknowledgement

1. I understand that filling this application and subsequent acceptance does not make me an employee of SSP Truck Line or any of its subsidiaries.
2. If my application is accepted, I will be working with SSP Truck Line. as a sub-contractor providing driving services
3. All the information provided is true to the best of my knowledge and belief.

\_\_\_\_\_  
Driver Name

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY



## Application Form

(For Services under subcontract)

without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disabilities. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, write "No" or "None". If a question does not apply to you write "NA".

Position(s) Applied for: ☐ Driver (Sub-contractor) ☐ Owner-Operator (Sub-contractor) Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

Name \_\_\_\_\_ S.I.N Number \_\_\_\_-\_\_\_\_-\_\_\_\_

License Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ State/Pro \_\_\_\_ Type AZ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
DD MM YYYY

Current & previous three year addresses

Current: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address City Sate/Pro Postal Code mm/yyyy mm/yyyy

Previous: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address City Sate/Pro Postal Code mm/yyyy mm/yyyy

Previous \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address City Sate/Pro Postal Code mm/yyyy mm/yyyy

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Person to be contacted in an emergency (PRINT): Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Do you have the legal right to work in Canada? Yes ☐ No ☐

Have you ever worked (Under Sub-contractor) with this company previously? Yes ☐ No. ☐

If Yes Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_  
mm/yyyy mm/yyyy

Reason for leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_ Who referred you to us? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Are you available for trips to Western Canada? Yes ☐ No ☐

Do you have a FAST Card? NO YES. If yes, Card No. \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job (Under Sub-contractor) for which you have applied? If yes, please explain below  
\_\_\_\_\_



## EMPLOYMENT RECORD

**Remember to list all and explain gaps in the employment.**

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last two (2) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional eight (8) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the last or current position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ Email: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. /Yr. Mo. /Yr.

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR While Employed ☐ YES ☐ NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. ☐ YES ☐ NO

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ Email: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. /Yr. Mo. /Yr.

Reason for Leaving: \_\_\_\_\_

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Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. ☐ YES ☐ NO

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ Email: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. /Yr. Mo. /Yr.

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR While Employed ☐ YES ☐ NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. ☐ YES ☐ NO

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ Email: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. /Yr. Mo. /Yr.

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR While Employed ☐ YES ☐ NO

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## EMPLOYMENT RECORD

**Remember to list all and explain gaps in the employment.**

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Start with the last or current position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ Email: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. /Yr. Mo. /Yr.

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR While Employed ☐ YES ☐ NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. ☐ YES ☐ NO

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ Email: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. /Yr. Mo. /Yr.

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR While Employed ☐ YES ☐ NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. ☐ YES ☐ NO

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ Email: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. /Yr. Mo. /Yr.

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR While Employed ☐ YES ☐ NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. ☐ YES ☐ NO

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ Email: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Mo. /Yr. Mo. /Yr.

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR While Employed ☐ YES ☐ NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. ☐ YES ☐ NO



## Accident records for the past three years

Date	Nature of Accident (Head-on, Rear end, upset, NAF ect)	Fatalities	Injuries

## Traffic convictions and forfeitures for the past three years (other than parking violations)

Date	Location	Charge	Penalty

## Education

The highest grade completed.

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

## License Information - Driver

	State	License Number	Type	Exp. Date
Drivers License				
Drivers License				

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle.

☐ YES ☐ NO

2. Has any license, permit or privilege ever been suspended or revoked.

☐ YES ☐ NO

If answer to any the question above is YES, please attach a separate sheet giving detailed explanation.

## Canadian Hours of Service Driver Statement of On-Duty Hours

**INSTRUCTIONS:** Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the driver's total time on -duty during the immediately preceding 14 days and time at which such driver was last relieved from duty prior to beginning work for such carrier (see Section 395.8(j)(2) Federal Motor Carrier Safety Regulations). NOTE: Hours for any **compensated** work during the preceding 14 days, including work for a non- motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

SIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State/Pro \_\_\_\_\_ Type: **AZ**

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL HOURS
HOURS															
DATE DAY ONE															
(Day, Month , Year)															

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last

\_\_\_\_\_  
Driver Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY



## To be read and signed by the applicant

This certifies that I \_\_\_\_\_ completed this application and that all entries and all information provided is true to the best of my knowledge. I authorize SSP Trucklines, and any of its employees and affiliates to make such investigations and inquiries on my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only and if a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding inquiries and releasing information in connection with my application. In the case of acceptance as Sub-contractor, I understand that false and misleading information given in my application or interview(s) may result in cancellation of the contract. I also understand that I am required to abide by all rules and regulations of SSP Truck Line.

\_\_\_\_\_  
Driver Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

## **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 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 a vehicle weighing 10,001 pounds or more, can transport hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some Requirements for the driver's license effect as of July 1, 1987. They are as follows:

1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in that state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

**Driver Certification:** I certify that I have read and understood the above requirements. The following license is the only one I possess:

Driver's License No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State/Pro \_\_\_\_\_ Type: AZ Exp. Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

\_\_\_\_\_  
Driver Name

\_\_\_\_\_  
Driver Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

## Process Record

Applicant Hired: ☐ YES ☐ NO Date of Hiring \_\_\_\_\_

Termination: ☐ RESIGNED ☐ TERMINATED Date of Release \_\_\_\_\_



## DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATIONA 391.23

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

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

**Drivers have the following rights:**

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

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

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

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

\_\_\_\_\_  
Driver Name

\_\_\_\_\_  
Signatures

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DD

MM

YYYY





## Pre-Employment Drug/Alcohol Testing Consent Release Form

I \_\_\_\_\_ hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by the company in order to meet Federal Regulations and their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

### Medical Declaration

On March 30, 1999, United States Federal Motor Carrier Safety Regulations medical requirements for Canadian drivers of commercial vehicles operating in the United States were revised. I acknowledge there is no requirement for a completed United States medical fitness report. This revision does require that a Canadian driver must comply with the medical requirements of the province in which their commercial driver's license is issued and that a medical fitness report is completed on the frequency by license issuing province.

I, \_\_\_\_\_ certify that under the new revisions of the medical requirement to operate a commercial motor vehicle in the United States, that I am not impaired to operate a commercial motor vehicle by any of the following:

- A. I have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (administered by injection).
- B. I have no established medical history or clinical diagnosis of epilepsy.
- C. I have no impaired hearing, first perceives a forced whispered voice in the better ear at not less than 5 feet with or without use of a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.

I also agree to inform **THE COMPANY** should my medical status change, and if any of the above impairments are subsequently diagnosed to the level of affecting my fitness to operate a commercial motor vehicle in the United States.

SIN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

WITNESS:

\_\_\_\_\_  
Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY



## Pre-Employment Employee's Alcohol and Drug Test Statement

Sec. 40.25 (j) As the employer, you must also ask the 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 two years. If the employee admits that he or she had a positive test or a 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 Sec. 40.25(b)(5) and (e))

Driver Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State/Pro \_\_\_\_\_ Type: AZ

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you ever 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 two years?

Check one: YES NO

- 2) If you answered YES, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: YES NO

## Applicant Drug Testing Notice

The company is committed both to maintaining a safe and efficient workplace that is free of drugs and alcohol, and to discourage drug, alcohol and substance abuse by its employees. In accordance with this commitment and in compliance with The Modesto Bee's Drug, Alcohol and Substance Policy, continued employment is contingent upon adhering to the policy. This includes cooperating with Reasonable Suspicion Drug Testing.

In the event of Reasonable Suspicion testing, employees will be asked to sign an acknowledgement and consent form and to provide a urine sample to The Modesto Bee-appointed medical staff for the drug test and/or submit to a breath analyzer test. Refusal to sign the acknowledgment and consent or submit to a drug and/or alcohol test will be treated the same as a positive result.

Test samples will be sent to an independent National Institute of Drug Abuse (NIDA)-certified medical clinic or laboratory for processing. All test results will then be read and interpreted by a Modesto Bee - appointed, Medical Review Official (MRO)-certified physician. Positive test results will be confirmed by a gas chromatography/mass spectrometry the company will pay the cost of the first drug test and for the confirmation of a positive test result. If an employee disagrees with a confirmed positive test result, the employee may have the same sample sent to a NIDA-certified lab to be tested at his or her own expense. This request must be made in writing within two days of being advised of a positive test result.

The offer of employment will be revoked if you test positive. If you test positive, you will not be eligible to reapply with the Company for at least twelve months from the date of the last drug test. All drug-testing records are kept confidential. Access to such information is limited to individuals who have a business need to know.

I understand that if I receive an offer of employment from The Modesto Bee, the offer will be contingent upon successful completion of a urine drug screen.

\_\_\_\_\_  
Driver Name

\_\_\_\_\_  
Driver Signatures

\_\_\_\_\_  
DD

\_\_\_\_\_  
MM

\_\_\_\_\_  
YYYY



## Alcohol and Drug Employee's Certified Receipt

This is to certify that I have been provided educational materials required by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked items: \_\_\_\_\_

1. The designated person to answer questions about the materials
- ☒ 2. The categories of drivers subject to Part 382
- ☒ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required
- ☒ 4. Specific information concerning prohibited driver conduct
- ☒ 5. Circumstances under which a driver will be tested
- ☒ 6. Test procedures, driver protection and integrity of testing processes, and safeguarding the validity of the test
- ☒ 7. The requirement that tests are administered in accordance with Part 382
- ☒ 8. An explanation of what will be considered a refusal to submit to a test and the consequences
- ☒ 9. The consequences of Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40 Subpart O procedures
- ☒ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04
- ☒ 11. Information on the effects of alcohol and controlled substances use on:
  - An individual's health
  - Signs and symptoms of a problem
  - Work -personal life
  - Available methods of intervening when a problem is suspected
12. Optional information: \_\_\_\_\_

\_\_\_\_\_  
Driver Name

\_\_\_\_\_  
Driver Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD

MM

YYYY

WITNESS:

\_\_\_\_\_  
Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD

MM

YYYY

## Conveyance Security – Trailer Seal Procedure

Following procedure must be followed at all times ab all drivers. These procedures are in accordance with C-TPAT regulations for loads going to USA. As a driver for SSP Truck Line. it is your responsibility to understand and follow these procedures at all times.

- A high security seal that meets or exceeds ISO PAS 17712 must be affixed to all the trailers crossing international borders.
- Drivers are responsible to verify that such a seal has been placed on the trailer by the shipper.
- If shipper has not put the required seal on the trailer, the driver must immediately contact the dispatch and place required seal on the trailer. The seal number must be recorded on the bill of sale.
- Under no circumstances is a driver allowed to remove or tamper with the seal once affixed on the trailer. However driver should verify the integrity of the seal by tugging or twisting the seal. The driver is to make sure that during the process it SHOULD NOT BREAK.
- Drivers are responsible to ensure that the required seal is in place and is intact. If the seal shows signs of tampering, dispatch is to be informed immediately.
- If the seal is removed during the transit to the border even by government officials, a second seal must be placed on the trailer. The second seal number must be recorded on the bill of Lading. The official is authenticate the change of the deal number by signing and putting stamp on the bill of lading. The process is to be communicated to the dispatch as soon as possible.

By signing this document the driver confirms having read and understood the above procedure and assures his commitment to ensure its following at all times.

\_\_\_\_\_  
Driver Name

\_\_\_\_\_  
Driver Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD

MM

YYYY

### Certificate:

Certified that contents of this whole document were explained to the prospective driver who acknowledges to have understood.

\_\_\_\_\_  
Driver Name

\_\_\_\_\_  
Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD

MM

YYYY

## *Pre Employment Competency Test*

1. According to FMCSA, you may not drive for more than:
  - a. 11 Hours
  - b. After being on duty for 14 hours
  - c. After being on duty for more than 8 hours following continuous 10 hours off duty
  - d. All the above
2. According to FMCSA, you may not work for more than how many hours in 8 days:
  - a. 70 Hours
  - b. 120 Hours
  - c. 11 hours
  - d. 500 miles round trip
3. After 11 hours of driving time, you must
  - a. Stop working and go home
  - b. Can work 5 more hours
  - c. Get 10 consecutive hours of rest before driving again
  - d. All the above
4. During pre-trip inspection, you must show that the
  - a. The vehicle is safe to drive
  - b. The vehicle is newer than 4 years
  - c. You are competent and have no alcohol in the system
  - d. All the above
5. Cognitive load while you drive refers to:
  - a. How much work your brain is doing
  - b. Your ability to make decisions
  - c. The number of hazards you can see
6. Using hand-free mode on a mobile device while driving:
  - a. Increase cognitive load
  - b. Decreases cognitive load
  - c. Does not affect cognitive load
7. During the pre-trip inspection, you will
  - a. Sit in the truck and drive around talking about your expertise
  - b. Taking a computerized test about truck driving
  - c. Walk around the vehicle and point to or touch each item and explain to the examiner what you are checking and why
8. During pre-trip inspection, the mirror and windscreen should be checked for
  - a. Proper alignment
  - b. Stickers
  - c. Cleanliness, obstruction, and damage
9. What is meant by C-TPAT?
  - a. Canadian Transportation Participation Against Terrorism
  - b. Customs Trade Partnership Against Terrorism
  - c. Canadian Trade Partnership Against Terrorism
  - d. Customs Trade Partnership and Transportation
10. If a driver finds trailers seal broken at a truck stop, he must
  - a. Report to dispatch immediately
  - b. Re-inspect his equipment for any suspicious behavior
  - c. Should put another seal
  - d. All the above
11. When a driver receives notice of license or permits revocation, suspension he/she must
  - a. Notify the carrier within 72 hours
  - b. Notify the carrier within a week
  - c. Notify the carrier immediately
  - d. Take no action since the carrier will get notification
12. The maximum legal gross weight a tandem combination is permitted in the US
  - a. 90000 Lbs.
  - b. 84000 Lbs.
  - c. 80000 Lbs.
  - d. 15000 Lbs. per axle
13. You may reset your 70-hour cycle by having at least how many hours off duty in Canada –
  - a. 10
  - b. 24
  - c. 32
  - d. 36
14. A driver may not drive faster than the posted speed limit
  - a. Unless the driver is sick and must complete the run quickly to see a doctor
  - b. At Any time
  - c. During the day as you can see things clearly
  - d. Unless the driver is late and is making for the time Lost
15. Empty trailers crossing borders do not require bolt seal.
  - a. True
  - b. False
16. Who should be putting the seal on the trailer?
  - a. Anyone
  - b. Dispatch
  - c. Shipper
  - d. Security Guard
17. A General rule for any inspection point during a security inspection is to look for:
  - a. Signs of tampering
  - b. Evidence of drugs
  - c. Areas in need of repair
18. The last step of affixing a security seal to a trailer or container is to:
  - a. Pull down on the seal to confirm that it is secure
  - b. Twist the seal to see if it comes off
  - c. Double check the seal number matches your documentation



## ACKNOWLEDGEMENT

I \_\_\_\_\_ confirm that I work for \_\_\_\_\_, a company  
(Driver Name) (Contractor's Company Name)

Under contract with SSP Truck Line. and hauls loads for SSP Truck Line. I understand that

\_\_\_\_\_ is responsible for all my compensations for all the work that I do while hauling  
(Contractor's Company Name)  
loads for SSP Truck Line.

I confirm that SSP Truck Line. or any of its affiliates or employees is not responsible for my compensation (or part thereof) for any work that I do for \_\_\_\_\_ and that I absolve SSP Truck Line.  
(Contractor's Company Name)

Transport Inc. its affiliates and employees of any compensation dispute(s) that might arise out of rate/miles disagreement with

\_\_\_\_\_.

\_\_\_\_\_  
Driver Name

\_\_\_\_\_  
Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

## Accidental benefit Insurance Coverage

I \_\_\_\_\_ confirm that I was offered accidental benefit insurance by SSP Truck Line. through their insurance company/broker which I have declined. It is further confirmed that I exonerate SSP Truck Line. all its affiliate companies and employees of any claim what so ever resulting from an accident. I also

- ☐ promise to buy accidental benefit insurance at my own.
- ☐ already have appropriate coverage in regards to accidental benefit insurance

\_\_\_\_\_  
Driver Name

\_\_\_\_\_  
Driver Signatures

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY