

Application For Employment



Date of Application: _____

Company: Classic Freight Systems (2011) Ltd.

Company Street Address: 50 Joseph Zatzman Drive City: Dartmouth Province: Nova Scotia

Postal Code: B3B 1N8 Phone Number: (902) 481-3701 Fax Number: (902) 481-3707

Name of Applicant: _____ Social Insurance Number: _____

Date of Birth: _____ Home Phone Number: _____ Cell Number: _____
(DD/MM/YYYY)

Home Address: _____ Years at this address: _____
(Street) (City/Province) (Postal Code)

Address for the past 3 years: _____ How Long: _____
(Street) (City/Province) (Postal Code)

Address for the past 3 years: _____ How Long: _____
(Street) (City/Province) (Postal Code)

Experience and Qualifications ad Professional Driver

Drivers Licence: _____ Expiry Date: _____
(Province) (Master Number) (Class)

Position Applying for: _____ Full-time: _____ Part-time: _____

Have you worked for Classic Freight Systems before? Dates to and from: _____

Have you ever been denied a drivers licence? Yes / No Have you ever been suspended or revoked? Yes / No

Driving Experience, Class and Equipment—i.e. Type of Equipment, Date to and from, approximate miles.

Straight Truck: _____

Tractor & Semi-Trailer: _____

Tractor—Two Trailers: _____

Flat deck: _____

Other: _____

Are you currently employed? _____ How many Years: _____

Have you been convicted of a felony? _____ *** If Yes, Please attach page to back with details.

Have you ever been bonded? Yes / No Name of Bonding Company: _____

Highest Grade of schooling completed: _____ Post Secondary Program: _____

Post Secondary School Completed? Yes / No Last School Attended / Year: _____

List Provinces and States you operated in during the last 5 years: _____

Employment Record

(Please attach second page if more space is needed)

Department of Transportation requires that Employment for the last 3years and/or Commercial Driving Experience for the past 10 years be shown.

Last Employer: _____ Position: _____

Address: _____ Phone Number: _____

Position Held from: _____ To: _____ Salary: _____ Manager: _____

Reason for Leaving: _____

Were you subject to FM CSR while working for this company? Yes / No

Was your job with this company applicable to drug and alcohol testing requirements of 49 CFR Part 40? Yes / No

Second Last Employer: _____ Position: _____

Address: _____ Phone Number: _____

Position Held from: _____ To: _____ Salary: _____ Manager: _____

Reason for Leaving: _____

Were you subject to FM CSR while working for this company? Yes / No

Was your job with this company applicable to drug and alcohol testing requirements of 49 CFR Part 40? Yes / No

Third Last Employer: _____ Position: _____

Address: _____ Phone Number: _____

Position Held from: _____ To: _____ Salary: _____ Manager: _____

Reason for Leaving: _____

Were you subject to FM CSR while working for this company? Yes / No

Was your job with this company applicable to drug and alcohol testing requirements of 49 CFR Part 40? Yes / No

Employer: _____ Position: _____

Address: _____ Phone Number: _____

Position Held from: _____ To: _____ Salary: _____ Manager: _____

Reason for Leaving: _____

Were you subject to FM CSR while working for this company? Yes / No

Was your job with this company applicable to drug and alcohol testing requirements of 49 CFR Part 40? Yes / No

Employer: _____ Position: _____

Address: _____ Phone Number: _____

Position Held from: _____ To: _____ Salary: _____ Manager: _____

Reason for Leaving: _____

Were you subject to FM CSR while working for this company? Yes / No

Was your job with this company applicable to drug and alcohol testing requirements of 49 CFR Part 40? Yes / No

Violation and Review Record

Driver's Name: _____

1. Certification of Violations

I certify that the following is true and complete list of traffic violations (other than parking violations) for which I been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction	Offense	Location	Type of Vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

Action Taken: _____

Driver's Signature: _____ Date: _____

Motor Carrier's Name: _____ Address: _____

Reviewed by (signature): _____ Title: _____ Date: _____

Previous Employer Consent Form

Please review and sign by the "X" if you agree to releasing the following information.



X I, _____ give my consent to perform a previous employer background check.

Signature: _____ Date: _____

Company being contacted: _____ Contact Person: _____

Phone number: _____ Fax Number: _____

Applicants Dates of Employment: Month/Year) From _____ To: _____

Please Rate the employee 1- Poor 2- Fair 3- Good 4- Excellent

	1- Poor	2- Fair	3- Good	4- Excellent
Attendance	_____	_____	_____	_____
On Time	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Communication	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Professionalism	_____	_____	_____	_____
Relationship with Dispatch	_____	_____	_____	_____
Safety	_____	_____	_____	_____
Efficiency	_____	_____	_____	_____

Reason for leaving:

- ☐ Quit
- ☐ Terminated
- ☐ Layoff
- ☐ Notice _____
- ☐ Other _____

Drug Tested: Yes / No Anything to Report: _____

Please circle appropriate choices for individual: Dry Van Flatbed RGN/Float Tanker Reefer
Team Driver Single Driver Company Driver Owner / Operator Broker Driver Intermodal

Areas Traveled: Canada— Atlantic _____ Central _____ West _____
United States— Seaboard _____ Midwest _____ South _____ West _____

Type of Equipment Employee Operated: _____ Approx.. How many miles / year: _____

Products Hauled: _____

Number of Incidents and Accidents: _____ Please give brief explanation.

Preventable / Non-Preventable	Date	Incident/Accident	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions: _____

Eligible for RE-Hire: _____

Comments: _____

Inquiry performed by: _____ Position: _____ Date: _____



Driver Applicants

Please understand that information you provide regarding current and previous employers may be used and those employers will be contracted for the purpose of investigating your safety performances history as required by 49 CFR 391, 23(d) , (e) , (1) and (2).

1. The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years—via the application form or other written document prior to any hiring decision—that he or she has the following rights regarding the investigation information that will be provided to the prospective employer pursuant to paragraphs (d) and © of this section:
 - i. The right to review information provided by previous employers;
 - ii. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and
 - iii. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
2. Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-providing investigative information must submit a written request to the prospective employer, which may be done at anytime, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the 5-business days deadline will begin when the prospective employer receives the requested records within thirty (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.

I have read, understand and agree to the preceding statement.

Applicant Signature: _____

Date: _____

Accident Record for last three years:

	<i>Date</i>	<i>Incident / Accident</i>	<i>Fatalities</i>	<i>Injuries</i>
<i>Last Accident</i>	_____	_____	_____	_____
<i>Next Previous</i>	_____	_____	_____	_____
<i>Next Previous</i>	_____	_____	_____	_____

Traffic Convictions and Forfeitures for the past three years (other than parking):

	<i>Date</i>	<i>Location</i>	<i>Charge</i>	<i>Penalty</i>
<i>First</i>	_____	_____	_____	_____
<i>Second</i>	_____	_____	_____	_____
<i>Third</i>	_____	_____	_____	_____



Medical Declaration

Under the revision of the 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 to the medical requirements of the province in which their commercial drivers 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 or 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.
- d) Blood pressure must be maintain no higher than 140/90.

I also agree to inform the Classic Freight Systems 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.

Driver name, Printed: _____ Date: _____

Driver Name, Signature: _____ Date: _____

Witness: _____ Date: _____

Certification of Compliance with License Requirements

Under the Motor Carrier Instructions the requirement in Part 383 and 391 apply to all Classic Freight Systems drivers.

1. **Possess only one license:** You, as a commercial motor vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state or residencies and return the additional licenses to the states that issued them. Destroying a license does not close the record; you must notify the issuing state. If multiple license has been lost, stolen or destroyed, 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:** You must notify your employer the next day if any of the previous conditions apply. In addition, we also require that anytime you violate a state or local traffic law, you must report it within **30 days** to your employer, and the state that issues your license other than the issuing license province / state. This notification must be in writing.

The following license is the only one I possess.

Drivers License Master Number: _____ State/Province: _____ Expiry Date: _____

Drivers name, Printed: _____ Drivers name, Signature: _____

Notification of Traffic Violations



The Commercial Motor Vehicle Safety Act requires that commercial drivers notify their employer of all moving violations, including those committed in a personal vehicle for which the driver forfeited collateral or was convicted within 15 days after conviction.

The following information is being provided by the below name / driver to comply with the traffic violation notification requirements Act.

Drivers Full Name: _____ Master Number: _____ Province/ State _____

Drivers Address: _____
Street Number / Street (Apt #) City Province Country Postal Code

Date of Violation: _____ Citation Number: _____ Issuing Province/State: _____

Vehicle Operated: ☐ Personal ☐ Commercial (GVWR/GCWR 4,500 kgs or more) ☐ Other

Nature of Violation: _____

Disposition of case (bail, forfeiture, conviction with fine and/or loss of license, unconditional discharge, etc.) _____

Drivers Signature: _____ Date: _____

Unauthorized Passenger Acknowledgement

Unless specifically in writing to do so by the motor carrier under whose authority the motor vehicle is being operated, **no** driver shall transport persons or permit any person to be transported on any motor vehicle other than a bus. When such authorization is issued, it shall state the name of the person to be transported. The points where the transportation is to begin and end, and the date upon which such authority expires. No written authorization, however, shall be necessary for the transportation of:

- a) Employees or other persons assigned to a vehicle by a motor carrier.
- b) Any person transported when aid is being rendered in a case or an accident or other emergency.
- c) An attendant delegated to care for livestock.

This section shall not apply to the operation of motor vehicles controlled and operated by any farmers and used in the transportation or agricultural commodities or products thereof from his farm or in the transportation of supplies to his farm.

I Understand that failure to honour the terms of the agreement stated above are grounds for termination of my employment.

Drivers Name Printed: _____

Drivers Name Signature: _____ Date: _____

Witness Name: _____ Date: _____

***Previous Pre-Employment
Alcohol and Drug Test Statement***



As the employer, we must ask all employees whether he or she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer 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 a 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.

Company Name

Person responsible for Corrective Action / Position

Company address: _____
Street Number Street Name City Province / State Country Postal Code

Prospective Employee Name: _____ Social Insurance Number: _____

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 two years?

☐

Yes

☐

No

If you answered yes, are you able to provide proof that you have successfully completed the DOT return to duty requirement?

☐

Yes

☐

No

Signature: _____

Date: _____

All Applicants must Read and Sign

I authorize you to make such investigations and inquiries of 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 will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.

This application was completed by me, all entries are true and correct to the best of my knowledge.

Applicant Signature: _____

Date: _____
