

This document aims to guide the hiring process for new company drivers. Please read carefully all the information provided, fill in the data requested to the best of your ability, remembering to answer honestly at all times. The review of this application, as well as the information provided by you, is the base for the hiring process.

At the time of your application you must be able to provide:

- ✓ Clear copy of driver's license (both sides)
- ✓ Proof of legal status in Canada (Passport, birth certificate, Canadian citizenship, work permit, PR card)
- ✓ Copy of valid passport
- ✓ Copy of valid US visa (if applicable)
- ✓ Copy of FAST card (if applicable)
- ✓ 10 years of employment history
- ✓ Original Driver's abstract for every province you held a license on the past three years *
- ✓ Original Criminal search report *

** These documents need to be issued within 30 day prior to the application. Older records have to be updated.*

DRIVER APPLICATION FOR EMPLOYMENT

APPLICANT NAME: _____ DATE OF APPLICATION: _____

In compliance with Federal and Provincial equal employment opportunity law, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related medical condition or handicap.

To be read and signed by applicant

I authorize McGrath Logistics; to investigate and inquire about my employment and medical history, as well as other related matters that may be necessary in taking a hiring decision. Generally, inquiries regarding medical history (with the exception of the medical declaration), 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 may result in termination. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and /or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- ✓ Review information provided by previous employer (only regarding Drug & Alcohol testing and safety performance, any personal recommendations are confidential);
- ✓ Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- ✓ Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

I understand that during the time I am working under McGrath Logistics DOT, annual limited queries will be conducted in the clearinghouse as part of the company policy to keep annual reviews on driver's requirements and safety performances. And I understand that this consent is good for the time I am working for the mentioned company.

I understand that, if hired, I will need to provide a copy of my current Medical Fitness Report on day one of orientation, to be placed in my driver file.

Signature: _____

Date: _____



Name: _____ SIN: _____

Cell phone: _____ Home phone: _____

Email: _____

Date of birth (mm/dd/yyyy): _____

Do you have the legal right to cross the border and deliver or pick up loads in the United States? _____ If yes, please provide proof (Visa, fast card, etc)

In case of emergency, notify:

Name: _____ Relationship: _____ Phone: _____

List your address of residency for the past 3 years.

Current address:		
Street: _____		
City: _____		
Province: _____		
Postal code: _____	Period of residency – From: _____	To: _____

Previous address:		
Street: _____		
City: _____		
Province: _____		
Postal code: _____	Period of residency – From: _____	To: _____

Previous address:		
Street: _____		
City: _____		
Province: _____		
Postal code: _____	Period of residency – From: _____	To: _____

Have you ever worked for McGrath Logistics: _____
If yes, please answer: Dates- from: _____ To: _____ Rate of pay: _____
Position: _____ Reason for leaving: _____

Are you currently employed: _____ If yes, where: _____
If not, how long since leaving last employment? _____
Did anyone refer you? _____ Who? _____

Have you ever been convicted of a felony? _____
If yes, please explain the situation on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **10 years**. Complete the form in an accurate and trustful way.

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary

Company's name:		
Address:		From:
City:	Province:	To:
Postal Code:		Rate of pay:
Position:		Reason for leaving:
Contact person:		Phone #
email:		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug & Alcohol Testing requirements of 49 CFR part40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Company's name:		
Address:		From:
City:	Province:	To:
Postal Code:		Rate of pay:
Position:		Reason for leaving:
Contact person:		Phone #
email:		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug & Alcohol Testing requirements of 49 CFR part40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Company's name:		
Address:		From:
City:	Province:	To:
Postal Code:		Rate of pay:
Position:		Reason for leaving:
Contact person:		Phone #
email:		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug & Alcohol Testing requirements of 49 CFR part40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Company's name:		
Address:		From:
City:	Province:	To:
Postal Code:		Rate of pay:
Position:		Reason for leaving:
Contact person:		Phone #
email:		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug & Alcohol Testing requirements of 49 CFR part40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

ACCIDENT RECORD

Please, on the table below fill the information regarding your accident record for the past Three (3) years. If none, write NONE.

Date	Location	Nature of accident (head-on, rear-end, Upset, etc)	Fatalities	Injuries	Hazardous material spill

TRAFFIC VIOLATIONS

Please, on the table below fill the information regarding your traffic violations record for the past Three (3) years. If none, write NONE.

Location	Date	Charge	Penalty

DRIVER EXPERIENCE AND QUALIFICATIONS

List all driver licenses or permits held in the past three (3) years.

Province	License No.	Type	Expiration date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

If the answer to either A or B is yes, Please provide details: _____

Please check on the table below the equipments which you have experience, try to be as accurate as possible.

Class of motor vehicle	Approximate Weight	Period of experience	Equipments
Straight Truck	<input type="checkbox"/> YES <input type="checkbox"/> NO		Van <input type="checkbox"/> YES <input type="checkbox"/> NO
Tractor and Semi-trailer	<input type="checkbox"/> YES <input type="checkbox"/> NO		Tank <input type="checkbox"/> YES <input type="checkbox"/> NO
Tractor - Two trailers	<input type="checkbox"/> YES <input type="checkbox"/> NO		Flat <input type="checkbox"/> YES <input type="checkbox"/> NO
Tractor - Three trailers	<input type="checkbox"/> YES <input type="checkbox"/> NO		Dump <input type="checkbox"/> YES <input type="checkbox"/> NO
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO		Reefer <input type="checkbox"/> YES <input type="checkbox"/> NO
			Other

List states/provinces operated in the last three years _____

Have you participated in any driving course? _____
If yes, please provide more information _____

Please provide the highest grade you have completed: _____
School you attended/Province: _____

TO BE READ AND SIGNED BY THE APPLICANT

I _____ certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____

Date _____

FOR COMPANY USE

Action taken: _____ Date: _____

Position: _____ Place of employment: _____

Comments: _____

Signature of interviewing officer: _____ Date: _____

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 **McGrath Logistics Ltd**, 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 **McGrath Logistics Ltd** 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 (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

REQUEST / CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING																															
Employee																															
Applicant's name:																															
Applicants license #:	Province:																														
<p>I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:</p> <ol style="list-style-type: none"> 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation. 																															
Applicant signature	Date																														
Previous Employer																															
Previous Company name:																															
Company's Address:																															
Employment start date:	Employment end date:																														
<p>In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">1. Did the employee have alcohol tests with a result of 0.04 or higher?</td> <td style="width: 5%; text-align: center; padding: 5px;">Yes</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 5%; text-align: center; padding: 5px;">No</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">2. Did the employee have verified positive drug tests?</td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">No</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">3. Did the employee refuse to be tested?</td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">No</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?</td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">No</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">5. Did a previous employer report a drug and alcohol rule violation to you?</td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">No</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?</td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">No</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table> <p>NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).</p>		1. Did the employee have alcohol tests with a result of 0.04 or higher?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2. Did the employee have verified positive drug tests?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3. Did the employee refuse to be tested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	5. Did a previous employer report a drug and alcohol rule violation to you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
1. Did the employee have alcohol tests with a result of 0.04 or higher?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																											
2. Did the employee have verified positive drug tests?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																											
3. Did the employee refuse to be tested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																											
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																											
5. Did a previous employer report a drug and alcohol rule violation to you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																											
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																											
COMMENTS																															
Completed by:	Signature:																														
Title:	Date:																														
Contact information:																															
Prospective Employer																															
Company's name: McGrath Logistics Ltd.																															
Company's address: 9112 Rte 130, Florenceville-Bristol, New Brunswick E7L 3P2																															
Phone: 506-392-6017	Fax: 506-392-5214																														
Email: jonathan@mcgrathlogistics.ca																															
Designated Employer Representative: Jonathan Paterson	Title: Fleet Manager																														
Signature:	Date received:																														
COMMENTS																															

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 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 epilepsy.
- B. 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.

Note: The prohibition on cross-border operations for CMV drivers with 'insulin-treated diabetes mellitus' was removed effective September 9, 2019 between Canada and the United States.

Date: _____ Driver's Printed Name: _____

Witness: _____ Driver's Signature: _____