

**FLASH FREIGHT SYSTEMS**  
**5894 Eighth Line, Ariss Ontario N0B 1B0**  
**Driver's Application for Employment**

Position(s) being applied for:		Date available to begin work:
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Personal Data:

Last Name:	Given Name:	Middle Initial:
Street Address:	City:	Province:
Home Phone #	Mobile Phone #	Postal Code:

Previous Address(es) (if resident at above address for less than 3 years)

Street	City, Province, Postal Code	How Long?
Street	City, Province, Postal Code	How Long?

Are you legally eligible for work in Canada? Yes                    No

Do you have a valid drivers licence? Yes                    No

Are you legally able to operate a commercial vehicle in the US? Yes                    No

Have you worked for this company before? Yes                    No

If Yes, Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_

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

Are you now employed? Yes                    No

If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Rate of pay expected? \_\_\_\_\_

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes                    No

**Employment History**

All driving position applicants must provide employment history for the past three years. Include in this history any unemployment and/or, self-employment, and record all commercial driving experience for the past ten years. Add/Request another sheet if necessary.

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May we contact your most recent or current employer  Yes  No

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**EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_  
Street City

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary / Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here?  Yes  No

Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*\*\*\*\*

**EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_  
Street City

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary / Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here?  Yes  No

Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*\*\*\*\*

**EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_  
Street City

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary / Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here?  Yes  No

Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*\*\*\*\*

**EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_  
Street City

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary / Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here?  Yes  No

Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

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**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE  
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Date:	Nature of Accident: (Head on, Rear end, Upset, Backing etc.)	Fatalities	Injuries

**TRAFFIC CONVICTIONS AND FORFEITURES  
FOR THE PAST 3 YEARS  
(OTHER THAN PARKING VIOLATIONS)**

Date:	Location: City, Province, State	Charge	Penalty, Demerit Points

(Attach Sheet If More Space Is Needed)

A. Have you ever been denied a licence, permit, or privilege to operate a motor vehicle? Yes   No

B. Has any licence, permit or privilege ever been suspended or revoked? Yes   No

**IF THE ANSWER TO EITHER A OR B ABOVE IS YES, ATTACH STATEMENT GIVING  
DETAILS**

**QUALIFICATION – DRIVERS**

**Licence Information**

Province	Licence Number	Class-Cond	Expiration Date

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment	Date: From	Date: To	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

List Provinces, States, or Territories operated in for last 5 (five) years.

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List special courses or training that will help you as a driver.

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Which safe driving awards do you hold and from whom?

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**EDUCATION:**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 13

College / University: \_\_\_\_\_

Last school attended: \_\_\_\_\_

**TO BE READ AND SIGNED BY THE APPLICANT**

This certifies that even though this application was, or may have been, created electronically, I have reviewed it completely and all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, financial or medical history and other related matters as may be necessary in arriving at a decision. I hereby release employers, schools or persons from all liability in responding to inquiries concerning my application for employment.

In the event of receiving employment with **FLASH FREIGHT SYSTEMS**, I understand that false or misleading information given in my application or interview(s) may result in an immediate discharge. I understand also that I am required to abide by all rules and regulations of the Company, as permitted by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

<b>For Internal Use Only</b>			
<b>To be interviewed:</b>	Yes	No	Date: _____
<b>Authorized signature:</b>	_____		

# FAX or MAIL REQUEST FOR INFORMATION

## From Previous Employer

_____ hereby authorizes you to release to FLASH FREIGHT SYSTEMS all information regarding my performance of duties and conduct while in your employ. I have reviewed the contents of this form and request that you complete the form in its entirety. You are released from any and all liability, which may result from furnishing such information.	
_____ Date	_____ Applicants Signature

To: Previous Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_

(Print full name of contact person)

Title: \_\_\_\_\_

(Print job title of contact person)

\_\_\_\_\_ whose drivers licence number is \_\_\_\_\_  
(Print name of applicant) (Print Drivers Licence Number)

has applied to this company for a position a \_\_\_\_\_ and states that he/she was employed  
(Position applied for)

by you as a/an \_\_\_\_\_ between the dates of \_\_\_\_\_  
(Print position as stated on application) (Print starting and end date from application)

We appreciate your time in completing, in confidence, the information requested on the two pages of this document. If this was mailed to you, we have enclosed a self-addressed envelope for your convenience in replying, if this was faxed our return fax number is (519) 821-2296. Should you have any further questions regarding this form please contact the individual below at (519) 821-8878. We thank you in advance for your courtesy.

Sincerely

_____ (Signature)	_____ (Name)	_____ (Title)
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1. Employment **start** date was? \_\_\_\_\_ Employment **end** date was? \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)
2. Was this person a (circle selection) company driver / contract driver / owner operator / general labor?
3. Wage was \_\_\_\_\_ per mile/kilometer, or \_\_\_\_\_ per hour, approximate annual income \_\_\_\_\_
4. What type(s) of vehicle(s) did this person drive for you? (circle selection)  
Tractor-Semitrailer / Straight Truck / Bus / Other(specify) \_\_\_\_\_
5. What type(s) of trailer(s) did this person operate for you? \_\_\_\_\_  
Dry Van / Reefer / Flatbed / Curtain Side / Liquid / Dry Bulk / Other(specify) \_\_\_\_\_
6. Was this person a safe and efficient driver?(circle selection) Yes / No / Other \_\_\_\_\_
7. Reason for leaving your employ? (circle selection)  
Discharged / Resignation / Lay Off / Military Duty / Other(specify) \_\_\_\_\_

Form#  
CF01-016FMab

Effective Date  
August 1, 2006

Revision Date

8. Was his/her general conduct satisfactory?(circle selection) Yes No Other \_\_\_\_\_

9. Please advise history of past driving record if available for past three years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you aware of any accidents, incidents or infractions involving this driver that do not appear on the drivers personal or CVOR abstracts?(circle selection) Yes No (if yes please provide details)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL REPORT OF PERSONAL REFERENCE**

Please indicate your opinion by placing a check (+) in the appropriate column

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

11. If you were performing the hiring function for a different carrier and the driving position this individual has applied for was available, and this individual applied would you?(circle selection)

- A) Rehire, without reservation Yes No
- B) Rehire, with slight reservation Yes No
- C) Rehire, with great reservation Yes No
- D) Not rehire Yes No
- E) Other (specify) \_\_\_\_\_



\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date (MM/DD/YY)

# PHONE REQUEST FOR INFORMATION

## From Previous Employer

_____ hereby authorizes you to release to FLASH FREIGHT SYSTEMS all information regarding my performance of duties and conduct while in your employ. I have reviewed the contents of this form and request that you complete the form in its entirety. You are released from any and all liability, which may result from furnishing such information.	
_____ Date	_____ Applicants Signature

To: Previous Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Person contacted at previous employer

Title

(Print full name of contact person)

(Print job title of contact person)

Name of Applicant: \_\_\_\_\_

Driver Lic. Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

1. Does your company have a policy that restricts the release of previous employee information? **YES/ NO**  
If yes, does the policy allow for release of information if a fax or mailed copy of a signed release is received by your company? **YES / NO** Is there a preference of fax or mail? **YES / NO** if yes, which? **FAX / MAIL**

2. Employment start date? \_\_\_\_\_ Employment end date? \_\_\_\_\_

3. Was this person a (circle selection) company driver / contract driver / owner operator / general labor?

4. Wage was \_\_\_\_\_ per mile/kilometer, or \_\_\_\_\_ per hour, approximate annual income \_\_\_\_\_

5. What type(s) of vehicle(s) did this person drive for you? (circle selection)

Tractor-Semitrailer / Straight Truck / Bus / Other(specify) \_\_\_\_\_

6. What type(s) of trailer(s) did this person operate for you?

Dry Van / Reefer / Flatbed / Curtain Side / Liquid / Dry Bulk / Other(specify) \_\_\_\_\_

7. Was this person a safe and efficient driver?(circle selection) Yes / No / Other \_\_\_\_\_

8. Reason for leaving your employ? (circle selection)

Discharged / Resignation / Lay Off / Military Duty / Other(specify) \_\_\_\_\_

9. Was his/her general conduct satisfactory?(circle selection) Yes No Other \_\_\_\_\_

10. Please advise history of past driving record if available for past three years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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CF01-016Pab

Effective Date

August 1, 2006

Revision Date

11. Are you aware of any accidents, incidents or infractions involving this driver that do not appear on the drivers personal or CVOR abstracts?(circle selection) **Yes No** (if yes please provide details).

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**CONFIDENTIAL REPORT OF PERSONAL REFERENCE**

Please indicate your opinion by placing a check (+) in the appropriate column

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

12. If you were performing the hiring function for a different carrier and the driving position this individual has applied for was available, and this individual applied would you?(circle selection)

- A) Rehire, without reservation
- B) Rehire, with slight reservation
- C) Rehire, with great reservation
- D) Not rehire
- E) Other (specify) \_\_\_\_\_

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\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date (MM/DD/YY)



**REQUEST/CONSENT FOR INFORMATION ON ALCOHOL AND CONTROLLED  
SUBSTANCES TESTING**

**Section 1: To Be Completed By Prospective Employee**

\_\_\_\_\_ identified by \_\_\_\_\_ has applied to our company for a safety sensitive position as outlined in 49 CFR 382.107. In accordance with DOT regulations 49 CFR 382.413 and 391.23, we are hereby requesting information regarding this individual's involvement and participation in your company's drug and alcohol testing program. This request for drug and alcohol testing information is directed to the attention of:

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone : \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_

In accordance with 49 CFR 382.405(f), by my signature below, I authorize you to release any and all information regarding drug and alcohol testing done on myself while in your employ, acting as your agent, under contract to you, or acting as your representative in any capacity during the preceding three years from the below date. This information is to be released to:

Flash Freight Systems  
Heather Darrington  
5894 Eighth Line  
Ariss Ontario N0B 1B0

Phone : (519) 821-8878

Fax: (519) 821-2296

\_\_\_\_\_  
Applicant Signature Month / Day / Year

**Section 2: To Be Completed By Previous Employer**

Please complete to determine pre-employment qualification under 49 CFR 382.301:

1. Was the applicant subject to drug and alcohol testing under DOT regulations? Yes  No
2. Did the company drug & alcohol program comply with DOT regulation Part 40? Yes  No
3. Was the applicant qualified to drive as set forth in Part 382? Yes  No

4. Name and Address of Consortium (TPA): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

6. Date of Last Test: \_\_\_\_\_ Type of Test \_\_\_\_\_ Result: \_\_\_\_\_

7. Any other violation of 49 CFR 382? Yes  Explain \_\_\_\_\_ No

**Section 3: DRUG AND ALCOHOL TESTING INFORMATION REQUEST**

For verification of driver’s participation in a compliant testing program under 49 CFR, 382.413 & Par 40.25

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

- 1. Has the applicant ever tested positive, as verified by an MRO, for a controlled substance test covered under Part 40 in the last 3 years? Yes  No
- 2. Has the applicant ever had an alcohol test with a Breath Alcohol Concentration 0.040 or greater in the last three years? Yes  No
- 3. Has the applicant ever refused a DOT required drug or alcohol test in the last three years? (including verified adulterated or substituted drug test results) Yes  No
- 4. To the best of your knowledge, has the applicant violated any other DOT drug & alcohol testing regulations other than questions 1-3 above in the last 3 years? Yes  No
- 5. If yes to any of the above, did the applicant comply with the referral rehabilitation requirements of the Substance Abuse Professional (SAP)? Yes  No
- 5a Was the person referred to a SAP? Yes  No   
    If employment with your company continued:
  - I. Was the applicant evaluated by the SAP? Yes  No
  - II. If yes, did the SAP recommend treatment and/or education? Yes  No
  - III. Did the applicant complete the treatment and education determined by the SAP? Yes  No
  - IV. Did the applicant undergo a return to duty test? Yes  No
  - V. If yes, was the return to duty test negative? Yes  No
  - VI. Did the SAP recommend follow-up testing? Yes  No
  - VII. Did the applicant complete the follow-up testing? Yes  No

If applicable, please submit a copy of the documentation to show completion of return to duty and follow-up testing.

Comments: \_\_\_\_\_  
\_\_\_\_\_

I confirm the above information is accurate:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Company: \_\_\_\_\_

**When complete please scan and email to HR@flashfreight.ca or fax to 519-821-5415**