

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

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.

May we contact your most recent or current employer 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

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

**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.

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

Which safe driving awards do you hold and from whom?

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

For Internal Use Only

To be interviewed: Yes No Date: _____

Authorized signature: _____

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 _____

(Position applied for)

and states that he/she was employed

by you as a/an _____

(Print position as stated on application)

between the dates of _____

(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)

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.

Form#

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).

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) _____

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
David Deschenes
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: _____

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 Flash Freight Systems ("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 Flash Freight Systems ("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

DOT Drug & Alcohol Policy Addendum

Effective Date: January 6, 2020

Any commercial motor vehicle driver for 1210841 Ontario Limited/dba Flash Freight Systems (herein referred to as the "Company") who is subject to the FMCSA's drug and alcohol testing regulations in 49 CFR Part 382 must also comply with the CDL Driver Drug & Alcohol Clearinghouse regulations in Part 382, Subpart G. The Clearinghouse is an online database providing employers and enforcement agencies with information about drivers who have violated Federal Motor Carrier Safety Administration (FMCSA) controlled substances ("drug") or alcohol testing rules.

The Company is prohibited from using a driver to perform safety-sensitive functions if at any time the Company obtains information from the Clearinghouse indicating that the driver has committed a testing violation and has not completed the return-to-duty process as outlined in the Company's DOT Drug & Alcohol Policy. Drivers will be notified by FMCSA when the Company obtains information from the Clearinghouse, or when information concerning the driver is added, revised, or removed.

Reporting: For any driver subject to the Clearinghouse rules, the following violations occurring, or milestones reached, on or after January 6, 2020, will be reported to the Clearinghouse by the Company, its service providers, its Medical Review Officer(s), and/or its Substance Abuse Professional(s) as required by FMCSA regulation:

- Any verified positive, adulterated, or substituted DOT drug test
- Any confirmed DOT alcohol test result of 0.04 or higher
- Any refusal to submit to a DOT-required drug or alcohol test
- Any verified and documented "actual knowledge" that the driver violated the DOT drug or alcohol rules, including:
 - Any on-duty alcohol use, including any citation for driving under the influence of alcohol (DUI/DWI) while driving a commercial motor vehicle
 - Any alcohol use within 4 hours before going on duty
 - Any alcohol use within 8 hours of an accident or before a post-accident test is complete (whichever occurs first)
 - Any prohibited drug use while on duty
- Successful completion of the return-to-duty process following treatment*
- Any negative DOT return-to-duty test*
- Successful completion of follow-up testing*

**Only reported if the underlying violation occurred on or after January 6, 2020.*

Each report to the Clearinghouse will include the driver's name, date of birth, commercial driver's license number, and state of issuance, in addition to violation and/or testing information.

Queries: The Company will purchase reports ("queries") from the Clearinghouse at the following times:

- Annually for all drivers, and
- Prior to employment of any new drivers.

Granting of Consent: Drivers must grant consent for the Company to purchase Clearinghouse reports as follows:

- Drivers must create a Clearinghouse account and log in to grant the Company consent to obtain a "full" report prior to employment with the Company.
- Drivers must sign a separate "Consent for Limited Queries" form granting the Company access to "limited" queries obtained annually. Drivers have the right to limit the length of time for which such consent is valid, but making it valid for the length of employment with the Company is recommended.

- If a limited query reveals that the Clearinghouse contains information about a driver, the Company will inform the driver that he or she must immediately log in to the Clearinghouse to grant consent for the Company to obtain the driver's full Clearinghouse record. Such record will be obtained within 24 hours of the limited query.

Drivers who refuse to grant the consent described above will be removed from all safety-sensitive functions as defined in §382.107. Safety-sensitive functions will not be allowed to resume until the driver has granted the required consent, the Company obtains the required Clearinghouse report, and the Clearinghouse report shows that the driver is eligible to perform safety-sensitive functions.

Notice of Violations: Drivers must notify the Company in writing if they have violated the drug and/or alcohol prohibitions of 49 CFR Parts 40 or 382 under the testing program of any other employer. The notification must be received before the end of the business day following the day the driver received notice of the violation, or prior to performing any safety-sensitive function, whichever comes first.

Driver Accounts: Drivers who do not yet have a Clearinghouse account are encouraged to create one online at clearinghouse.fmcsa.dot.gov, and are highly encouraged to provide an email address at which to be contacted. Drivers are permitted to see their own Clearinghouse records free of charge, and may challenge the accuracy of information reported to the Clearinghouse, but not the accuracy of test results or refusals, using the procedures contained in §382.717.

Use of Information: The Company will use a driver's information from the Clearinghouse only to determine if the driver is prohibited from performing safety-sensitive functions. The Company will not divulge, nor permit any other person or entity to divulge, any driver-specific information from the Clearinghouse to any person or entity not directly involved in making such determination.

ACKNOWLEDGMENT OF RECEIPT AND REVIEW OF DOT DRUG & ALCOHOL POLICY ADDENDUM

I acknowledge that I have received a copy of the Company's Addendum to its DOT Drug & Alcohol Policy dated _____.

Driver's Full Name (printed): _____

Driver's Signature: _____ Date: _____

Company Representative Signature: _____ Date: _____