



4107 TOTTENHAM ROAD
ALLISTON, ONTARIO
L9R 1V4
Bus: (705) 435-9364
Fax: (705) 435-3463



PROFESSIONAL HIGHWAY DRIVER Application for Employment

With this application, please supply the following:

- Current Drivers Abstract
- Current Drivers C.V.O.R.
- Current CPIC Criminal Search
- Valid Passport
- Valid Fast Card (If Applicable)

All attached forms listed below **MUST** be completed in **FULL**
(Including dates and signatures)

- √ Application and Employment History (10 years)
- √ Previous Employment Reference (1st section only)
- √ Previous Employment Alcohol and
Controlled Substance Test References (1st section only)
- √ Pre-employment Screening Authorization

**** ALL ORIGINALS ARE REQUIRED ****

EMPLOYMENT HISTORY

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle * in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: Add another sheet as necessary)

EMPLOYER	DATE
Name:	From: Mo Yr To: Mo Yr
Address:	Position Held:
City: Prov: Code	Salary/Wage:
Contact Name: (may we call them?): Y [] N []	Reason for Leaving:
Tel #: Fax #:	Driven in U.S. Y [] N [] Alcohol/Drug Testing Prog: Y [] N []

EMPLOYER	DATE
Name:	From: Mo Yr To: Mo Yr
Address:	Position Held:
City: Prov: Code	Salary/Wage:
Contact Name: (may we call them?): Y [] N []	Reason for Leaving:
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EMPLOYER	DATE
Name:	From: Mo Yr To: Mo Yr
Address:	Position Held:
City: Prov: Code	Salary/Wage:
Contact Name: (may we call them?): Y [] N []	Reason for Leaving:
Tel #: Fax #:	Driven in U.S. Y [] N [] Alcohol/Drug Testing Prog: Y [] N []

EMPLOYER	DATE
Name:	From: Mo Yr To: Mo Yr
Address:	Position Held:
City: Prov: Code	Salary/Wage:
Contact Name: (may we call them?): Y [] N []	Reason for Leaving:
Tel #: Fax #:	Driven in U.S. Y [] N [] Alcohol/Drug Testing Prog: Y [] N []

Includes vehicles have a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT REPORT

PLEASE REPORT ALL ACCIDENTS, PREVENTABLE, NON-PREVENTABLE, ON ROAD AND PRIVATE PROPERTY FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NO HISTORY, PLEASE MARK AS N/A

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc)	CHARGES	INJURIES/FATALITIES
Last Accident:			
Next Previous:			
Next Previous:			

PLEASE REPORT ALL TRAFFIC CONVICTIONS, CITATIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS). (ATTACH SHEET IF MORE SPACE IS NEEDED).

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME CITY

EXPERIENCE AND QUALIFICATIONS - DRIVER

	PROV / STATE	LICENCE NO.	TYPE	EXPIRATION DATE
DRIVER LICENCES				

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 []

C. How many years have you been AZ licensed? _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat etc)	DATES		APPROX # OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK:				
TRACTOR & SEMI-TRAILER:				
TRACTOR - TWO TRAILERS:				
OWNER-OPERATORS	Truck Make: _____	Year: _____	Wheel Base: _____	Tare Weight: _____
OWNER-OPERATORS	Trailer Make: _____	Year: _____	Type: _____	

LIST PROVINCES/STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING TAKEN THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY.

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies 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. I authorize you to make such investigations and enquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, enquiries regarding medical history 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 enquiries 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 further understand that I am required to abide by all rules and regulations of the Company.

_____ Date

_____ Signature

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file)

THIS SECTION IS TO FILLED IN BY COMPANY REPRESENTATIVE

1. Application	Superior	Good	Fair	Below Average	Poor	Written Record on File
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal / Traffic Convictions						

SIGNATURE OF INTERVIEWING OFFICER: _____

TRANSFERS

FROM: _____	TO: _____	FROM: _____	TO: _____
DATE: _____		DATE: _____	
REASON FOR TRANSFER: _____		REASON FOR TRANSFER: _____	

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

DISMISSED: _____ VOLUNTARILY QUIT: _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____



Please answer the following additional questions:

- 1. Do you have the correct required travel documents for cross border work? Yes [] No []
- 2. Passport ___ or FAST Card ___ Document # _____ Expiry Date: _____
- 3. Do you understand both the US and Canadian 'Hours of Service' Regulations? Yes [] No []
- 4. Are you familiar with Electronic Log Books? (ELD) Yes [] No []
- 5. Are you familiar with weight and length regulations in both Canada & US? Yes [] No []
- 6. Do you have any experience hauling large Glass panes on 'A' Frame systems? Yes [] No []
If yes, please give details including amount of experience. _____

- 7. Do you have any flat-deck, step-deck, RGN or double-drop experience? Yes [] No []
If yes, please give details including amount of experience. _____

- 8. Do you have any experience hauling B-Trains? Yes [] No []
If yes, please give details including amount of experience. _____

- 9. Do you have any experience hauling Oversized Loads? Yes [] No []
If yes, please give details including amount of experience. _____

- 10. Are you physically able to perform the following tasks:
Chaining and/or strapping various types of loads? Yes [] No [] Tarping Loads? Yes [] No []
- 11. If no, please describe limitations. _____

- 12. Do you have any drug or alcohol driving convictions or charges currently pending? Yes [] No []
- 13. If yes, what charges and where? _____
- 14. Are you willing to do everything possible to promote a safe work environment? Yes [] No []

Applicant's Printed Name: _____

Applicant's Signature; _____ Date: _____



RELEASE OF INFORMATION FORM

49 CFR Part 40 Drug and Alcohol Testing

For use when obtaining 3 year history (mandatory).
Pre-employment exemption (optional) and Casual Drivers (if applicable)

SECTION I: To be completed by the new employee, signed by the employee and transmitted to the previous employer:

Employee Printed Name: _____
LAST NAME FIRST NAME

Employee SIN Number: _____

I hereby authorize release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by 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:

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;
7. Information confirming participation in a regulated random testing program and the date I was last tested for controlled substances.

Employee Signature: _____ Date: _____

******* FOR OFFICE USE ONLY BELOW THIS POINT *******

I-A
Employer Requesting Information: BRIWAY CARRIERS INC.
Address: 4107 Tottenham Road, Alliston, Ont. L9R 1V4
Telephone #: 705-435-9364
Fax #: 705-435-3463
Designated Employer Representative: Dave Reid

I-B
Previous Employer Name: _____
E-Mail Address: _____
Telephone #: _____ Fax #: _____
Designated Employer Representative (if known): _____

FOR OFFICE USE ONLY

SECTION II: Information from previous employers needed to meet §40.25 requirements to confirm driver qualification to perform safety-sensitive duties and any follow-up program requirements.

To be completed by the previous employer and transmitted by fax to the new employer:
In the 3 years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ...

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES [] NO []
2. Did the employee have verified positive drug tests? YES [] NO []
3. Did the employee refuse to be tested? YES [] NO []
4. Did the employee have other violations of DOT agency drug & alcohol testing regulations? YES [] NO []
5. If "yes" to any of the above items, did the employee complete the return-to-duty process? YES [] NO [] N/A []

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).

SECTION III: Information from previous employer to meet §382.301 (b) exemption from pre-employment testing and Casual Drivers §382.301 (c) (2).

To be completed by the previous employer and transmitted by fax to the new employer:

1. During what period of time was the driver registered in your regulated random testing program?
From: _____ To: _____
2. The date of his/her last drug test was: _____ and result was Negative: YES [] NO []
3. Please provide the results of any tests taken within the 6 months previous to the date of the employee's signature (in Section I), for DOT-regulated testing as well as any other violation.

NOTE In cases where an employer uses, but does not employ a driver more than once a year, (e.g. Casual Driver) this information must be obtained at least every 6 months §382.301 (c) (2).

INFORMATION AUTHORIZATION

Name of person providing information in Sections II and III:

Printed Name: _____

Title: _____

Telephone #: _____

Date: _____



PREVIOUS EMPLOYMENT REFERENCE

I hereby authorize you to release the following to Briway Carriers Inc. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.	
Applicant's Name:	Date:
Applicant's Signature:	SIN #:

BELOW THIS BOX IS FOR OFFICE USE ONLY

Previous Employer: _____ Contact _____

E-Mail Address: _____ Fax No: _____

Employment dates: _____ to _____ Position /Job: _____

Single [] Team [] Local [] Long-haul [] Can [] U.S. []

Mtns [] Comp. Drvr [] O/O [] F/T [] P/T [] Other _____

Attitude Towards: Management _____ Customers _____ Co-Workers _____

PERFORMANCE

Was he/she a safe driver _____ Any tickets on company CVOR/Carrier Profile: No [] Yes []

If yes, describe details: _____

Timeliness: Good [] Fair [] Poor []	Equip. Care/Handling: Good [] Fair [] Poor []
Cleanliness: Good [] Fair [] Poor []	Personal appearance: Good [] Fair [] Poor []
Dependability: Good [] Fair [] Poor []	Logbook Mgmt: Good [] Fair [] Poor []
Compliance: Good [] Fair [] Poor []	Financially Responsible: Good [] Fair [] Poor []
Paperwork: Good [] Fair [] Poor []	

ACCIDENTS

Did he/she have any accidents? No [] Yes [] If Yes, give details including whether "preventable" or "non-preventable."

Date	Details	Location	"Prev/Non-Prev."	Charged?
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Date	Details	Location	"Prev/Non-Prev."	Charged?
------	---------	----------	------------------	----------

Date	Details	Location	"Prev/Non-Prev."	Charged?
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Was he/she injured while employed? No [] Yes [] Time lost from work: _____ W.S.I.B. Claim: No [] Yes []

Reason for Leaving: _____ was notice given? No [] Yes []

Would You Re-Hire? No [] Yes [] Upon Review [] Why? _____

Comments: _____

Name of Person Completing this Request: _____ Date: _____

Please fax back to 705-435-3463 Attention Safety & Compliance Dept. or e-mail to dave@briwaycarriers.com



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 **BRIWAY CARRIERS INC.** ("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 **BRIWAY CARRIERS INC.** ("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 Data-Qs 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: _____ Name (Please Print) _____

Signature _____

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.

Last Updated 12/22/2015



MEDICAL DECLARATION

On March 30, 1999, Transport Canada and US Federal Highway Administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of a commercial vehicle in the US, as currently contained in the Federal Motor Carrier Safety Regulations, Part 391.41 et seq. and vice versa.

The reciprocal agreement removes the requirement for a Canadian driver to carry a copy of a medical examiner's certificate indicating that the driver is physically qualified. In effect, the existence of a valid driver's license issued by a province of Canada is deemed to be proof that a driver is physically qualified to drive in the US. However, FHWA will not recognize a Canadian driver's license if the driver has certain medical conditions, and those conditions would prohibit him from driving in the US.

I _____ certify that I am qualified to operate a commercial motor vehicle in the United States. I further certify that:

- a) I have no clinical diagnosis of diabetes currently requiring insulin for control.
- b) I have no established medical history or clinical diagnosis of epilepsy.
- c) I do not have impaired hearing. A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, and not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1000 Hz or 2000 Hz with or without a hearing aid when tested by an audiometric device calibrated to American National Standard Z215-1951.
- d) Any Canadian Province allowing me to operate a commercial motor vehicle pursuant to Regulations of the Province I am licensed in, has not issued me a waiver.

I further agree to inform Briway Carriers Inc. should my medical status change, or if I can no longer certify conditions A to D, described above.

Driver's Name: _____

Signature: _____

Dated: _____