



8990 Pascal-Gagnon, St Leonard Quebec  
Ph: 514-955-0844 Fax: 514-955-7485

**Driver Application**

Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION**

Position applied for: \_\_\_\_\_ Temporary  Part-Time  Full-Time

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
First Middle Last Mobile: ( ) \_\_\_\_\_  
Email: ( ) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City Province/State Postal/Zip Code

Address for Past 3 Years: \_\_\_\_\_  
Street City Province/State Postal/Zip Code

(Attach a separate sheet if necessary)

\_\_\_\_\_ Street City Province/State Postal/Zip Code

Emergency Contact: \_\_\_\_\_  
Name Phone Number

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

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before?  Yes  No Dates: From \_\_\_\_\_ To \_\_\_\_\_

Where? \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

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

Names of any relatives employed by this company: \_\_\_\_\_

Are you currently employed?  Yes  No If not, how long since your last employment? \_\_\_\_\_

**EDUCATION**

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

Last school attended: \_\_\_\_\_  
Name Address

**PHYSICAL HISTORY**

List any handicap that prevents you from doing certain kinds of work: \_\_\_\_\_

Are you physically capable of heavy manual work?  Yes  No Ever injured on the job?  Yes  No

If yes, give the nature and degree of such injuries: \_\_\_\_\_

How much time lost from work in the past three years for illness? \_\_\_\_\_

Will you be willing to take a physical examination?  Yes  No



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### EMPLOYMENT RECORD

The US Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately proceeding this three year period. 391.21 (b) (10), (11)

Last Employer: \_\_\_\_\_ Supervisors Full Name: \_\_\_\_\_  
 Full address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Were you subject to the FMCRSs while employed here?  Yes  No  
 Was your job designated as safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

### ADDITIONAL EMPLOYMENT HISTORY INFORMATION

Second Last Employer: \_\_\_\_\_ Supervisors Full Name: \_\_\_\_\_  
 Full address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Were you subject to the FMCRSs while employed here?  Yes  No  
 Was your job designated as safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

Third Last Employer: \_\_\_\_\_ Supervisors Full Name: \_\_\_\_\_  
 Full address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Were you subject to the FMCRSs while employed here?  Yes  No  
 Was your job designated as safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

Fourth Last Employer: \_\_\_\_\_ Supervisors Full Name: \_\_\_\_\_  
 Full address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Were you subject to the FMCRSs while employed here?  Yes  No  
 Was your job designated as safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

Fifth Last Employer: \_\_\_\_\_ Supervisors Full Name: \_\_\_\_\_  
 Full address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Were you subject to the FMCRSs while employed here?  Yes  No  
 Was your job designated as 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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## PAST EMPLOYMENT INQUIRY AUTHORIZATION

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize you or your agents, as my previous employer, company of school listed above, to release to PB Transport Ltd., or their agent (s) information concerning all periods of my past employment, contract or service with your organization. I understand the scope of this information will include the dates and capacity of my employment, service or contract as well as my safety record, overall work performance, reason for leaving and eligibility for rehire. For the purpose of facilitating this verification request, I consent to providing my Social Insurance Number: \_\_\_\_\_ .

In addition to the release of the above information to PB Transport Ltd. or their agent(s), I authorize you or your agents to release, per **49 CFR Part 40**, the information from my DOT regulated drug and alcohol testing records. I authorize release of the following information concerning DOT during drug and alcohol testing violations, including pre-employment tests, during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted tests; (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation (s); (vi) documents, if any, of the successful completion, or failure to undertake or complete the return-to-duty process, including a Substance Abuse Professional prescribed rehabilitation program, following a rule violation, to PB Transport Ltd.

The information that I have consented PB Transport Ltd. to review involves tests required by the DOT. If any carrier, company, or school listed above furnishes PB Transport Ltd. information concerning items (i) through (vi) above, I also authorize that organization to release and furnish the dates of my negative drug and/or alcohol test(s) with results below 0.04 during the past three year period and the name and phone number of any substance abuse professional who evaluated me over the past three years.

I understand that by granting the above authorizations I am not guaranteed a successful application. In the event my application is successful, I understand and give authorization to PB Transport Ltd. to keep my personal information on file, for the purpose of, and as related to, my employment contact or service period and in accordance with governing legislated requirements.

For the purpose of investigating my performance history as required by **49 CFR 391.23 (d) and (e)**, I understand I have the right to: review information provided by current/previous employers, companies and schools; have errors in the information corrected by previous employers, companies and schools and require them to re-send the corrected information to PB Transport Ltd.; and, have rebuttal statement attached to the alleged erroneous information, if the previous employer, company or school and I cannot agree on the accuracy of the information.

With my signature below, I hold you harmless of all liability from the release of the information listed above and grant PB Transport Ltd. privilege to this information.

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

\_\_\_\_\_  
Date



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## MOTOR VEHICLE DRIVERS

### CERTIFICATION OF COMPLIANCE WITH DIVERSE LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 6 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1 1987. They are as follows:

**1. POSSESS ONLY ONE LICENSE:** You as a commercial 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 of residence and return the additional licenses to the states/provinces that issued them. DESTROYING a license does not close the record in the state/province that issued it; you must notify the state/province. If a multiple license has been lost, stolen or destroyed, close your record by notifying the state/province or issuance that you no longer want to be licenses in that state.

**2. NOTIFICATION OF LICENSE SUSPENSION, REVOKATION, OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer on the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state/province that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state/province must be in writing.

The following license is the only one I will possess:

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ EXP.DATE: \_\_\_\_\_

**DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.**

DRIVER'S NAME (PRINT PLEASE): \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_