



MSM's Professional Driver Application For Employment

With this application, please supply the following:

- Current Drivers Abstract
- Current Drivers C.V.O.R.
- Current Criminal Search
- Fast Card
- Valid Canadian Passport

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

- Signed Authorization For Background Reports
- Application and Employment History
- Previous Employment Reference
- Previous Employment Alcohol and Controlled Substance Test References

*** ALL ORIGINALS ARE REQUIRED ***



DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and Provincial equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status or non-job related disability.

(answer all questions – and – please print)

Date of Application: _____

Position(s) Applied For: _____

Name: _____
LAST FIRST MIDDLE

Phone #: _____ Cell Phone #: _____ Fax #: _____

List addresses for past 5 years beginning with most recent:

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) - TO (YR)

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) - TO (YR)

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) - TO (YR)

Do you have the legal right to work in Canada and the United States? _____

Do you have a current valid Canadian Passport? _____

Date of Birth: _____ / _____ / _____ Can you provide proof of age? _____
Year Month Day

Have you worked for our Company before? _____ Where / In what capacity? _____

Dates: From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason For Leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay Expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?
Y [] N []

If yes, explain if you wish: _____



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:			
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 []			

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 having 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.



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 _____
DATE EMPLOYED _____
DEPARTMENT _____

REJECTED _____
POINT EMPLOYED _____
CLASSIFICATION _____

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

THIS SECTION TO FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
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: _____



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 or ID 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: MSM TRANSPORTATION INC.
Address: 124 Commercial Road, Bolton, ON L7E 1K4
Telephone #: 1-800-667-4175
Fax #: 905-951-8218
Designated Employer Representative: DAVE REID

I-B
Previous Employer Name: _____

Address: _____

Telephone #: _____ Fax #: _____

Designated Employer Representative (if known): _____



RELEASE OF INFORMATION FORM CONT.

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 2 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 MSM Transportation 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. I also authorize MSM Transportation the right to access my driving records through FMCSA Pre-Employment Screening Program (PSP).

Applicant's Name: Date:
Applicant's Signature: SIN #:

BELOW THIS BOX IS FOR OFFICE USE ONLY

Previous Employer: Tel No:
Contact Name: Fax No:
Employment dates: Position /Job;
Single [] Team [] Local [] Longhaul [] 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 []
Timeliness: Good [] Fair [] Poor [] Compliance: Good [] Fair [] Poor []
Paperwork: Good [] Fair [] Poor [] Financially Responsible: Good [] Fair [] Poor []

ACCIDENTS

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

Table with 5 columns: Date, Details, Location, "Prev/Non-Prev.", Charged? (repeated 3 times)

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: Signature:

Date:

Thank you for your assistance in completing this driver's reference in its entirety. Please fax back to 905-951-8218. Attention Safety & Compliance Dept



Authorization For Background Reports From The PSP Online Service

In connection with your application for employment with MSM Transportation Inc., it may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). MSM Transportation Inc., cannot obtain background reports from FMCSA unless you consent in writing. If you agree that MSM Transportation Inc., may obtain such background reports, please read the following and sign below.

I authorize MSM Transportation Inc., 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 consenting to 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 MSM Transportation Inc., to make a determination regarding my suitability as an employee.

I further understand that neither MSM Transportation Inc., 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by MSM Transportation Inc., and I understand that if I sign this consent form, MSM Transportation Inc., may obtain a report of my crash and inspection history. I hereby authorize MSM Transportation Inc., and its employees, authorized agents and/or affiliates, to obtain the information authorized above.

Date: _____ Signature: _____
(MM/DD/YYYY)

Name: _____
(PRINT)