



DRIVER QUALIFICATION PACKET

The attached documents are provided to you to illustrate compliance with the USA laws that came into effect October 29, 2004 in the Federal Motor Carrier Safety Regulations (FMCSR). They are distributed to you as a sample, for illustration purposes only.

This packet is not meant as an all-inclusive list of required items; consult Federal Motor Carrier Safety Regulations (FMCSRs) Parts 40, 382 and 391.

- **DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST:** (Revised 6/11) Form is used to document driver file requirements per FMCSR 391 and renewal dates for these items.
- **APPLICATION FOR QUALIFICATION:** (Revised 2011/06) Required by FMCSR 391.21. This application is suitable for independent owner/operators or company employees/drivers. NOW includes *Driver's Rights* under 391.23.
- **REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY:** (NEW 9/04) As required by FMCSR 391.21 for past employment investigation.
- **FOURTEEN-DAY PRIOR LOG FORM:** FMCSR 395.3. requirement is for previous 7 days, however, best practice in Canada is for previous 14 days
- **DRIVER PERFORMANCE EVALUATION {Road Test}** (Revised 9/04) Should be used to summarize the evaluator's thoughts on driver performance, including skills performed particularly well, those needing improvement and why. Includes:
- **CERTIFICATION OF ROAD TEST** As required per FMCSR Subpart D 391.31.
- **VIOLATION AND ANNUAL REVIEW RECORD:** Allows review of driver's record as required by FMCSR 391.25 and 391.27.
- **DRIVER "INVESTIGATION HISTORY" FILE CHECKLIST** (NEW 9/04) FMCSR requires this form to be filed in a secure location, with limited access.

The following documents should be placed in Personnel and/or Confidential File.

- **DRIVER APPLICANT AND ALCOHOL PRE-EMPLOYMENT STATEMENT:** (NEW) Form used to document an applicant applying for a safety sensitive function, as required per CFR 40.25(j).
- **CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/ CONSENT FORM:** (NEW 9/04) As required by FMCSR 382.301. [Page 1, drug & alcohol information, needs to be kept in Confidential File.]

DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST

DRIVER'S NAME: _____

DATE OF HIRE: _____

	✓
1. Application for Qualification should be fully completed and signed by applicant – No gaps in employment history. a. Driver's Rights (to be given to the applicant prior to driver application) b. Driver Applicant Drug and Alcohol Pre-employment Statement c. Controlled Substance and Alcohol Testing Information Acknowledgement/Consent form d. Request for Driver's Safety Performance History	
2. Motor Vehicle Record (MVR) Province: _____ Date obtained: _____ (All licenses held by the driver in the last 3 years must be investigated.)	
3. Driver Performance Evaluation [Road Test] (Fully completed & signed by Examiner.)	
4. Receipt For Issuance of FMCSR Book	
5. Receipt for Driver's Manual/Policies	
6. Certificate for Completion of Orientation (if applicable)	
7. Fourteen-Day Prior Hours Statement or Copies of Log Sheets (To be placed with log files.)	
8. Copy Of Driver's License a) Expiration date: _____ b) Class: _____ c) Endorsements: _____	
9. Annual Driver's Certification of Violations & Annual Review of Driving Record (MVR) (Must be completed at least once every 12 months from the date of hire.)	
10. Other documents:	
11. Notify your Old Republic Insurance Broker prior to making the hiring decision (for all clients less than 10)	



DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- a) (1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and (2) An investigation of the driver's employment record during the preceding three years.
- b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency, as required. This must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This is effective as of October 30, 2004.
- d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for any accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____ Date: _____

Driver's Name (Printed): _____



APPLICATION FOR QUALIFICATION

Company Name: _____
Address: _____
City: _____ **Province:** _____ **Postal Code:** _____

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions:			
1. Please print clearly.			
2. Complete all sections. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None."			
SECTION A - APPLICANT INFORMATION			
Name (First, Middle, Last)		Date of birth (DD/MM/YYYY)	Telephone number ()
Position applying for (check one) <input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Driver <input type="checkbox"/> Other (please specify)		Alternative Telephone number ()	
Residence history for the past three years, beginning with your current address.			
Current Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? From: _____ To: _____			
Reason for leaving?			
Please circle the highest grade level completed			
Grade school: 1 2 3 4 5 6 7 8 9 10 11 12		College/University: 1 2 3 4	Post-graduate: 1 2 3 4
SECTION B – EMPLOYMENT HISTORY			
Please provide a complete record of all employment (starting with the current or most recent) for the past three years, including any unemployment or self-employment. Please also provide all commercial driving experience for the past ten years.			
Company name		Position held	Telephone number ()
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Company name		Position held		Telephone number ()	
Address (no., street)				From (DD/MM/YYYY):	
City		Province	Postal code	To (DD/MM/YYYY):	
Reason for leaving?					
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company name		Position held		Telephone number ()	
Address (no., street)				From (DD/MM/YYYY):	
City		Province	Postal code	To (DD/MM/YYYY):	
Reason for leaving?					
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company name		Position held		Telephone number ()	
Address (no., street)				From (DD/MM/YYYY):	
City		Province	Postal code	To (DD/MM/YYYY):	
Reason for leaving?					
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more; (2) is designed or used to transport nine or more passengers; or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.					
SECTION C – DRIVING HISTORY/EXPERIENCE					
Driving Experience	Dates		Approximate Miles		
	From	To			
Straight Truck					
Tractor-trailer					
LCV's					
Other: _____ (specify)					
List provinces and states operated in for the last five years.					
List special courses/training completed (PTD/DDC, Dangerous Goods, etc).					
List any Safe Driving Awards you hold and from whom.					
Collision record for the past three years (attach an additional sheet, if required)					
Date of collision (DD/MM/YYYY)	Nature of Collision	Location		Number of fatalities	Number of injured people



Traffic convictions and forfeitures for the past three years (other than parking violations)				
Date (DD/MM/YYYY)	Location	Offence	Penalty	
Driver's License (List each driver's license held in the past three years.)				
Province	License number	Type	Endorsements	Expiration date
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		
Personal references – List three persons for references, other than family members, who have knowledge of your safety habits.				
Name	Address		Telephone number	
To Be Read and Signed by Applicant				
<p><i>This certifies that I completed this application form and that all entries on it and information in it are true and complete to the best of my knowledge. It is agreed and understood that any misrepresentation given on this application or interview(s) shall be considered an act of dishonesty and may result in a discharge.</i></p> <p><i>It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.</i></p> <p><i>I agree to furnish such additional information and complete such examinations as may be required to complete my application file.</i></p> <p><i>It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.</i></p> <p><i>It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.</i></p> <p><i>I understand that from time to time the company will furnish my personal information as necessary to third parties such as insurance companies and brokers. The company agrees to collect, use and disclose such information only in a manner that a reasonable person would consider appropriate in the circumstances, and that would be in compliance with the Protection of Personal Information and Electronic Documents Act (PIPEDA). The company further agrees to safeguard the security of such information in a manner appropriate to the sensitivity of such information, and in compliance with PIPEDA.</i></p> <p><i>I agree to supply the following information as part of this application</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Driver's MVR Abstract (current to the past 30 days) <input type="checkbox"/> Driver's CVOR Abstract (Ontario only, current to the past 30 days) <input type="checkbox"/> Criminal Record Search (current to the past 90 days) 				
Signature of applicant			Date	
Remarks (For office use only)				

DRIVER APPLICANT DRUG AND ALCOHOL



PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive function, until and unless, the potential employee provides documentation of successful completion of the return-to-duty process.
(See Section 40.25(b)(5) and (e).*

(Please Print)

Applicant Name _____ **ID Number:** _____

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No

- 2) If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

My signature below certifies that the information provided is true and correct.

Applicant's Signature: _____ Date: _____



CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with _____ (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303, Random– Section 382.305, Reasonable Suspicion – Section 382.307, Return to Duty – Section 382.309, Follow-up – Section 382.311

A driver, who tests positive to a controlled substance and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety-sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

Name	Address	Phone #

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol
(Print Name)

testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature) Date: _____

(Employer Representative) Date: _____

Original to be retained on file - Copy to Driver Applicant



DRIVER “INVESTIGATION HISTORY” FILE CHECKLIST

The Federal Motor Carrier Safety Regulations require motor carriers to maintain the Driver Investigation History File in a secure location with access to the files limited to those individuals with a need to know basis.

Driver’s Name: _____

FORM OR PROCESS	COMPLETED		Initials of Person verifying
	YES	NO	
1. Written notification of driver’s due process rights signed by the driver.			
2. Written consent form signed by the driver to obtain previous employment verifications, safety information, and alcohol & controlled substance history.			
3. Past employment verifications. (At least the previous three-year period. Additional verifications are recommended.)			
4. Documentation of good-faith efforts to obtain required information.			
5. Verification from previous employers of violations of alcohol and/or controlled substance prohibitions within the previous three-year period.			
6. Signed PSP Consent Form			
7. Verification of the driver’s failure to complete rehabilitation program, if required.			
8. Verification follow-up testing was completed after rehabilitation, if required.			
9. Verification of alcohol tests .04 or higher.			
10. Verification of positive drug tests, if required.			
11. Verification of refusals to be tested.			
12. Records of requests and responses to prospective employers.			
13. Reports to the Federal Motor Carrier Safety Administration pertaining to previous employers failure to respond to requests for information.			
14. Copies of responses to drivers about requests to correct information.			



Request for Driver's Safety Performance History & Information from DOT Regulated Previous Employer(s)

NOTES:

1. If this information is not available from the previous employer, you as a prospective employer must get this information from the Driver/Applicant.
2. Drug and Alcohol information must be kept in a separate Personnel and/or Confidential file.

Hiring company to complete this section			
Carrier name		Contact person	
Address			Telephone number
City	Province	Postal code	Confidential fax number
Driver to complete this section			
<p>As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, <i>within the past three years</i>, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.</p> <p>I _____, hereby authorize this Company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.</p>			
Previous Employer		Contact Person	
Address			Telephone number
City	Province	Postal code	Fax number
Dates of employment: From (DD/MM/YYYY):		To (DD/MM/YYYY):	
ID number		Date of birth	
Date		Signature	
DOT Regulated past employer to complete the following sections			
SECTION I – DRUG & ALCOHOL INFORMATION			
Please provide the following Drug and Alcohol information as required by FMCSR Part 391.23 & 40.25.			
If no Drug and Alcohol information is available on above named applicant check here. <input type="checkbox"/>			
	Yes	No	
Any alcohol test with a result of 0.04 or higher alcohol concentration?			
Any verified positive drug test?			
Any refusals to be tested (including verified adulterated or substituted drug test results?)			
Any other violations of DOT agency drug & alcohol testing regulations (Part 382 or Part 40)?			
If this Driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for; an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result?)			
If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.			



SECTION II – ACCIDENT INFORMATION					
Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above named Driver/Applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.					
If there is no accident information for this driver, please check here. <input type="checkbox"/>					
Date	Location City/town, Province/State	Any Vehicles Towed?	HazMat Spill?	Number of fatalities?	Number of injured?
SECTION III – WORK HISTORY INFORMATION					
Position held (please check all that apply): <input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Driver <input type="checkbox"/> Other _____ (please specify)					
Dates of employment: From (DD/MM/YYYY):			To (DD/MM/YYYY)		
If employed as a Driver, what type of equipment did he/she operate? Straight Trucks <input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Doubles <input type="checkbox"/> Triples <input type="checkbox"/> Other <input type="checkbox"/> _____					
Type of Trailer(s) pulled					
General area traveled			Commodities transported		
While under your employment was he/she: a. Bonded: Yes <input type="checkbox"/> No <input type="checkbox"/> b. Convicted of any traffic violations: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list all, including date and type: _____ _____ _____ c. License(s) suspended, revoked or denied: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____ _____ _____					
Reason for leaving			Would you re-employ this person: Yes <input type="checkbox"/> No <input type="checkbox"/> Upon Review <input type="checkbox"/> Please explain:		
Additional comments					
Name			Title		
Signature			Date		

Please remember to retain a copy for your records. Your timely response is appreciated.



MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ (“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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:



2. I authorize _____ (“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 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 the Prospective Employer to make a determination regarding my suitability as an employee.

3. 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 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs**



remain intact and the language is unchanged.

FOURTEEN-DAY PRIOR LOG FORM
(Data sheet for new, casual, or temporary drivers)

NAME: _____ **ID #:** _____

ADDRESS: _____ **PHONE #:** _____

DRIVER'S LICENSE #: _____ **Province:** _____

***Instructions:** At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8 (j)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days. For Canadian drivers please enter each of the last fourteen days.*

<i>Day</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>Total</i>
<i>Date</i>								
<i>On Duty Hours</i>								
	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>Total</i>
<i>Date</i>								
<i>On Duty Hours</i>								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at: _____ on _____
Time Day Month Year

Signature: _____

Witness: _____ **Date:** _____
 Company Representative



DRIVER PERFORMANCE EVALUATION

Instructions to Examiner: Check (✓) items that the driver performs satisfactorily use "X" where performance is unsatisfactory. Any item not evaluated leave blank.

Driver's Name _____ Address _____
(Print) (Street) (City) (Postal Code) License _____
 No. _____ Prov. _____ Class _____
(Examiner: Ensure to have driver show his/her CDL to record this information)
 Equipment Driven: Truck/Tractor _____ Trailer(s) _____
(Make & Model) (Body Type & Length of Each)
 Date of Test: _____ Length of Test _____ (Miles) From _____ To _____
 Start Time _____ Finish Time _____ Weather Conditions _____

PART 1----- PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition when approaching unit(s) _____
- Checks fuel, oil, water and for excessive oil on engine _____
- Checks around unit - tires, lights, trailer hook-up, brake and electrical lines, doors, and inspects for body damage _____
- Tests steering, brake action, tractor protection valve, and parking brake _____
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher, registration/licensing _____
- Cleans windshield, windows, mirrors, lights, and reflectors (No standing on tires) _____
- Utilizes three point entry/exit _____
- Proper Non-Slip Footwear _____

Section Score
 1 2 3 4 5
 (1 being lowest score, 5 being highest score)

PART 3-----COUPLING AND UNCOUPLING

- Connects glad hands to trailer to apply trailer brakes before coupling _____
- Connects glad hands and light line properly _____
- Couples without difficulty _____
- Raises landing gear fully after coupling _____
- Visually checks king pin assembly to be certain of proper coupling _____
- Checks coupling by applying hand valve or tractor-protection valve and gently applying pressure by trying to pull away from trailer _____
- Assures himself/herself that surface will support trailer before uncoupling _____
- Properly engages or disengages fifth wheel _____
- Proper body position while pulling fifth wheel latch _____
- Proper body position while operating dolly crank _____
- Utilizes three point entry/exit _____

Section Score
 1 2 3 4 5

PART 2-----PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. ENGINE

- Places transmission in neutral before starting engine _____
- Properly starts engine without difficulty and checks instruments for normal readings _____
- Checks instruments at regular intervals _____
- Maintains proper engine RPM while driving _____

B. BRAKES

- Knows proper use of and checks tractor protection valve _____
- Tests service brakes _____
- Tests parking brake before driving _____
- Builds full pressure in air tanks before starting _____

C. CLUTCH AND TRANSMISSION

- Starts unit moving smoothly _____
- Selects proper gears _____
- Uses clutch properly _____

D. LIGHTS (If conducting driving test at night)

- Adjusts speed for range of headlights _____
- Dims lights when approaching another vehicle or necessary following other traffic _____

Section Score
 1 2 3 4 5

PART 4-----BACKING AND PARKING

A. BACKING

- Gets out and checks area before backing _____
- Understands and utilizes mirrors properly _____
- Signals when backing (if appropriate) _____
- Avoids backing from blind side _____
- Utilizes three point entry/exit _____

B. PARKING (CITY)

- Parks without hitting any other vehicles or stationary objects _____
- Parks correct distance from curb _____
- Secures unit properly - sets parking brake, transmission in correct gear, shuts off engine, blocks wheels (when necessary) _____
- Carefully enters traffic from parked position _____

C. PARKING (ROAD)

- Parks off pavement Uses emergency warning signal or devices when necessary _____
- Secures unit properly _____
- Parks legally _____

Section Score
 1 2 3 4 5



PART 5-----SLOWING AND STOPPING

- Uses clutch and gears properly _____
- Gears down properly before descending hills _____
- Starts without rolling back _____
- Tests brakes at top of hills _____
- Uses brakes properly on grades _____
- Makes proper use of mirrors _____
- Plans stop far enough in advance to avoid hard braking _____
- Stops clear of crosswalks _____

Section Score

1 2 3 4 5

PART 6-----OPERATING IN TRAFFIC, PASSING AND TURNING

A. TURNING

- Signals intention to turn well in advance _____
- Gets into proper lane well in advance of turn _____
- Checks traffic conditions and turns only when intersection is clear _____
- Restricts traffic from passing on right when preparing to complete right hand turn _____
- Completes turn promptly and safely and does not impede other traffic _____
- Eliminates right-turn squeeze _____

B. TRAFFIC SIGNS AND SIGNALS

- Plans stop in advance and adjusts speed correctly _____
- Obeys all traffic signals _____
- Comes to a complete stop at all stop signs _____

C. INTERSECTIONS

- Yields right of way _____
- Checks for cross traffic regardless of traffic controls _____
- Prepared to stop at all intersections _____

D. GRADE CROSSINGS

- Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary _____
- Selects proper gear and does not shift gears while crossing _____

- Knows and understands FMCS rules governing grade crossings _____

E. PASSING

- Allows sufficient space ahead for passing _____
- Passes only in safe locations _____
- Signals changing lanes before and after passing _____
- Warns driver ahead of his/her intention to pass _____
- Passes only when appropriate to avoid impeding other traffic _____
- Returns to right lane promptly but only when safe to do so _____

F. COURTESY AND SAFETY

- Yields right of way _____
- Consistently strives to drive in a safe manner _____
- Allows faster traffic to pass _____
- Uses horn only when necessary _____

Section Score

1 2 3 4 5

PART 7-----LANE CHANGE

- Demonstrates Lean-and-Look method _____
- Utilizes proper mirror(s) _____
- Restricts lane change near exit/entrance ramps _____
- Signals intention _____

Section Score

1 2 3 4 5

PART 8-----SAFE FOLLOWING DISTANCES

- Explains safe following distance practice _____
- Explains 4-6 second rule _____
- Maintains adequate spacing with other vehicles _____

Section Score

1 2 3 4 5

PART 9-----SPEED

- Observes speed limits _____
- Drives at speed consistent with ability _____
- Adjusts speed to weather, traffic conditions _____
- Slows down in advance of curves, intersections _____
- Maintains consistent speed when possible _____

Section Score

1 2 3 4 5

PART 10-----MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- Consistently alert and attentive _____
- Consistently aware of changing traffic conditions _____
- Anticipates problems _____
- Performs routine functions without taking eyes from road _____
- Checks instruments regularly while driving _____
- Personal appearance is professional _____
- Remains calm under pressure _____
- Use of seat belt _____

B. UTILIZES 3 POINT CONTACT RULE WHEN ENTERING/EXITING EQUIPMENT _____

C. DEMONSTRATES/DESCRIBES PERSONAL PROTECTIVE EQUIPMENT

- Proper non-slip footwear _____
- PPE (if applicable) _____

D. DEMONSTRATES APPROPRIATE FREIGHT MOVEMENT _____

E. UNDERSTANDS/PERFORMS CARGO SECUREMENT _____

F. USE OF SPECIAL EQUIPMENT (hoses, tarps, emergency gear, etc.) _____

Section Score

1 2 3 4 5



Driver Performance Evaluation

REMARKS: Should be used to summarize the evaluator’s thoughts on driver performance, including skills performed particularly well, those needing improvement and why.

OVERALL SCORE:

Part 1 _____ Part 2 _____ Part 3 _____ Part 4 _____ Part 5 _____ Part 6 _____
Part 7 _____ Part 8 _____ Part 9 _____ Part 10 _____

SCORING CRITERIA:

1 - Lowest 2-Low 3 - Moderate 4-High 5 – Highest

TOTAL: _____ ÷ 10 = **Average Score** _____

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____

Performance judged less than satisfactory requires documentation of corrective action taken in the area provided below.

Corrective Action Taken:

UNQUALIFIED _____

QUALIFIED FOR: Tractor-Semi-trailer _____ Other _____ Special Equipment _____

Signature of Examiner

Date: _____

Signature of Driver

Date: _____



The ***Driver Performance Evaluation*** should ensure the driver has the skills necessary to indicate the carrier made a good hiring decision. It should also be used as a baseline of behavior that provides direction for future training activities, strengths (and where in the company those strengths apply), weaknesses, and a means for identifying potential interventions, corrective actions, etc. Additionally, the ***Driver Performance Evaluation*** should be used to evaluate the performance of existing drivers when necessary, for example after receipt of a moving violation, involvement in a collision, or other indicators of deteriorating performance.

Management should set guidelines for the scoring criteria, and meet regularly with their trainers to make sure all scoring is done consistently. Define what the lowest acceptable score is to meet company qualifications.

Instructions

1. Ensure the evaluation is of sufficient length to properly evaluate driver skills – we suggest 1-2 hours per evaluation.
2. Be sure the driver has a valid license to operate the type of equipment to be driven.
3. Ensure the evaluation will be performed in the type of equipment for which the driver is applying.
4. If possible, trailers should be loaded, especially tanks.
5. Explain the evaluation objectives.
6. Give the driver an opportunity to ask questions before the start of the evaluation.
7. Provide necessary direction and instructions during the evaluation.
8. Conduct the evaluation over a well-planned course that includes the types of operating environment the driver may find themselves in – rail crossings, right and left turns, mountains, city, etc.
9. Non-driving duties should be carefully observed. Watch for body position and behaviors that indicate knowledge of proper injury prevention activities.
10. Specific actions in each section of the evaluation should be marked with a checkmark (✓) on those items that the driver performs satisfactorily, use an “X” where the driver’s performance is unsatisfactory. Any item not evaluated should be left blank.
11. After each section is complete, evaluator should circle the appropriate section score, with a score of “1” being the lowest and a “5” the highest.
12. Once the evaluation is complete, complete any comments from the evaluator, tally the scores on the last page of the evaluation, and enter the average score. Identify areas for improvement and corrective action to be completed.
13. Complete final entries, have driver and evaluator sign and date evaluation form.
14. Give the driver a constructive review when the evaluation is completed.
15. Evaluation results should be kept on file for an applicant rejected for any reason.

Note: Additional evaluation and training may be necessary depending on type of equipment the driver will be driving. Longer Combination Vehicles (LCVs) require documentation of experience and training, and must be attested to by appropriate company officials.

CERTIFICATION OF ROAD TEST

Per FMCSR Subpart D – Tests Section 391.31 Road Test (g) A copy of the certificate required by paragraph (e) of this section shall be given to the person who was examined. The motor carrier shall retain in the driver qualification file of the person who was examined – (1) The original of the signed road test form required by paragraph (d) of this section; and (2) The original, or a copy of, the certificate required by Paragraph (e) of this section.

Driver’s Name _____

ID # _____

Operator’s or Chauffeur’s License No. _____ Prov. _____

Type of Power Unit _____

Type of Trailer (s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20__ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safety the type of commercial motor vehicle listed above.

Examiner)

(Title) (Signature of

(Organization and address of Examiner)



VIOLATION AND ANNUAL REVIEW RECORD

Driver's Name _____
(Please print or Type)

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Certification of Violations

Date of	Offence	Location	Type of Vehicle Operated

If NO violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)

(Driver's Signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed By: Signature)

(Print Name and Title)

ANNUAL REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken: _____

(Motor Carrier's Name)

(Motor Carrier Address)

(Reviewed by: Signature)

(Title)

(Date)



EMPLOYEE INFORMATION FORM

Note: This form is to be completed only after an offer of employment has been made.

Employee information		
Employee name	Date of Birth (DD/MM/YYYY)	Social Insurance Number
Address (no., street)		
City	Province	Postal Code
Telephone number ()	Alternate telephone number ()	
<p>Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details.</p>		
<p>If you are applying for a position that requires you to drive a commercial truck in the USA, are you able to legally enter the United States of America?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The offer of employment is conditional upon satisfactory clearance to enter the United States of America.</p>		
Emergency Contact		
Name	Relation	
Telephone number ()	Alternate telephone number ()	
Name	Relation	
Telephone number ()	Alternate telephone number ()	
Payroll authorization (if direct deposit is used)		
I hereby authorize my net pay, as earned from time to time, to be deposited to my designated Bank and Account Number.		
Account Number		
Chartered Bank		
Address (no., street)		
City	Province	Postal Code
Signature	Date(DD/MM/YYYY)	

