



2031 County Rd. 42 BelleRiver ON, N0R 1A0
PHONE: 519-728-9200 Fax: 519-728-3487
Email: deolroad@yahoo.com

HIRING CRITERIA

Drivers and Owner-Operators hired by **Deol Road Carrier** must meet the following requirements:

- ✓ Must be at least 25 years of age.
- ✓ Must be legally able to work in Canada.
- ✓ Must have at least three (3) years Tractor/Trailer experience.
- ✓ Must possess a Class "AZ" driver's license.
- ✓ Must have stable work history.
- ✓ Must have or get a Passport and FAST card.
- ✓ Must have no more than three (3) moving violations within the past three (3) years.
- ✓ Must have no DOT and MTO reportable accidents which were preventable in the past three (3) years.
- ✓ Must have no "failure to report an accident" on record while driving Commercial Vehicle.
- ✓ Must have no felony charges or convictions.
- ✓ Must possess adequate education to read and write legibly and have the ability to understand the rules of the company, the DOT, the MTO and the requirements of the particular driving classification for which they are applying.
- ✓ Must be able to pass DOT physical and test negative on drug screen.
- ✓ Must pass Road Test and attend 1 day at Company for Driver Orientation Process.
- ✓ Must be able to complete 4 classes with **ABS SafeCom Trucking Consultants**
 - Hours of Service
 - Pre-Trip & Post-Trip Inspection
 - Defensive Driving
 - Cargo Securement

Please ensure that you provide us with the following information at your earliest convenience in order that we may continue to process your application.

- CVOR abstract (Should be at least 30 days current)**
- Driver's Abstract (30 days current)**
- Up To Date Criminal Record Search (Current to 90 days)**

DEOL ROAD CARRIER LTD

O/O & Driver APPLICATION for Employment

LAST NAME	FIRST NAME	MIDDLE NAME
Phone # HOME	CELL	E-MAIL ADDRESS

ADDRESS STREET: _____ HOW LONG: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

If less than 3 years at above address please complete the following: (Attach Sheet If More Space Is Needed)

Address	City	Province	Number of years

Licence Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's licence". I certify that I do not have more than one motor vehicle licence, the information for which is listed below.

CMV Driver's Licence #	Expiry Date	Province	Number of years

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO

IF YES PLEASE SPECIFY _____

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES PLEASE SPECIFY _____

Position Applying For: PERMANENT PART TIME TEMPORARY

Owner Operator: Yes No **Tractor year:** _____ **Make:** _____

Driver for O/OP: Yes No **O/OP Name:** _____ **Unit #** _____

Company Driver: Yes No

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA

YES NO

LANGUAGES WRITTEN FLUENTLY

ENGLISH FRENCH

LANGUAGES SPOKEN FLUENTLY

ENGLISH FRENCH OTHER

ARE YOU BONDABLE?

YES NO

HAVE YOU EVER BEEN BONDED?

YES NO

ARE YOU LEGALLY ELIGIBLE TO ENTER THE U.S.A?

YES NO

HAVE YOU EVER BEEN DENIED ENTRY INTO THE U.S.A?

YES NO

IF YES WHY? _____

DO YOU REQUIRE A WAIVER TO ENTER THE U.S.A?

YES NO

IF YES THAN EXPIRES: _____

In case of emergency please contact:

Name: _____

Telephone # _____

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO. OF KM (MILES)
		FROM	To	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				
OTHER				

PLEASE SPECIFY THE GEOGRAPHIC AREAS YOU HAVE OPERATED IN: _____

ACCIDENT RECORD FOR PAST 3 YEARS (EVEN IF NOT AT FAULT)

IF NONE, WRITE NONE (Attach Sheet if more space is needed)

DATE MM/YEAR	TYPE OF ACCIDENT	EQUIPMENT TYPE (CAR / TRUCK)	DEATH OR INJURIES	PROVINCE OR STATE	NIGHT OR DAY	CHEMICAL SPILLS
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (other than Parking)

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS 391.27

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 12 months.

IF NONE, WRITE NONE (Attach Sheet if more space is needed)

DATE CONVICTED	STATE OF VIOLATION LOCATION	TYPE OF VEHICLE OPERATED - CAR/TRUCK	CHARGE	PENALTY

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: _____ DRIVER'S SIGNATURE: _____

EMPLOYMENT HISTORY PAST 3 YEARS

Applicants that desire to drive in intrastate /interstate commerce provide the following information on all employees during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (**total 10years employment record**).

LAST or CURRENT EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? YES NO
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? YES NO

2 nd LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? YES NO
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? YES NO

3 rd LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: _____

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NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

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NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

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NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? YES NO
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? YES NO

EDUCATION

TYPE	NAME OF SCHOOL	LOCATION	DIPLOMA/DEGREE
HIGH SCHOOL			
UNIVERSITY/COLLEGE			
OTHER TRAINING			

REFERENCE

Name	Relationship	Telephone #	Years Known
1.			
2.			
3.			

HAVE YOU EVER COMPLETED A DRIVING COURSE?

YES NO

IF YES PLEASE SPECIFY LOCATION AND DATE:

HAVE YOU EVER RECEIVED A SAFE DRIVING AWARD?

YES NO

IF YES PLEASE SPECIFY EMPLOYER

AND DATES:

TO BE READ AND SIGNED BY APPLICANT

I hereby authorize **Deol Road Carrier** to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries 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 understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provided regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.32(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information".

DATE; _____

SIGNATURE: _____

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.

Note; A motor carrier may require an applicant to provide information in addition to the information required by Federal Motor Carrier Safety Regulations.



2031 County Rd. 42 BelleRiver ON, NOR 1A0
PHONE: 519-728-9200 Fax: 519-728-3487
Email: deolroad@yahoo.com

I hereby authorize you to release the following information to **Deol Road Carrier** for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

***Applicant's Signature:** _____ ***Date:** _____

***Applicant, please sign and date above only.**

To: _____ Date: _____

Dear Sir/Madam,

Name of Applicant	Driver's Licence #	S.I.N. #

The above named individual has made application to this company for a position as a _____ and states that he/she was employed by you as a _____
From _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Please faxes this back to ABS SafeCom at 905-461-6300

Sincerely,

Safety Department

1. Is the employment record with your company correct as stated above? YES NO

2. What kind(s) of work did the applicant do? _____

3. Did he/she drive commercial vehicles for you?

Straight Truck _____ Flat Bed _____

Tractor-Semi Trailer _____ Tractor-Train Combinations (A) _____ (B) _____ (C) _____

Other (specify) _____

4. Was the applicant a safe and efficient driver? YES NO

5. Please indicate the following occurrences which occurred during employment with your company:

- **Accidents:** Preventable Non-Preventable
- **Infractions:** Traffic Tickets Licence Suspension
- **Damage:** Cargo Equipment

Details: _____

6. Reason for leaving your employ:

Discharged _____ Laid Off _____ Resigned _____

Remarks: _____

- 7. Was the applicant's general conduct satisfactory? YES NO
- 8. Is the applicant competent for the position sought? YES NO
- 9. Did the applicant drink any alcoholic beverages while on duty? YES NO
- 10. Would you rehire this person? YES NO

	<u>Excellent Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>
Quality of Work	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____
Driving Habits	_____	_____	_____	_____
Attitude	_____	_____	_____	_____

- 11. Completion of Paperwork _____
- 12. Maintenance Records (O/O Only) _____
- 13. Any WSIB or other reported injuries _____
- 14. Freight Claims _____
- 15. Tickets/Citations (Please Describe) _____
- 16. Hours of Service Violations (Please Describe) _____
- 17. US Experience (No. of Years) _____

Additional Comments: _____

Form Completed By (Print) _____

Title: _____

Date: _____ **Signature:** _____

Name of Company: _____

DEOL ROAD CARRIER LTD

Driver's Road Test Examination

Driver's Last Name: _____

First Name: _____

Driver's Licence Number: _____

Rating of Performance

- _____ The pre-trip inspection.
- _____ Coupling and uncoupling of combination units, if the driver may drive such units.
- _____ Placing the equipment in operation.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking, and slowing the vehicle by means other than braking.
- _____ Backing and parking the vehicle.
- _____ Other, explain: _____
- _____

Type of equipment used in giving test: _____

Date _____

Examiner's Signature: _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks:

DEOL ROAD CARRIER LTD

Driver Statement of ON-DUTY Hours

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(1) (2) Federal Motor Carrier Safety Regulation. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

DAY	1 <small>(Yesterday)</small>	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL HOURS	
DATE																
HOURS WORKED																

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 on

Day Month Year
Driver's Signature

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.3 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations including time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

Are you currently working for another company? Yes No

At this time do you intend to work for another employer while still Employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature
Date

Witness: _____

Company Representative
Date