



## SPADY TRANSPORT LTD.

Unit# 159, 17735 1<sup>st</sup> Ave  
 Surrey, BC V3S 9S1  
 Tel. 604-535-1825 / 877-535-1825  
 Fax. 604-542-4605 / 866-367-6212

### DRIVER'S APPLICATION FOR EMPLOYMENT

Name:	FIRST:	LAST:
Date of Birth:	Month:	Day:                      year:
Cell phone:		
Home phone:		
Email address:		
SIN:	EXPIRY IF APPLICABLE:	
Driver's license	Number:	Province:
Emergency Contact	Name:	Phone:
LMIA needed	If yes, Country of origin:	

**RESIDENCE** (provide addresses for the last three years, starting with the most current)

<b>Current Address</b> (Month/Year)	Street Address:		
As of:    __ / ____			
City:	Province/State:	Postal / Zip Code:	Country:
<b>Previous Addresses if current residence is less than three years (attach a separate sheet if necessary)</b>			
From:    __ / ____	Street Address:		
To:        __ / ____			

City:	Province/State:	Postal / Zip Code:	Country:
From:    _ / _ _ _ _	Street Address:		
To:       _ / _ _ _ _			
City:	Province/State:	Postal / Zip Code:	Country:

## EDUCATION

Highest level of education obtained:	
School/College/University last attended:	
Credential received:	
Driving training school:	

## MEDICAL HISTORY

Do you have any physical limitations that would impair your ability to perform the work you have applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.		
Are you physically capable of heavy lifting and manual work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last three years, have you lost any time from work due to sickness or injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much time was lost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to take a physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been tested for drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you ever tested positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you permit us to contact your previous employer about your results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## DRIVING EXPERIENCE

Please check which of the following you have operated and for how long

<input type="checkbox"/> Straight Truck	How long	<input type="checkbox"/> Bus	How long
<input type="checkbox"/> Super B		<input type="checkbox"/> Reefer	
<input type="checkbox"/> Dry Van		<input type="checkbox"/> Flat Deck	
<input type="checkbox"/> Tanker		<input type="checkbox"/> Car	
<input type="checkbox"/> Container		<input type="checkbox"/> Other	

Have you ever driven a semi-truck or passenger bus in the mountains?	
If yes, where?	
Have you ever driven the mountains in a semi-truck or passenger bus in the snow?	
Have you ever put chains on a semi-truck?	
Have you ever driven commercially in the winter?	
If yes, where?	
In the event that your truck started to jack knife, what would you do?	
Have you ever driven team?	
If yes, for how long?	
If yes, where did you mainly drive?	
If yes, have you ever been in an accident as a team?	
If you have been in an accident as a team, who was driving?	
Did you have any injuries?	

**AREAS OF OPERATION:**

Are you willing to operate anywhere in North America?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what are your restrictions and why?	

Applicant initials \_\_\_\_\_

**ACCIDENT / TRAFFIC VIOLATION RECORD**

Please provide accident and traffic violation history for the previous **5 years**.

Date	Type of accident/violation	At fault		Fine
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**TO BE READ AND SIGNED BY THE APPLICANT**

I understand that false or misleading information reported in my application and or interview may result in termination of employment if received.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 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 that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.
  
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer 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 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 must be in writing.

The following license is the only one I will possess:

Driver's License #: \_\_\_\_\_

State/Province: \_\_\_\_\_ Expiry: \_\_\_\_\_

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

Driver's Name: \_\_\_\_\_

Drivers: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list any prior driver's license**

DL#: \_\_\_\_\_ State/Province: \_\_\_\_\_

**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 \_\_\_\_\_ (“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 \_\_\_\_\_ (“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 DataQs 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: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*