

DRIVER'S NAME -

**REQUIRED INFORMATION FOR DRIVER
APPLICATION PROCEDURE**

COMPANY NAME: O MIGHTY CANADA INC.

COMMERCIAL DRIVER ABSTRACT			
DRIVER LICENCE/EXPIRY			
PR CARD/ WORK PERMIT OR CITIZENSHIP PASSPORT			
BIRTHDAY			
TELEPHONE		EMERGENCY CONTACT	
FAST CARD			
TWIC CARD			

Class1 License Obtained date :

Email:

FOR OFFICE USE

ANNUAL REVIEW

FIRST YEAR	SECOND YEAR	THIRD YEAR	FORTH YEAR	FIFTH YEAR

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)
Company O Mighty Canada Inc.
Address 162 SADDLELAND CLOSE NE
City CALGARY State Alberta Zip T3J5J4

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries 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 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 provide 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 391.23(d) and (e). I understand that I have the right to:

- Review information provided by 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

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 _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM Mo. YR.	TO Mo. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <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				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM Mo. YR.	TO Mo. YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <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				

EMPLOYER			DATE	
NAME			FROM Mo. YR.	TO Mo. YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <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				

EMPLOYER			DATE	
NAME			FROM Mo. YR.	TO Mo. YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <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				

EMPLOYER			DATE	
NAME			FROM Mo. YR.	TO Mo. YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <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				

EMPLOYER			DATE	
NAME			FROM Mo. YR.	TO Mo. YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <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				

*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.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT <small>(HEAD-ON, REAR-END, UPSET, ETC.)</small>	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (MN) TO (MN)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____
 WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
 LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

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.

Signature: _____ Date: _____

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee 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 testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b) (5) and (e))

Prospective Employee Name (print): _____

ID Number: _____

The prospective employee is required by sec. 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?

Choose one: Yes No

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

Choose one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee: _____

Date: _____

Witnessed by: _____

Date: _____

Medical Declaration

On March 3rd, 1999, Transport Canada and the U.S. federal Highway administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of commercial vehicle in the U.S., as currently contained in the federal Motor carriers safety regulation, part 391.41 et seq, and vice-versa. The reciprocal agreement will remove the requirements for a Canadian driver to carry a copy of a medical examiners certificate indicating that the driver is physically qualified to drive (In effect, the existence of a valid driver's license issued by the province of Ontario is deemed to be a proof that a driver is physically qualified to drive in U.S.) however, FHWA will not recognize an Ontario license if the driver has certain medical conditions and those conditions would prohibit them from driving in the U.S.

I, certify that I am qualified to operate a commercial motor vehicle in the United States.
I further certify that:

- A. I have no clinical diagnosis of diabetes currently requiring insulin for control.
- B. I have no established medical history or clinical diagnosis of epilepsy.
- C. I don't have impaired hearing. (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1000 Hz, or 2000 Hz with or without a hearing aid when tested by an audiometric device calibrated to American national standard Z24.5-1951).
- D. I have not been issued a waiver by the province of Ontario allowing me to operate a commercial motor vehicle pursuant to section 20 and 22 of the Ontario regulation 340/94.

I further agree to inform O MIGHTY CANADA INC., should my medical status change, or if I can no longer certify conditions A to D, described above.

Driver's Name: _____

Signature: _____

Witness: _____

Date: _____

Motor Vehicle Driver's
**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. 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.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 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.
- 3) **CDL DOMICILE REQUIREMENTS:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I will possess:

Driver's License No. _____ State: _____ Exp. Date: _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

**DRIVER STATEMENT OF ON-DUTY HOURS
(For Newly Hired Drivers)**

Form 9

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 14 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 14 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

DAY	1 (yesterday)	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL
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 at

_____ A.M.
_____ P.M. On _____ Day _____ Month _____ Year
Time

Driver's Signature Date

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 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes 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 employer? (check one)
 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.

Witness: _____ Driver's Signature _____ Date _____
_____ Company Representative _____ Date _____

Disciplinary Policy

I the undersigned am aware that I will be subject to penalties leading from temporary suspension from work with out pay up to dismissal for non-compliance with the company rules depending on how severe of the incident.

I also understand that if I have a number of incidents in a short period of time. I will be subject to re-training and re-testing again, subject to the severity of the incident(s).

Speed Limits

This will acknowledge that I am aware that when operating company owned or leased vehicles, it is my lawful duty to comply with the posted speed limit (up to a maximum of 100 KPH) as a legislated requirement under the Alberta Highway Traffic Act and all local By-Laws. Failure to comply with this policy is grounds for disciplinary action by company management.

Vehicle Passengers

I the undersigned, understand that it is the company's policy that there be no passenger in accompany owned or leased vehicle with out prior consent from company management. It is also my responsibility to inform company management of anyone who intends to ride in a company owned or leased vehicle prior to driving that vehicle.

Driver's License Policy

I, the undersigned understand that it is my responsibility to inform the company management of any traffic violations filed against me while driving a company vehicle or any personal vehicle. I agree to inform the company if my driver's license has been suspended for any reason and I shall immediately inform the company of the suspension, the reason of the suspension, and the duration of the suspension. I also agree to supply the company with a copy of my current driver's license, and a copy every time thereafter when the license or license endorsements are renewed, re leased, re-classified or changed in any other way. I also agree to advise the company of the date when my medical examination is due. If I have not passed the medical examination by the medical due date I will not be permitted to drive company vehicles.

Alcohol and drug policy

I, the undersigned understand that it is unacceptable to be on duty while under the influence of any intoxication, which can affect my performance at work. I am aware of the potential danger of such an action and therefore agree that I will be dismissed from any breach of this policy

Use of Seat Belts

I, the undersigned, understand that it is my responsibility to wear my seat belt while operating any company owned or leased vehicle. Any breach of the policy is grounds for disciplinary action by company management.

Accident reporting

I, the undersigned, understand that it is my responsibility to inform the company of any and off accidents and I am involved in.

Daytime Running Lights

I, the undersigned, understand that it is my responsibility to ensure proper function of daytime running lights on any vehicle that I am operating. It is the company policy that our vehicles be equipped with daytime running lights and that everyone who operates any company-owned or leased vehicle adheres to this policy. Failure to comply with this policy is grounds for disciplinary action by company management.

Refuse To Work

I, the undersigned, understand that it is my responsibility to inform the company of any incident or safety concerns, which might affect me to perform my job safely. Failure to inform the company of any incident or safety concerns before refusing to work would be a violation of this policy grounds for disciplinary action by company management.

Hours of Work

I, the undersigned, understand and have been informed of the hours of work regulations and I am aware that I must arrange my work schedule to comply with these regulations. I also agree to submit a record of all on-duty hours accumulated while working for other carriers.

Load Security

I, the undersigned understand and have been informed of Load Security Regulations and agree to comply with these regulations.

Pre/Post Trip Inspections

I, the undersigned understand and have been informed of the pre/post trip inspection policy and agree to meet these requirements as set out in the Alberta Highway Traffic Act. I also agree that will submit all roadside inspection reports immediately upon completion of any trip.

Termination Policy:

I, the undersigned understand that it is my responsibility to inform the company in 14 days advance of resignation. I understand that if I quit work without notice , there will be a \$1000 deduction from my last pay cheque . in case of 14 days of advance notice, company will hold last paycheck for al least 3 months.

Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____

I hereby acknowledge receipt of **O MIGHTY CANADA INC.** Alcohol and Drug Abuse Policy.

I am aware of the procedures regarding testing for the presence of drugs and alcohol, & agree to learn more about the negative effects and serious consequences of drug and alcohol use on my personal health and safety.

Signature

Printed Name

Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

(Print Name) _____
 First, M.I., Last _____ I hereby authorize _____ Driver License Number _____

 _____ Date of Birth _____
 Previous Employer: _____ Email: _____
 Street: _____ Phone: _____
 City, State, Zip: _____ Fax No.: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (date of employment application)

To: _____
 Prospective employer: O Mighty Canada Inc. _____
 Attention: TASHFEEN ZULFIQAR Phone: 4034786962
 Street: 162 SADDLELAND CLOSE NE
 City, State, Zip: Calgary, Alberta, T3J5J4

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
 Prospective employer's confidential email address: _____

 Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Accident History

The applicant named above was employed by us. Yes No
 Employed as : _____ from (m/y) _____ to (m/y) _____
 Did he/she drive a motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles / Triples Other (Specify) _____

Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers, or retained under internal company policies: _____

Any other remarks: _____

Signature: _____
 Title _____ Date: _____

SECTION 3:**TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements form _____ to _____.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. Yes No
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a-verified positive drug test, or refuse to be tested? Yes No

In Answering these questions, include any required DOT drug or alcohol testing information obtained from prior pervious employers in the previous 3 years prior to the application date shown on side 1.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip _____ Phone: _____
 Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

SECTION 4a:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone
 Other _____

INSTRUCTIONS TO COMPLETE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and Date
- Submit to the Prospective Employer

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and Date

SIDE 2 SECTION 4A: Prospective Employer

- Complete the information
- Send copy to previous employer

SIDE 2 SECTION 4A: Prospective Employer

- Record receipt of then

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and Date
- Complete SIDE 2 SECTION 3

ORIGINAL PROSPECTIVE EMPLOYER

In accordance with s. 33(c) of the *Freedom of Information and Protection of Privacy Act*, the *Traffic Safety Act*, and the *Access to Motor Vehicle Information Regulation*, specific personal information is collected to confirm the identity of the consenting individual, to uniquely identify the consenting individual on the Registrar's system to produce the information product, and to confirm the identity of the recipient and of the authorized employee of the recipient (if the recipient is an organization). The information is collected to monitor and audit the release of information and to conduct investigations if the Registrar receives complaints about the release. Questions about the collection of this information can be directed to a Service Alberta Information Officer at 780-427-7013, toll free 310-0000 within Alberta. Alternatively, questions may be mailed to Box 3140, Edmonton, AB T5J 2G7, attention Data Access and Contract Management Unit (DACMU).

A "Driver Abstract" is the product name under which the Alberta Government releases specific information from a person's driving record, which contains:

- Name
- Address
- Date of Birth
- List of violations (Descriptions, Demerit / Merit Points and Suspension Term)
- A Commercial Driver Abstract (CDA) includes Commercial Vehicle Safety Alliance Inspection (CVSA) information and all of the above information with the exception of date of birth, height, weight, and sex.
- Height
- Weight
- Sex
- Class
- Issue Date
- MVID Number
- Licence Number
- Current Demerit Points
- Suspended Status
- Expiration Date
- Reinstatement conditions (if any)

PART 1

I, _____ of _____,
Full Name Full Address

declare that my Driver's Licence Number is: _____, my Date of Birth is: _____
month by name, day, year

and I give consent for my: 3 Year, 5 Year, 10 Year Driver Abstract (SDA),
 3 Year, 5 Year, 10 Year Commercial Driver Abstract (CDA),
to be released, for the period specified under the subsection 5(1)(a), 5(1)(b)(iii) or 5(1)(b)(v) of AMVIR listed below,

to _____ of _____
Name of the person / organization receiving the driver's abstract Full Address

In accordance with the *Alberta Motor Vehicle Information Regulation (AMVIR)* (choose **one** of the following subsections):

5(1)(a) driver's abstract released to a person known by myself

I acknowledge that the above individual is personally known to me, is not acting as an agent or employee of any other person in this transaction, and is not compensated in any manner for receiving or transferring the driver's abstract to myself.
NOTE: This consent is valid for one month after the consent is dated and the information product released cannot be faxed by the registry agent.

5(1)(b)(iii) driver's abstract released to my employer or prospective employer

NOTE: This consent is valid for three months after the consent is dated if it is used by a prospective employer. This consent is valid for three years from the date it is dated or for the length of the employment whichever is shorter if it is used by the current employer. The information product released can be faxed by the registry agent only to the Employer signing PART 2.

5(1)(b)(v) driver's abstract released to a lawyer representing me

NOTE: This consent is valid for three months after the consent is dated. The information product released can be faxed by the registry agent only to the Lawyer signing PART 2.

I agree that Alberta Registries and/or the registry agent are not liable for any damages or losses however caused, in respect to any defect, error or omission in the driver's abstract, or use of the driver's abstract by the person receiving it.

Date Signature

PART 2 - Declaration for Faxing (This does not apply to subsection 5(1)(a) above)

I / We, _____ of _____,
Name of Employer or Lawyer Address

request the driver's abstract, as mentioned above, to be faxed to _____
Fax Number (include area code)

I/We agree that Alberta Registries and/or the registry agent are not liable for any privacy breach after the driver's abstract has been faxed to the above number.

Date Signature of Employer or Lawyer

CLEARINGHOUSE – DRIVER CONSENT FORM

G&G Trucking Solutions Inc.

On Behalf of Their Prospective Employer ● _____

_____,
hereby authorize G&G Trucking Solutions Inc. to conduct pre-employment queries and limited queries in the FMCSA Drug and Alcohol Clearinghouse on my company's behalf, as required by the Department of Transportation (DOT) regulations.

I understand that the pre-employment queries will provide information about any drug and alcohol program violations in my Clearinghouse record, including my eligibility to perform safety-sensitive functions such as operating a Commercial Motor Vehicle (CMV).

Additionally, I acknowledge that limited queries will determine if there are any resolved or unresolved drug and alcohol program violations in my Clearinghouse record.

I provide my consent for the Company to perform these queries electronically, and I understand that any information obtained will be used solely for the purpose of evaluating my eligibility for employment and to ensure compliance with DOT regulations.

Furthermore, I confirm that I have obtained the driver's general consent to conduct limited queries in the Clearinghouse, and that this limited query falls within the timeframe specified by that general consent.

This consent remains valid until revoked by me in writing.

Driver's Signature: _____

Date: _____

omighty Canada

Driver's Road Test Examination

- Initial evaluation
- Follow-up evaluation

Driver's Name: _____

Date: _____

Driving conditions: _____

Skill Assessment: (√ = acceptable, X = fail, N = Needs training)

- | | |
|-------------------------------|---------------------------------------|
| ___ Basic habits/knowledge | ___ Pre-trip inspections |
| ___ Hooking & unhooking | ___ Placing equipment into operation |
| ___ Use of vehicle controls | ___ Use of mirrors |
| ___ Lane position | ___ Following distance |
| ___ Use of signals | ___ Speed control |
| ___ Left turns | ___ Right Turns |
| ___ Passing other vehicles | ___ On/Off ramps |
| ___ Braking/slowing | ___ Shifting gears |
| ___ Backing & parking vehicle | ___ Paperwork knowledge (logs, DVIRs) |

Type of equipment used in performing the road test _____

Distance traveled _____ km/mi

Acceptability Level (circle your score) This is your feeling of confidence in the driver's abilities.
Requires further training Provides complete confidence (5 or 6 indicates average)

1 2 3 4 5 6 7 8 9 10

Any further comments/remarks _____

Date: _____

Examiner's Signature _____

