

EMPLOYMENT HISTORY (CONTINUED)

EMPLOYER			DATE
NAME			FROM TO
ADDRESS			POSITION HELD
CITY	PROVINCE	POSTAL CODE	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-SEMSATIVE 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 TO
ADDRESS			POSITION HELD
CITY	PROVINCE	POSTAL CODE	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-SEMSATIVE 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 TO
ADDRESS			POSITION HELD
CITY	PROVINCE	POSTAL CODE	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-SEMSATIVE 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 16 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 hiway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport 8 or more passengers (including the driver), 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 (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

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

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS-DRIVER)

DRIVER LICENSES	PROVINCE	LICENSE NO	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____

Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO A OR B IS YES PLEASE EXPLAIN _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPROX # OF	
	YES	NO		FROM	TO	MILES	
STRAIGHT TRUCK			(VAN,TANK,FLAT,DUMP,REEFER)				
TRACTOR & SEMI TRAILER			(VAN,TANK,FLAT,DUMP,REEFER)				
TRACTOR-TWO TRAILERS			(VAN,TANK,FLAT,DUMP,REEFER)				
TRACTOR-THREE TRAILERS			(VAN,TANK,FLAT,DUMP,REEFER)				
MOTORCOACH-SCHOOL BUS			_____				
MOTORCOACH-SCHOOL BUS			_____				
OTHER							

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

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 THEN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THEN ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 8

HIGH SCHOOL 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME)

(CITY, PROVINCE)

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: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Print name _____
First, MI, Last Social Security Number _____

Hereby Authorize:

Date of Birth _____

Previous Employer: _____ Email: _____
Street: _____ Telephone: _____
City, Prov, Postal Code: _____ Fax: _____

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: **Hardline Transport Solutions Inc**
Attention: _____
Address: **844 Snyder RD**
City, Prov, Postal Code: **Moose Jaw, SK S6H 4Y4**

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: **306-693-6053**
Prospective employer's confidential email address: _____

Applicants Signature _____

Date _____

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) _____

1. 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) _____

If there is no safety performance 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 if there is no accident register data for this driver.

Date	Location	No. Of Injuries	No. Of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

Signature: _____
Title: _____ Date: _____

PROSPECTIVE EMPLOYER