

Frontier Distribution Services Inc.
APPLICATION FOR EMPLOYMENT OR OWNER OPERATORS

Note: Please attach original or copies of the following documents: Copy of your Driver's License – Current Drivers Abstract and CVOR Drivers Abstract (no older than 7 days). US Drivers also include Current Police Clearance (no older than 30 days) or an I-94 Card with your waiver - WSIB Account Number (if applicable) –FAST Card.

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

Date of Application: _____

Position Applied For: Owner Operator Driver

Name: _____ Date of Birth: ____/____/____
SIN#: _____ (required for Truck Drivers upon hire) Year Month Day

Current Address:
Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell phone: _____ Email address: _____

List your addresses of residency for the past 5 years.

Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? ____

Do you have the legal right to work in Canada? Yes / No

What is your current Citizenship? _____ Do you have a Work Visa: _____

Can you legally cross the US/Canadian Border? Yes / No

Have you worked for this company before: Yes / No

If (yes) dates from: _____ to: _____

Reason for leaving: _____

Are you currently employed: Yes / No

If (no) how long since leaving your last employment _____

How did you hear about us? _____

Who referred you?: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?
Yes / No

If (Yes) please explain.

Have you ever had your license to operate a motor vehicle? suspended, revoked or denied **Yes / No** (Circle one)

If yes give complete details on reason and dates:

If answer to above is **NO** please complete the following:

I _____ hereby guarantee that I have never been denied a license nor had a license to operate a motor vehicle suspended or revoked for any reason.

Signature: _____.

Driving Experience:

Straight Truck:

Type of Equipment (van, reefer, flat etc): _____

Dates from: _____ To: _____

Estimated # of Miles: _____

Tractor & Semi-Trailer:

Type of Equipment (van, reefer, flat etc): _____

Dates from: _____ To: _____

Estimated # of Miles: _____

Tractor & Two Trailers:

Type of Equipment (van, reefer, flat etc): _____

Dates from: _____ To: _____

Estimated # of Miles: _____

Other (Please specify):

List states & provinces operated in for the 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:

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

Experience & Qualifications:

Driver's License #: _____

Province: _____

Type/Class: _____

Expiry Date: _____

Please report **ALL** collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years. (Attach sheet if more space is needed).

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Please report **ALL** traffic convictions, citations and forfeitures for the past 3 years (other than parking violations). (Attach sheet if more space is needed).

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

List your employment history for the past 10 years starting with the most current.
All time for the past 10 years must be accounted for even if you were unemployed.

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

List your employment history for the past 10 years starting with the most current.
All time for the past 10 years must be accounted for even if you were unemployed.

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

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Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete. This authorization shall remain on file and shall serve as on-going authorization for: (i) the collection, use and disclosure of my information for the purposes stated above; (ii) the Company re-checking and updating their files, at any point during or after my relationship with the Company, by making similar inquiries as described above; (iii) the Company sharing with each other information they have obtained on me; (iv) the Company sharing their files with third parties who may be interested in employing me (now and after my employment or contract with the Company is terminated) and (v) the disclosure of my information, if deemed reasonably necessary, in anticipation of and in the course of an actual or potential sale, reorganization, consolidation, merger or amalgamation of the Company; (vi) the investigation of illegal, potentially fraudulent or questionable activities and (vii) when required or permitted by law. *This authorization is effective immediately upon execution of this document, and continues throughout my relationship with the company, and after my relationship with the Company terminates.*

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 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.**

I hereby release the Company, 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. For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records.

Except as provided for herein, or with your prior consent, the Company shall not use the information gathered on me for any other purpose.

Date: _____ Signature: _____

Frontier Distribution Services Inc.

AUTHORIZATION FOR DRIVER RECORD SEARCH

The Federal Motor Carrier Safety Regulations, Section 391.21, which covers Driver's Qualification and application for employment, requires the motor carrier to obtain a list of all motor vehicle violations for the last three (3) years.

In Ontario, this is known as a Commercial Vehicle Operator Record Driver Abstract. It is company policy to obtain a list of both commercial and personal motor vehicle violations for each driver operating under its authorities, on a periodic basis.

As a condition of my contract of service, I hereby provide written authorization for Frontier Distribution Services Inc. to obtain such information.

I have read and understand the above conditions.

Signed this _____ day of _____, 20_____.

Applicants Name (Please Print)

Applicants Signature

WITNESSED BY:

REPRESENTATIVE'S SIGNATURE MONTH / DAY / YEAR

Co.

Frontier Distribution

Release and Authorization to Contact Previous Employer

Carrier Name: _____
Carrier Address: _____
Carrier City/Province: _____
Carrier Phone: _____

THIS FORM SHOULD BE KEPT IN AN APPLICANT'S FILE TO DOCUMENT COMPLIANCE WITH THE
REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

RELEASE AND AUTHORIZATION TO CONTACT PREVIOUS EMPLOYER AS REQUIRED BY 49 CFR
391.23

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I _____ HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY 49 CFR 391.23 OF THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS. INFORMATIONS MAY INCLUDE ALL EMPLOYMENT INFORMATION CONCERNING MY EMPLOYMENT, INCLUDING WRITTEN AND ORAL ASSESSMENTS OF MY WORK PERFORMANCE, FITNESS AND ABILITY. YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION. I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION FOR THE PURPOSE OF INVESTIGATION.

First Name Last Name

Address

City Province

D/L #

Date: _____

Applicants Signature: _____



New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective 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 three years.

Company Name: _____

Address: _____

Prospective Employee Name: _____

Prospective Employee's SIN/ID number: _____

To be answered by the employee:

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 three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the employee admits that he or she had a positive test or 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 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

Prospective Employee Signature

Date

Witnessed By (Printed Name)

Date

Witnessed By (Signature)

Title



FORM 413 / 301

REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301(b)

PURPOSE OF THIS FORM: (A) Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O. (B) (I) Under 49 CFR 382.301(b) a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (II) Under 49 CFR 382.301(c)(2) an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

Name (print) _____ (SIN) _____ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

APPLICANT/DRIVER CONSENT

TO: [Previous Employer]		Date: _____	
Company: _____		Phone: _____	Fax: _____
Address: _____			
Designated Employer Representative: _____			
<p>In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.</p>			
FROM: [Prospective Employer]			
Company: _____		Phone: _____	Fax: _____
Address: _____			
Attention: _____			
<p>I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.</p>			
Applicant Name (Print): _____		Applicant's SIN/Employee ID: _____	
Applicant Signature «driver»: _____		Date: _____	

Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301.

Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

Please check off if section (2) for the pre-employment exemption is not required.

EQUIPMENT INFORMATION

(For Owner Operators)

Please provide as much information as possible. Missing information may delay or negate your application.

TRUCK

Make & Model: _____

Year: _____

Colour: _____

Engine: _____

Horse Power: _____

Front Axle Weight: _____

Rear Axles Weight: _____

Tire Size: _____

Sleeper: Yes No

Weight: _____

Date of Annual: _____

Fuel Capacity: _____ ABS: Yes / No

Wheelbase: _____ Jake Brake: Yes / No

Average MPG: _____ 5th Wheel Height: _____ (inch)

Transmission Type and speeds: _____

Payments: _____ Are They Current? Yes / No

Financing Held by: _____ Until: _____

Owned Leased (Leased trucks will require permission form the Leasing Company for Licensing purposes)

Leasing Company: _____

Mortgage/Rent Payment: _____

Other Financial Commitments Monthly total: _____