Southview Trucking Ltd.

4801-40th Street Vermilion AB T9X 1H6

APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Phone Number: \_(h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*In compliance with Federal & Provincial 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\*\**

List your address of residency for last 3 years

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long \_\_\_\_\_\_

Street City Prov. Postal Code

Previous Addresses 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long \_\_\_\_\_\_

Street City Prov. Postal Code

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long\_\_\_\_\_\_

Street City Prov. Postal Code

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long\_\_\_\_\_\_

Street City Prov. Postal Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License Number \_\_\_\_\_\_\_\_\_\_\_\_\_Province Issued \_\_\_\_\_\_\_\_\_\_ Passport #\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_

Dates: From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay \_\_\_\_\_\_\_

Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you now employed \_\_\_\_\_\_\_\_ If not, how long since leaving last employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of pay expected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there any reason you might be unable to perform the functions of the job for which you are applying for? \_\_\_\_\_\_

If yes, explain if you wish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment History - 10 Years minimum

|  |  |  |
| --- | --- | --- |
| EMPLOYER | DATE | |
| NAME | FROM: MO. YR. | TO: MO. YR. |
| ADDRESS | POSITION | |
| CITY PROV. POSTAL CODE | SALARY/WAGE | |
| CONTACT PERSON PHONE NUMBER | REASON FOR LEAVING |  |

|  |  |  |
| --- | --- | --- |
| EMPLOYER | DATE | |
| NAME | FROM: MO. YR. | TO: MO. YR. |
| ADDRESS | POSITION | |
| CITY PROV. POSTAL CODE | SALARY/WAGE | |
| CONTACT PERSON PHONE NUMBER | REASON FOR LEAVING |  |

|  |  |  |
| --- | --- | --- |
| EMPLOYER | DATE | |
| NAME | FROM: MO. YR. | TO: MO. YR. |
| ADDRESS | POSITION | |
| CITY PROV. POSTAL CODE | SALARY/WAGE | |
| CONTACT PERSON PHONE NUMBER | REASON FOR LEAVING |  |

|  |  |  |
| --- | --- | --- |
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| NAME | FROM: MO. YR. | TO: MO. YR. |
| ADDRESS | POSITION | |
| CITY PROV. POSTAL CODE | SALARY/WAGE | |
| CONTACT PERSON PHONE NUMBER | REASON FOR LEAVING |  |

|  |  |  |
| --- | --- | --- |
| EMPLOYER | DATE | |
| NAME | FROM: MO. YR. | TO: MO. YR. |
| ADDRESS | POSITION | |
| CITY PROV. POSTAL CODE | SALARY/WAGE | |
| CONTACT PERSON PHONE NUMBER | REASON FOR LEAVING |  |

|  |  |  |
| --- | --- | --- |
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|  |  |  |
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| ADDRESS | POSITION | |
| CITY PROV. POSTAL CODE | SALARY/WAGE | |
| CONTACT PERSON PHONE NUMBER | REASON FOR LEAVING |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give Southview Trucking Ltd. permission to contact my previous employers and or references.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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

|  |  |  |  |
| --- | --- | --- | --- |
| **DATES** | **NATURE OF ACCIDENT – HEAD ON, REAR END** | **FATALITIES** | **INJURIES** |
| Last accident |  |  |  |
| Next previous |  |  |  |
| Next previous |  |  |  |

**TRAFFIC CONVICTION FOR PAST 3 YEARS – OTHER THEN PARKING VIOLATIONS – IF NONE, WRITE NONE**

|  |  |  |  |
| --- | --- | --- | --- |
| **LOCATION** | **DATE** | **CHARGE** | **PENALTY** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED : 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME CITY/PROV

**DRIVERS LICENSES**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROVINCE** | **LICENSE #** | **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 EITHER QUESTION IS YES, ATTACH STATEMENT GIVING DETAILS\*\*

**DRIVING EXPERIENCE & QUALIFICATIONS** - IF NONE, WRITE NONE

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS OF EQUIPMENT** | **TYPE OF EQUIPMENT-VAN, TANK, FLAT** | **DATES : FROM & TO** | **APPROX # OF KMS** |
| STRAIGHT TRUCK |  |  |  |
| TRACTOR & SEMI TRAILER |  |  |  |
| TRACTOR & 2 TRAILERS |  |  |  |
| MOTOR COACH-SCHOOL BUS |  |  |  |
| OTHER |  |  |  |

List the states & provinces operated in for the last 5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special courses or training that will help you as a driver? If yes, please provide copies of training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which safe driving awards to you hold and from whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list and trucking, transportation or other experience that may help you 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 ones already shown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE THREE YEAR HISTORY DISCLOSURE

*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 three 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 paragraphs (b)(5) and (e) of this section)*

As required by USDOT and our company practices, please indicate if you have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for but did not obtain safety-sensitive transportation work covered by DOT in the past three years.

**Statement of Compliance**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have not tested positive or refused any pre-employment drug or alcohol test for a position I have applied but did not obtain a safety sensitive position covered by DOT, as described above, in the past three years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Statement of NON compliance**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have tested positive or refused a pre-employment drug or alcohol test for a position I have applied but did not obtain a safety sensitive position covered by DOT, as described above, in the past three years. I understand that I must comply with the USDOT regulations in order to qualify to drive a commercial motor vehicle in the USA as well as comply with the company’s policy in order to work in any safety sensitive position for the company.

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Applied** | **Date Applied** | **Contact Name** | **Contact Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

PRE-EMPLOYMENT VERIFICATION 382.301 (C)(1)

**COMPANY REQUESTING INFORMATION:**

Southview Trucking Ltd.

4801-40th Street Vermilion Alberta

(p) 780-853-2734 (f)780-853-6988

**DRIVER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*\*I hereby authorize the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer and all relevant service agents in accordance with 382.301 \*\**

Driver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Previous Employer Information***

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Company administrating controlled substances testing program***

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to verify that the above driver participated in our controlled substances testing program from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The testing program conformed to 49 CFR Part 40 and Part 382. The driver was properly qualified and not refuse to test. Yes \_\_\_\_\_ No\_\_\_\_\_

*Please list the MRO verified results and dates of any tests taken within the last 6 months:*

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person providing information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**To be completed by the new employer, signed by the employee, and transmitted to previous employer**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee SIN or ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer and or their service agent, listed in Section1-B, to CannAmm Drug & Alcohol Testing Inc. and the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer is limited to the following DOT regulated testing items:*

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals to be tested
4. Other violation of DOT agency drug and alcohol testing regulations
5. Information obtained from previous employers of a drug and alcohol rule violation
6. Documentation, if any, of completion of the return to duty process following a rule violation

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1-A**

New Employer Name: Southview Trucking Ltd.

4801-40th Street Vermilion Alberta T9X 1H6

P: 780-853-2734 F 780-853-6988

Designated Drug/Alcohol employee Representative: Kristin Weremey [Kristin@southviewtrucking.com](mailto:Kristin@southviewtrucking.com)

**1-B**

Previous Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by fax to the new employer:**

**11-A**

What dates did this employee participate in your DOT program? From\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In the three years prior to the date of the employees signature (in section 1), for DOT regulated testing.

1. Did the employee have alcohol tests with a result of 0.004 or higher Yes\_\_\_\_ No\_\_\_\_
2. Did the employee have a verified positive drug tests? Yes\_\_\_\_ No \_\_\_\_
3. Did the employee refuse to be tested? Yes \_\_\_\_No \_\_\_\_
4. Did the employee have other violation of DOT agency drug and

alcohol testing regulations? Yes\_\_\_\_ No\_\_\_\_\_

1. Did a previous employer report a drug and alcohol rule violation to you? Yes\_\_\_\_ No \_\_\_\_
2. If you answered “yes” to any of the above items, did the employee

complete the return to duty process? Yes\_\_\_\_ No\_\_\_\_ N/A \_\_\_\_\_

1. What was the date of this employee’s last drug test? \_\_\_\_\_\_\_\_\_\_\_\_DD/MM/YYY

Note: if you answered “yes” to item 5, you must provide the previous employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation eg. Following up testing record

**11-B**

Name of person providing the information in Section 11-A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by me and that all entries on it and information in it are true and completed to the best of my knowledge.

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquires 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 person from all liability in responding to inquires and releasing information in connection to my application.

In event of employment, I understand that false or misleading information giving 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date