



**CHECKLIST FOR DRIVERS COMPLIANCE FILE**

Driver: \_\_\_\_\_ Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ License Number: \_\_\_\_\_ Class: \_\_\_\_\_

**NEW HIRE**

- Application for Employment (391.21) & Emergency Contact Listing
- Past Employment Verification (Request for information from previous employer or telephone log)
- Copy of Drivers License and photo
- Current Drivers Abstract - demand the public record - (review your current hiring points policy)
- Record and Certification of Road Test
- Driver Data Sheet (395.08)
- Certification of Compliance (383.21)
- Criminal Search Record, I-94 Card or Passport
- Pre-employment urinalysis consent form or Pre-Employment Drug Testing Results (U.S. exposure)

**NEW HIRES AND RENEWALS**

- Certificate of Violations (391.27) Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Annual Review of Driving Record (391.25) Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Dangerous Good Examination and Qualification Card Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Company Qualification Card (Optional) Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Drug and Alcohol Compliance Certification Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

File Completed by: \_\_\_\_\_ I, \_\_\_\_\_

certify that all documents I have submitted are in no manner falsified and agree to keep all records current and up to date. I have received copies of the **FMC Safety Regulations** (U.S drivers), **CTA Dangerous Goods: Truckers Guide**, the **CTA Safety Code** "A Trucker's Guide" and a copy of the current **Company Drivers Manual**.

## DRIVER'S APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_ Preferred Position: \_\_\_\_\_  
*Month/Day/Year* *Please describe*

Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Number - Street City Province Postal Code*

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*area code prefix number Month/Day/Year*

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
*Copy required Month/Day/Year*

Can you legally cross the U.S. Border: Yes / No  
*(A criminal search record, I-94 Card or passport is required) Please circle one of the above.*

Are you presently employed? Yes / No If no, how long since leaving last employment: \_\_\_\_\_

Date you would be available for employment: \_\_\_\_\_

List any restrictions you would have working an irregular schedule: \_\_\_\_\_

## PHYSICAL HISTORY

Would you be willing to submit to a pre-employment medical examination: Yes / No

Would you be willing to submit to a pre-employment urinalysis (substance abuse) test: Yes / No

Do you have any physical limitations, which may limit your ability to perform the job applied for? \_\_\_\_\_  
\_\_\_\_\_

Are you physically capable of performing heavy manual labour? Yes / No

If No to above, Explain: \_\_\_\_\_

How much lost time due to injury have you suffered in the past three years? \_\_\_\_\_

## EMERGENCY RESPONSE

Whom should we contact in case of emergency? \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any medical conditions we should be aware of? \_\_\_\_\_

If unable to contact the above person may we contact your personal doctor? YES / NO

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle in interstate commerce must provide information on all employers during the preceding 10 years.

Please list all employers in reverse order starting with the most recent.

Employer	Date	
Name:	From	To
Address:	Position Held:	
City: Province: Postal Code:	Salary/Wage:	
Contact Person : Phone Number:	Reason for Leaving:	
Commodities Most Often Hauled		

Employer	Date	
Name:	From	To
Address:	Position Held:	
City: Province: Postal Code:	Salary/Wage:	
Contact Person : Phone Number:	Reason for Leaving:	
Commodities Most Often Hauled		

Employer	Date	
Name:	From	To
Address:	Position Held:	
City: Province: Postal Code:	Salary/Wage:	
Contact Person : Phone Number:	Reason for Leaving:	
Commodities Most Often Hauled		

Employer	Date	
Name:	From	To
Address:	Position Held:	
City: Province: Postal Code:	Salary/Wage:	
Contact Person : Phone Number:	Reason for Leaving:	
Commodities Most Often Hauled		

Employer	Date	
Name:	From	To
Address:	Position Held:	
City: Province: Postal Code:	Salary/Wage:	
Contact Person : Phone Number:	Reason for Leaving:	
Commodities Most Often Hauled		

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

I hereby authorize you to give **MAD EXPRESS TRANSPORTATION INC.** and/or their agents all information regarding my services; character and conduct while in your employ, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations, and you are released from any and all liability that may result from furnishing such information to the above named company.

X \_\_\_\_\_ X \_\_\_\_\_  
 (Applicant's signature) (Date)

Attention: **Personal Manager**

\_\_\_\_\_, social insurance number \_\_\_\_\_ made application to this company for a position as a \_\_\_\_\_ and states that he/she was employed by you as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Yours truly  
 Safety Department

1. Is the employment record with your company correct as stated above? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. What type of motor did the applicant drive?  Tractor trailer  Tractor trains  Straight truck
4. Was the applicant a safe and efficient driver?  
 \_\_\_\_\_
5. Reason for leaving your employ?  Discharged  Laid off  Resigned
6. Was the applicant's general conduct satisfactory? \_\_\_\_\_
7. Is the applicant competent for the position sought? \_\_\_\_\_
8. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_
9. Would you re-employ this person?  Yes  No Please explain: \_\_\_\_\_
10. Dates of any accidents: \_\_\_\_\_

Quality of Work	Excellent	Good	Fair	Poor	Very Poor
Co-operation with others					
Safety habits					
Personal habits					
Driving Skill					
Attitude					

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Information provided by)

## EXPERIENCE, EDUCATION AND QUALIFICATIONS

Have you ever been trained to transport Dangerous Goods? YES / NO if yes where: \_\_\_\_\_

Which classes of Dangerous Goods have you transported? \_\_\_\_\_

For each employer listed on page 2, please list the type of equipment operated. eg: flatbed, van, tanker, etc.

EMPLOYER	TYPE OF EQUIPMENT	LENGTH OF TIME

In order to properly evaluate your application we ask you to list in the space provided below the special skills or reasons that you believe would help to make you an integral part of our team.

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<b>EXPERIENCE, EDUCATION AND QUALIFICATIONS</b>
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What safe driving awards do you hold? \_\_\_\_\_

How many accident-free driving years do you currently have? \_\_\_\_\_

List any motor vehicle accidents you have been involved in during the past 5 years

Dates	Nature of Accident	Fatalities	Injuries

List any special courses, training or background you might possess? \_\_\_\_\_

List your Educational Background beginning with the school most recently attended

Date	School	Courses Taken

**Circle States you have operated a commercial vehicle in during the past 5 years.** Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

**Circle Provinces you have operated a commercial vehicle in during the past 5 years.** Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Nova Scotia, Ontario, P.E.I., Quebec, Saskatchewan

Are there any provinces or states that you will not or cannot operate in? List: \_\_\_\_\_

Are you able to complete a log book properly? YES / NO if no explain: \_\_\_\_\_

Are you able to complete an inward cargo manifest and clear a load at U.S. or Canada Customs?  
YES / NO

**APPLICATION FOR GRAIN DRIVERS CAN STOP HERE. IF APPLYING FOR LONG HAUL PLEASE CONTINUE AND COMPLETE THE REST OF THE APPLICATION.**

**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. You, as a commercial vehicle driver, may not possess more than one license. If you currently have more than one license, you should 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, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. Part 392.42 and Part 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, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employer motor carrier and the state that issued your license within 30 days.

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

The following license is the only one that I possess:

Driver's License No: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Expiry. Date: \_\_\_/\_\_\_/\_\_\_

Driver's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

*Attach a photocopy of driver's license and photo identification*



**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with MAD Express Transportation Inc ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize MAD Express Transportation Inc ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

**PRE - EMPLOYMENT URINALYSIS NOTIFICATION**

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

\_\_\_\_\_  
APPLICANT'S NAME (type or print)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
MONTH DAY YEAR

WITNESSED BY:

\_\_\_\_\_  
COMPANY REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
MONTH DAY YEAR



# 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: \_\_\_\_\_

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.

FROM: [Prospective Employer]  
 Company: Mad Express Transportation Inc. Phone: 519 291 1460 Fax: 519 291 3854  
 Address: 5-885 Main St. W. Listowel, ON N4W 1B4  
 Attention: Rachel Shiell / Angela Schneider

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.

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.

**(1) Was the applicant subject to drug and alcohol testing under DOT regulations?**  Yes  No

**(2) For pre-employment testing exemption under 49 CFR 382.301:**

Date employee enrolled in program \_\_\_\_\_ (mm/dd/yy).  
 Employee's ending date of participation to program \_\_\_\_\_ (mm/dd/yy).  
 Program complies with DOT requirements?  Yes  No  
 Date of last drug test \_\_\_\_\_ (mm/dd/yy)

**DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382**

**Subpart B** (last 6 months).

Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

Comments: \_\_\_\_\_

**(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25**

**TESTING HISTORY**

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years?  Yes  No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?  Yes  No
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)?  Yes  No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)?  Yes  No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
  - a) Was the person referred to a SAP?  Yes  No  
 If employment with your company continued:
  - b) Was the person evaluated by the SAP?  Yes  No
  - c) If yes, did the SAP recommend treatment and/or education?  Yes  No
  - d) Did the person complete the treatment and/or education as determined by the SAP?  Yes  No
  - e) Did the person undergo a return-to-duty test?  Yes  No
  - f) If yes, was the return-to-duty test negative?  Yes  No
  - g) Did the SAP recommend follow-up testing?  Yes  No
  - h) Did the person complete the follow-up testing?  Yes  No

**\*If applicable, please submit copy of documentation of completion of return-to-duty and follow-up testing records.**

I confirm that the above information is accurate.

\_\_\_\_\_  
Name of Company Rep (Print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### 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: MAD Express Transportation Inc.

Address: 5-885 Main St. W.

Listowel, ON N4W 1B4

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



**TO BE READ AND SIGNED BY APPLICANT**

- This certifies that this application was completed by myself, and that all entries on it and information in it are true and complete to the best of my knowledge.
- I authorize MAD EXPRESS TRANSPORTATION INC. 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. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.
- In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my being discharged. I understand, also, that I am required to abide by all rules and regulations of MAD EXPRESS TRANSPORTATION INC., as permitted by Law.

\_\_\_\_\_  
Date: Month/Day/Year

\_\_\_\_\_  
Applicant's Signature

**PROCESS RECORD**

*\* This section to be completed by Company Representative*

	Superior	Good	Fair	Below Average	Poor	Unacceptable
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Past Experience						
Attitude						

Applicant Hired: \_\_\_\_\_  
*Date & Name of Representative*

Unacceptable: \_\_\_\_\_  
*Date & Name of Representative*

Date Employed: \_\_\_\_\_  
*First date employed for payroll*

Training Required: \_\_\_\_\_  
*Date entered on training roster*

Date Terminated: \_\_\_\_\_

Reason: \_\_\_\_\_

Dismissed: \_\_\_\_\_

Voluntarily Quit: \_\_\_\_\_

Other: \_\_\_\_\_

Notes: \_\_\_\_\_

# ANNUAL REVIEW OF DRIVER RECORD

Name of Driver: \_\_\_\_\_

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

Date of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions to Carrier:** Review the driving record of the employee in accordance with Section 391.25 and as outlined below. Complete the Certificate of Review as listed. Any remarks may be made on the following page.

In accordance with Department of Transportation Section 391.25 a motor carrier shall, at least once, every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

## CERTIFICATE OF REVIEW

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that they (Check One)

DATE	NAME OF PERSON REVIEWING	MEETS MINIMUM REQUIREMENTS FOR SAFE DRIVING	IS DISQUALIFIED TO DRIVE A MOTOR VEHICLE PURSUANT TO SECTION 391.15



# ANNUAL REVIEW OF DRIVER RECORD

## Remarks Section

**Drivers Name:** \_\_\_\_\_

The purpose of this document is to allow for comments and observations about the driver in question during the 12 months leading up to the annual review. By keeping a file of this sort, the annual review process will prove to be much more effective.

DATE	REMARKS

### DRIVER COMMENTS ON REVIEW

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- √ Driver has met all Company criteria
- √ Driver requires additional training in the following areas: \_\_\_\_\_
- √ Driver is disqualified from driving

**ROAD TEST**

**EXAMINER PLEASE USE THIS FORM WHEN CONDUCTING DRIVERS ROAD TEST**

1. Owner/operators and company drivers must perform the same pre-trip inspection.
2. Owner/operators are to use a company supplied truck, not their own.
3. A point system is utilized to evaluate driver performance. Scoring is based on a 5 point system with one (1) fail, two (2) needs improvement, three (3) pass, four (4) good, and five (5) is excellent. A score of less than 24 will automatically disqualify the driver.
4. The carrier or a designate shall give the road test.
5. A successful road test is not a guarantee of employment.

The applicant's signature constitutes agreement to the above information and to have their driving evaluated by: \_\_\_\_\_

Driver's name: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's signature: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Score

\_\_\_\_\_ Pre Trip Inspection (as required by Sec. 392.7) please also see page 9.

\_\_\_\_\_ Coupling and uncoupling.

\_\_\_\_\_ Placing the equipment in operation.

\_\_\_\_\_ Use of vehicle's controls and emergency equipment.

\_\_\_\_\_ Operating the vehicle in traffic and while passing others.

\_\_\_\_\_ Turning the vehicle.

\_\_\_\_\_ Braking, and slowing the vehicle by any means other than braking.

\_\_\_\_\_ Backing and parking the vehicle.

\_\_\_\_\_ Total (out of 40)

Type of equipment used: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

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

\*\* If road test is successful, the examiner will complete a certificate of driver's road test\*\*

<b>DRIVER'S DAILY LOG</b>		Original (white): Submit to Carrier Duplicate (yellow): Driver Retain		Day	Month	Year
Name of Carrier(s)	<b>MAD Express Transportation Inc.</b>	Truck/Tractor Lic. Plate or Unit No.				
Main/Principal Office Address	<b>5-885 Main Street W. Listowel, ON N4W 1B4</b>	Trailer Lic. Plate or Unit No.(s)		Ending Odometer Reading		
CANADIAN CYCLE	Driver's Name (Print)			Miles/Km.		
<input type="checkbox"/> 70 Hrs. 7 DAYS	Driver's Signature			Starting Odometer Reading		
<input type="checkbox"/> 120 Hrs. 14 DAYS	(Certified True & Correct)			Miles/Km.		
	Co-Driver's Name			Miles/Km. Driven Today		
				Miles/Km.		

	Midnight	1	2	3	4	5	6	7	8	9	10	11	12 Noon	1	2	3	4	5	6	7	8	9	10	11	Total Hours (For Each Duty Status)
1. OFF DUTY																									
2. SLEEPER BERTH																									
3. DRIVING																									
4. ON DUTY (NOT DRIVING)																									
	Midnight	1	2	3	4	5	6	7	8	9	10	11	12 Noon	1	2	3	4	5	6	7	8	9	10	11	Total

Shipping Document No.(s)	OR Shipper(s)	Commodity
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### Daily Vehicle Inspection Report - Schedule 1 MAD Express Transportation Inc.

Company Name  
**5-885 Main Street W., Listowel, ON N4W 1B4**  
Address

Inspection By (print): \_\_\_\_\_ Date: D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y/ \_\_\_\_\_

On. Truck Plate #: \_\_\_\_\_ Truck #: \_\_\_\_\_ Odo: \_\_\_\_\_ Insp. Time: \_\_\_\_\_

On. Trailer Plate #: \_\_\_\_\_ Trailer #: \_\_\_\_\_ Odo: \_\_\_\_\_ Insp. Time: \_\_\_\_\_

On. Trailer Plate #: \_\_\_\_\_ Trailer #: \_\_\_\_\_ Odo: \_\_\_\_\_ Insp. Time: \_\_\_\_\_

2		3		Column 2 Minor Defects - Column 3 Major Defects		2		3		Check Defective Items Only	
1				Air Brake System	13				General		
2				Cab	14				Glass and Mirrors		
3				Cargo Securement	15				Heater / Defroster		
4				Coupling Device	16				Horn		
5				Dangerous Goods	17				Hydraulic Brake System		
6				Driver Controls	18				Lamps and Reflectors		
7				Driver Seat	19				Steering		
8				Electric Brake System	20				Suspension System		
9				Emergency Equipment & Safety Devices	21				Tires		
10				Exhaust System	22				Wheels, Hubs and Fasteners		
11				Frame and Cargo Body	23				Windshield Wiper / Washer		
12				Fuel System	<input type="checkbox"/> Vehicle Condition Satisfactory - No Defects Found						

Remarks: \_\_\_\_\_

Inspection Location If Not Company Address: \_\_\_\_\_

**Defects Reported**

The above noted vehicles have been inspected in accordance with the requirements of Ontario Regulation 199 / 07

Inspector's Signature \_\_\_\_\_ Driver's Signature If Different From Inspector \_\_\_\_\_

Repair Person(s) Must Sign and Date For Completed Repairs Next To Corresponding Items