



Carrion Logistics Inc
2575 Inkster Blvd I Winnipeg I MB I R3C2E6
PH:204-410-0031 I FAX: 204-800-3190
Dispatch@carrionlogistics.com I www.carrionlogistics.com

Carrion Logistics Inc. Driver Application

- ☐ Please fill out the application form completely – do not leave any blank spaces where information is requested. If information requested does not apply, then please indicate so by marking 'n/a'. You may attach a resume if you wish, however the application form must still be completed.
- ☐ Please include:
 - ☐ a legible copy of your driver's license and photo,
 - ☐ a current abstract (no more than 30 days old), and
 - ☐ a current police record check (no more than 3 months old).
- ☐ Mail-Drop-Fax or email off your application to the above address
- ☐ If you have any questions, please feel free to contact the office by calling:
204-410-0031 or email at Dispatch@carrionlogistics.com

Thank you.

Carrion Logistics Inc.



DRIVER QUALIFICATION FILE CHECK LIST

Driver Name: _____

- ____ 1. Driver Abstract
- ____ 2. Driver's License (photocopy)
- ____ 3. Driver Disclosure of License
- ____ 4. Driver Certificate of Violations and Accidents
- ____ 5. Annual Review of Driving Record
- ____ 6. Policy Manual Receipt
- ____ 7. Dangerous Goods Training Certificate (if applicable)
- ____ 8. Passport (photocopy)
- ____ 9. Permanent Resident Card

US Requirements / Canadian Recommendations:

- ____ 1. Employee application form
- ____ 2. Safety Performance History Records – previous 3 years
- ____ 3. Road Test – US requirement - only if operating doubles/triples/tank or if vehicle being operated does not require driver to hold a commercial driver's license



Application for Employment

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

Date of Application: _____ (mm/dd/yyyy)

Position(s) Applied for: _____

Personal Information

Name: First: _____ Last: _____

Address: Street: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____ SIN #: _____

Address for the past three years:

Street: _____ City: _____ Province: _____ Postal Code: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

Date of birth: _____ (mm/dd/yyyy) Email: _____

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

Are you currently employed? ☐ Yes ☐ No If not, how long since last employment? _____

Have you worked for Carrion Logistics Inc before? ☐ Yes ☐ No

Start Date: _____ End Date: _____

Rate of pay: _____ Position: _____

Reason for leaving: _____ How did you hear about Carrion Logistics Inc? _____

What is your rate of pay expectation? \$ _____



Experience and Qualifications

The information requested herein as per Federal Motor Carrier Safety Regulations (383.35) (c) may be used for the purpose of investigating applicant's previous work history, including contacting applicant's previous employers for verification purposes.

Begin with your current or most recent job and work backwards in order, listing your employers for the past 10 years including all full and part-time employment. All time must be accounted for, including military service, self-employment, and periods of unemployment. Please use supplementary sheets if necessary.

1.) Company Name: _____ Phone: _____ Fax: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Salary or Wage: _____ Contact Name: _____

Reason for leaving: _____

2.) Company Name: _____ Phone: _____ Fax: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Salary or Wage: _____ Contact Name: _____

Reason for leaving: _____

3.) Company Name: _____ Phone: _____ Fax: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Salary or Wage: _____ Contact Name: _____

Reason for leaving: _____



Note: Please list any additional experience on the following page.

Experience and Qualifications (Continued)

4.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Reason for leaving: _____

5.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Reason for leaving: _____

6.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Reason for leaving: _____

Note: Please list any additional experience on the reverse side of this sheet.



DRIVER CERTIFICATION OF VIOLATIONS AND ACCIDENTS

I certify that the following is a true and complete list of convictions (other than parking violations) and accidents required to be reported under the Highway Traffic Act during the past 12 months.

If you have had no violations, check the following box - ☐ None

DATE	VIOLATION / ACCIDENT	LOCATION	TYPE OF VEHICLE

If no violations or accidents are listed above, I certify that I have not been convicted or forfeited Bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification

Driver Signature

Motor Carrier Name

Motor Carrier Address

Signature of Company Representative

Title



Additional Training

List all completed courses, training, or certification relating to Trucking or Transportation that may help in your work with Carrion Logistics Inc.

1.) Program or Certification Name: _____

Date Completed: _____ Additional Info: _____

2.) Program or Certification Name: _____

Date Completed: _____ Additional Info: _____

Note: Please list any additional training on the reverse side of this sheet.



DRIVER DISCLOSURE OF LICENSE

Driver Name _____

DECLARATION

Pursuant to Section 318.1 (1) of the Highway Traffic Act, I hereby disclose the only jurisdiction in which I am licensed, the class of license held, and the name in which the license is issued.

Jurisdiction

Class

Legal Name on License

I understand that I can possess only one driver's license.

I understand that I must inform my employer immediately of any convictions or accidents while operating a motor vehicle.

I understand that I must immediately inform my employer or any suspension, restriction, prohibition or any other change in status to my driver's license.

Date _____ Driver Signature _____



RELEASE AND DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION

Driver Name: _____

As required by Section 40.25(j) please respond to the following questions:

During the past three (3) years, have you **tested positive** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules during the past three years?

☐ YES

☐ NO

During the past three (3) years, have you **refused to test** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules during the past three years?

☐ YES

☐ NO



If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

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

Date: _____

Employee Signature: _____

Date: _____

Witnessed by: _____



DRIVER ANNUAL REVIEW OF DRIVING RECORD

Driver Name _____

This day I reviewed the driving record of the above named driver in accordance with 318.6 of the Manitoba Highway Traffic Act. I considered any evidence that the driver has violated applicable provisions of the Motor Vehicle Transport Act (Canada), the Criminal Code (Canada) and the Transportation of Dangerous Goods Act (Canada), the Dangerous Goods Handling and Transportation (Manitoba). I considered the driver accident record, any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol and drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

_____ the driver meets the minimum requirements for safe driving, or

_____ the driver is disqualified from driving a vehicle pursuant to 318.6

Date of Review

Motor Carrier Name

Signature of Company Representative

Title

Notes from Review:



COMMERCIAL DRIVER ABSTRACT AUTHORIZATION FORM

I hereby authorize the Division of Driver and Vehicle Licensing, in the Province of Manitoba, to release my **Commercial Driver Abstract** to:

(Name of Company/Individual)

Through its representative:

Driver Name: _____
(Print name in full) (Last Name) (First Name) (Initial)

License Number: _____

Date of Birth: _____
(Year / Month / Day)

Signature: _____

Date: _____



Emergency Contacts

In the event of emergency, please list two persons whom Carrion Logistics Inc could contact.

Name: _____

Relationship: _____ Phone #: _____

Name: _____

Relationship: _____ Phone #: _____

Please include your current health card number: _____



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 AUTHORIZATION

I, (Print Name) _____, hereby

authorize: (First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

(Date of Employment Application)

to:

Prospective Employer: CARRION LOGISTICS INC Attn.: AMRIT

Street Address: 2575 INKSTER BLVD Phone: 204-410-0031

City, State, Zip: WINNIPEG MB R3C2E6

In compliance with 49 CFR §§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: 204-800-3190

Prospective employer's confidential email: dispatch@carrionlogistics.com

Applicant's Signature _____

Date _____

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2 ACCIDENT HISTORY

The applicant named above was employed by us. ☐ Yes, ☐ No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____.

Did he/she drive motor vehicle for you? ☐ Yes ☐ No If yes, what type? ☐ Straight Truck ☐ Tractor/Semitrailer

☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§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: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST – DRUG AND ALCOHOL TESTING HISTORY

Section 3: To be completed by Previous Employer

Drug and Alcohol History

Please check here ☐, and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown in Section 1.

Within the past 3 years from the application date shown in Section 1:

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR part 40 ☐Yes ☐No
Or Subpart B of part 382, including:
 - An alcohol test with a result of 0.04 or higher alcohol concentration?
 - A controlled substances test result of positive or adulterated or substituted
 - A refusal to submit to a post-accident, random, reasonable suspicion or follow-up Alcohol or controlled substance test
 - Alcohol use while performing or within 4 hours before performing safety sensitive functions
 - Alcohol use after an accident, in violation of 382.303
 - Controlled substances use while on duty, except as allowed under 382.213.
2. If this person has violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a Rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was Required but you do not know if he/she began or completed such a program, check here ☐. ☐Yes ☐No ☐N/A
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, Or refusal to be tested? ☐Yes ☐No ☐N/A

Section 3 Completed by:

Name: _____
Company: _____ Telephone: _____
Address: _____
Signature: _____ Date: _____

Section 4a: To be completed by Prospective Employer

This form was sent by (check one): ☐ Fax ☐ Mail ☐ E-Mail Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (391.23(c)(1):

Section 4b: To be completed by Prospective Employer

Complete below when information is obtained.

Information received from: _____

Received by: ☐ Fax ☐ Mail ☐ E-Mail ☐ Telephone Other _____

Recorded by: _____ Date: _____



POLICY MANUAL RECEIPT

I, _____ (please print), hereby acknowledge receipt of a Company Policy Manual and will ensure understanding of the material provided and my responsibilities therein.

Date: _____

Driver Signature: _____

Company Representative: _____



CELL PHONE POLICY FOR CDL OPERATORS

(Policy sample allows for hands free use of phone)

Recommended Usage You can expand the policy language to include additional scenarios relevant to your organization's needs. Although you may choose to edit the enforcement and disciplinary terms, the inclusion of specific terms strengthens compliance with a policy. It's also recommended that your legal advisor review your final policy language.

The Department of Transportation issued a rule effective January 3, 2012 regarding cell phone usage by CDL operators. The rule prohibits the use of hand held cell phones and imposes significant penalties on drivers and employers. A summary is below:

- Drivers who violate the restriction will face federal civil penalties of up to \$2,750 for each offense and disqualification from operating a commercial motor vehicle for multiple offenses.
- Commercial truck and bus companies that allow their drivers to use hand-held cell phones while driving will face a maximum penalty of \$11,000.
- Additionally, states will suspend a driver's commercial driver's license (CDL) after two or more serious traffic violations.

Therefore, (Company) is instituting a new policy.

- Employees are not permitted to use a hand held cell phone while operating a motor vehicle on company business and/or on company time unless the device can be used hands-free.

- Employees are not permitted to read or respond to e-mails or text messages while operating a motor vehicle on company business and/or on company time.

- This policy also applies to use of PDAs.

- While driving, calls cannot be answered and must be directed to voice mail if your handheld device isn't enabled for hands free use.

- If an employee must make an emergency call (911), the vehicle should first be parked in a safe location.

Employees are responsible for payment of civil penalties in the event a citation is issued. If an employee is cited by any enforcement agency for cell phone use violations or if an employee is observed using a hand held device and the use is confirmed by one or more supervisory or management employees of (Company), the employee will be subject to discipline up to and including termination. Correspondingly, any supervisor or management personnel found to allow, encourage, pressure, or threaten adverse action against an employee for complying with this policy shall be subject to discipline up to and including termination.

Your signature below certifies your agreement to comply with this policy.

Employee Name (print) _____

Employee Signature _____

Date _____