

EKKOM ROADLINE INC
O/A
IMPEX FREIGHT CARRIERS

151 Professor Day Dr, BRADFORD ON, L3Z 2B9, CANADA
PH: 647-482-4886

HIRING CRITERIA

Drivers and Owner-Operators hired by **Impex Freight Carriers**. must meet the following requirements:

- ✓ Must be at least 25 years of age.
- ✓ Must be legally able to work in Canada.
- ✓ Must have at least three (3) years Tractor/Trailer experience. (Exception of 2 years with president's consent.)
- ✓ Must possess a Class "AZ" driver's license.
- ✓ Must have stable work history.
- ✓ Must have no more than three (3) moving violations within the past three (3) years.
- ✓ Must have no MTO reportable accidents which were preventable in the past three (3) years.
- ✓ Must have no "failure to report an accident" on record while driving Commercial Vehicle.
- ✓ Must have no felony charges or convictions.
- ✓ Must possess adequate education to read and write legibly and have the ability to understand the rules of the company, the MTO and the requirements of the particular driving classification for which they are applying.
- ✓ Must pass Road Test and attend 1 day at Company for Driver Orientation Process.
- ✓ Must be able to complete 3 classes
 - Hours of Service (Canada Only)
 - Pre-Trip & Post-Trip Inspection
 - Defensive Driving
 - Cargo Securement
 - Distracted Driving

Please ensure that you provide us with the following information at your earliest convenience in order that we may continue to process your application.

- ☐ **CVOR abstract (Should be at least 30 days current)**
- ☐ **Driver's Abstract (30 days current)**
- ☐ **Up To Date Criminal Record Search (Current to 90 days)**

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O/O & Driver APPLICATION for Employment

LAST NAME	FIRST NAME	MIDDLE NAME
Phone # HOME	CELL	E-MAIL ADDRESS

ADDRESS STREET: _____ **HOW LONG:** _____

CITY/TOWN: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

If less than 3 years at above address please complete the following: (Attach Sheet If More Space Is Needed)

Address	City	Province	Number of years

Licence Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's licence". I certify that I do not have more than one motor vehicle licence, the information for which is listed below.

CMV Driver's Licence #	Expiry Date	Province	Date of Birth

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? ☐ YES ☐ NO

IF YES PLEASE SPECIFY _____

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO

IF YES PLEASE SPECIFY _____

Position Applying For: ☐ PERMANENT ☐ PART TIME ☐ TEMPORARY

Owner Operator: ☐ Yes ☐ No Tractor **year:** _____ **Make:** _____

Driver for O/OP: ☐ Yes ☐ No **O/OP Name:** _____ **Unit #** _____

Company Driver: ☐ Yes ☐ No

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA

☐ YES ☐ NO

LANGUAGES WRITTEN FLUENTLY

☐ ENGLISH ☐ FRENCH

LANGUAGES SPOKEN FLUENTLY

☐ ENGLISH ☐ FRENCH ☐ OTHER

ARE YOU BONDABLE?

☐ YES ☐ NO

HAVE YOU EVER BEEN BONDED?

☐ YES ☐ NO

In case of emergency please contact:

Name: _____ **Telephone #** _____

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO. OF KM (MILES)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				
OTHER				

PLEASE SPECIFY THE GEOGRAPHIC AREAS YOU HAVE OPERATED IN: _____

ACCIDENT RECORD FOR PAST 3 YEARS (EVEN IF NOT AT FAULT)

IF NONE, WRITE NONE (Attach Sheet if more space is needed)

DATE MM/YEAR	TYPE OF ACCIDENT	EQUIPMENT TYPE (CAR / TRUCK)	DEATH OR INJURIES	PROVINCE OR STATE	NIGHT OR DAY	CHEMICAL SPILLS
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (other than Parking)**MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS 391.27**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the 12 months.

IF NONE, WRITE NONE (Attach Sheet if more space is needed)

DATE CONVICTED	STATE OF VIOLATION LOCATION	TYPE OF VEHICLE OPERATED - CAR/TRUCK	CHARGE	PENALTY

If no violations 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; _____ DRIVER'S SIGNATURE; _____

EMPLOYMENT HISTORY PAST 3 YEARS

Applicants that desire to drive in intrastate /interstate commerce provide the following information on all employees during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (**total 10years employment record**).

LAST or CURRENT EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? ☐ YES ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? ☐ YES ☐ NO

2 nd LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? ☐ YES ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? ☐ YES ☐ NO

3 rd LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? ☐ YES ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? ☐ YES ☐ NO

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ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

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5 th LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

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6 th LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? ☐ YES ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? ☐ YES ☐ NO

EDUCATION

TYPE	NAME OF SCHOOL	LOCATION	DIPLOMA/DEGREE
HIGH SCHOOL			
UNIVERSITY/COLLEGE			
OTHER TRAINING			

REFERENCE

Name	Relationship	Telephone #	Years Known
1.			
2.			
3.			

HAVE YOU EVER COMPLETED A DRIVING COURSE?☐ YES ☐ NO

IF YES PLEASE SPECIFY LOCATION AND DATE:

HAVE YOU EVER RECEIVED A SAFE DRIVING AWARD?☐ YES ☐ NO

IF YES PLEASE SPECIFY EMPLOYER

AND DATES:

TO BE READ AND SIGNED BY APPLICANT

I hereby authorize **Impex Freight Carriers**, to make sure investigations and inquiries to 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, 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.

"I understand that information I provided 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 391.32(d) and (e). I understand that I have the right to:

- Review information provided by current/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".

DATE;

SIGNATURE:

*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.*

Note; A motor carrier may require an applicant to provide information in addition to the information required by Federal Motor Carrier Safety Regulations.

I hereby authorize you to release the following information to **Impex Freight Carriers**, for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

***Applicant's Signature:** _____ ***Date:** _____

***Applicant, please sign and date above only.**

To Previous Employer: _____ **Date:** _____

Name of Applicant	Driver's License #

The above named individual has made application to this company for a position as a _____ and states that he/she was employed by you as a _____ from _____ to _____

1. Is the employment record with your company correct as stated above? ☐ YES ☐ NO

If No, provide dates: From _____ to _____

2. What kind(s) of work did the applicant do? _____

3. Did he/she drive commercial vehicles for you? ☐ YES ☐ NO

If yes, what type? Straight Truck ☐ Flat Bed ☐ Tractor-Semi Trailer ☐

Tractor-Train Combinations (A) ☐ (B) ☐ (C) ☐ Other (specify) _____

4. If there is no Safety Performance history to report, check here ☐, sign below and return.

5. **Accident History: Complete the following for any accidents included on your accident register (Reg. 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 MM/YEAR	TYPE OF ACCIDENT Fault / Not at Fault	LOCATION	# FATALITIES	# INJURIES	HAZMAT SPILLS
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

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

6. DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to, _____ complete bottom, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to, _____

- A. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
☐ YES ☐ NO
- B. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
☐ YES ☐ NO
- C. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? ☐ YES ☐ NO
- D. Has this person committed other violations of Subpart B of Part 382, or Part 40? ☐ YES ☐ NO
- E. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. ☐ YES ☐ NO
- F. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? ☐ YES ☐ NO

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

7. Reason for leaving your employ: Discharged ☐ Lay Off ☐ Resignation ☐

Remarks: _____

- | | | |
|--|------------------------------|-----------------------------|
| 8. Was the applicant a safe and efficient driver? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Was the applicant's general conduct satisfactory? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Is the applicant competent for the position sought? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Did the applicant drink any alcoholic beverages while on duty? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Would you rehire this person? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Additional Comments: _____

Form Completed By (Print Name) _____

Title: _____ Date: _____ Signature: _____

Name of Company: _____

Driver Statement of ON-DUTY Hours

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(1) (2) Federal Motor Carrier Safety Regulation. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

DAY	1 (Yesterday)	2	3	4	5	6	7	
MONTH - DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work on

Day Month Year Driver's Signature

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.3 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations including time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another company? ☐ Yes ☐ No

At this time do you intend to work for another employer while still ☐ Yes ☐ No
Employed by this company?

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature Date

Witness: _____
Company Representative Date

Driver Disclosure of License

Declaration

Pursuant to Section 318.1(1) of the Highway Traffic Act, I, _____
hereby disclose the only jurisdiction in which I am licenced, the class of licence held, whether or not
the licence is suspended, and the name in which the licence is issued.

- **Name exactly as on D/L:** _____
- **Driver's Licence #** _____
- **Expiry Date:** _____
- **Issuing Province:** _____
- **Class:** _____
- **Suspended?** ☐ YES ☐ NO
- I understand that I can possess only one driver's licence.
- 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 of any suspensions, restrictions, prohibitions or any other change in status to my driver's licence.

Driver's Signature: _____ Date: _____