

PRE-EMPLOYMENT

1. Please complete the entire Driver's Application for employment form. Please provide phone numbers and fax numbers from previous employers. We need the last 3 years of employment for operating in Ontario. If you have operated a commercial motor vehicle in the United States and you must provide all employers for the amount of years operated in the United States. ex: if you drove 7 years in Canada and United States, your employer list must go back 7 years.
2. Please complete the Driver Profile in it's entirety for the insurance company.
3. Please complete **ONLY THE HIGHLIGHTED AREAS** for Request for Information from Previous Employers as requested by section 391.23 of the Federal Motor Carrier Safety Regulation.
4. Please fill out form 413/401 Driver check **highlighted areas only**. This is to obtain previous Drug and Alcohol information for previous employers. If you as a Driver operate in the US, it is mandatory that you are tested for Drug and Alcohol. Please note, upon your acceptance from Insurance Company and information gathered from Previous Employers you will be required to complete a Pre-Employment Drug Test which payment is the applicant's responsibility.
5. Please complete the entire New Employee's Drug and Alcohol Statement and answer the question Yes or No if you have ever tested positive or refused to test on any employment drug test.
6. Please complete the Certification of Compliance.
7. We require a Driver's Abstract and CVOR (Original) no more the 30 Days old.
8. We require a Photocopy of Valid AZ Drivers License, front and back, must be legible.
9. We require a criminal search original and a photocopy of your passport if you do not have the updated fast card version. If you have a new updated fast card then you must provide a copy of the front and back of that card. It also must be legible.
10. A copy of your last Driver's Medical would be greatly appreciated, however if you do not have a copy and have certain medical issues failing to advise this company could result in discharge for not advising of certain medical conditions that could impair your Driving and working abilities.

Please note, anything missing or not completed in its entirety will delay results in regards to employment verification. Please note, if hired and there was false or misleading information given, this will result in discharge without notice and pay.

IF HIRED THEN YOU MUST COMPLETE POST EMPLOYMENT DOCUMENTS

Also to be included in this pre employment package you must supply the following documentation:

- 1) Copy of Driver's License (front and back)*
- 2) Current 3 Year Driver Record (Must be original)*
- 3) Current C.V.O.R. – (Must be original)*
- 4) Copy of passport*
- 5) Copy of Fast Card (or see below)*
- 6) Criminal Record Search (if you do not have a fast card then must provide a current criminal record search, must be original) This can be obtain from your local Police Station.*

Physical History

List any handicaps that may prevent you from doing certain types of work:

Are you capable of manual work? Yes _____ No _____

If you answered no, please explain:

Have you ever been injured on the job? Yes _____ No _____

If you answered yes, please explain :

If any, how much time lost from work in the past three years due to illness?

A copy of your most recent medical form would be greatly appreciated,

If you do not have a copy then you must advise the company if you have ANY medical conditions that could possibly affect your driving and or working abilities for this company.

Print Name

Signature

Dated: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Company JACOBS TRANSPORTATION Inc.
 Address 1387 VICTORIA RD. P.O. BOX 1216
 City VICTORIA State ONT Zip N0E1W0

(answer all questions - please print) 519-428-5192

In compliance with Federal and State 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(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address	Street _____	City _____	Phone _____	How Long? _____
	State _____	Zip Code _____		
Previous Addresses	Street _____	City _____	State & Zip Code _____	How Long? _____
	Street _____	City _____	State & Zip Code _____	How Long? _____
	Street _____	City _____	State & Zip Code _____	How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you 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. (Generally, inquiries 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 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.

Date _____

Applicant's Signature _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTORCOACH - SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR 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? _____

CLAIMS HISTORY (please describe all accidents you were involved in for the last 3 (three) years regardless of fault)

Date of accident	Description and location of accident	% of fault	Total amount paid

COMMENTS:

I certify that I personally completed this application and that all of the information is true and correct. I authorize Insurance Company of Canada to do a complete background investigation in accordance with provincial and federal laws. I authorize my previous employers to release any information requested by Insurance Company of Canada and hold them harmless of all liability from the release of said information.

Signature of driver

Date

Please print your name

JACOBS TRANSPORTATION INC.

Phone: 519-428-5192 Fax: 519-428-5288

REQUEST INFORMATION From Previous Employer (s)

Fill in the yellow highlighted areas which are on page 1 only

I hereby authorize you to release the following information to:

_____ JACOBS TRANSPORTATION INC. _____ for the purposes of investigation
(Prospective Employer)

as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date _____ Applicant's Signature _____

PREVIOUS EMPLOYER NAME AND ADDRESS

PHONE NO. _____

FAX NO: _____

Dear Sir/ Madam:

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

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely

_____ **Michael Jacobs** _____

_____ JACOBS TRANSPORTATION INC. _____

Telephone no. _____ 519-428-5192 or 519-909-5192 _____

Name of Applicant _____ **Social Security No.** _____

1. Employed from _____ to _____ as _____
at wage or salary of _____.

2. Did he / she drive a motor vehicle for you? _____, Straight Truck? _____,
Tractor-Semi trailer? _____, Bus? _____ other (Specify) _____

REQUEST FOR INFORMATION (Previous Employer) CONTINUED PAGE 2 OF 3

3. Tickets on Company DOT or CVOR \ Carrier Profile? No _____ or Yes _____

If yes Details _____

4. Negligent Damage to Equipment or Cargo? No _____ or Yes _____.

Details _____

5. Accidents ? No _____ or Yes _____, If Yes number _____

Preventable _____ Not Preventable _____ Property _____

Details: _____ Single Vehicle _____ 3rd Party _____

6. Reason for leaving your employ: Discharged _____; Resignation _____; Lay off _____;

Other (specify) _____. Notice Given? Yes _____ or No _____.

7. Please advise history of past driving record if available for past three years _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your option by place a check mark in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Compliance & Log Book Management				
Equipment Handling				
Attitude				
Fellow Workers				
Timeliness				
Paperwork BIL				
Customer Courtesy				
Follows Instruction				
Dependability				

REQUEST FOR INFORMATION (Previous Employer) CONTINUED PAGE 3 OF 3

8. Trustworthy? Yes _____ or No _____

9. Personal Problems Effect Work? Yes _____ or No _____.

10. Injured While Employed? No _____ or Yes _____ Time Lost From Work _____.

11. Would you re-employ this person? Yes _____ or No _____

Please explain: _____

Any other remarks: _____

NAME (PRINT) _____ SIGNATURE _____

TITLE _____ DATE _____

**THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS DRIVER'S FILE. PLEASE RETURN
TO THE FAX NUMBER BELOW.
JACOBS TRANSPORTATION INC.
FAX : 519-428-5288**



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(e)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (II) Under 49 CFR 382.301(e)(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: _____ Phone: _____ Fax: _____
 Address: _____
 Attention: _____

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):

- Please complete sections (1) and (2) below (for pre-employment exemption in accordance with 49 CFR 382.301).
- Please complete sections (1) and (3) below (request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25).

(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 _____ Type of Test _____ Positive Negative
(mm/dd/yy)
Date _____ Type of Test _____ Positive Negative
(mm/dd/yy)
Date _____ Type of Test _____ Positive Negative
(mm/dd/yy)
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 two years.

Company Name: Michael Jacobs JACOBS TRANSPORTATION INC

Address: 1387 VICTORIA RD, P.O. BOX 126
VICTORIA, ONTARIO N0E 1W0

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 two 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

Motor Vehicle Driver's

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) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, 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, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 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, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____

(This form is not required for DOT compliance)