



A TransForce Company

5425 Dixie Road - Suite 101  
Mississauga, ON L4W 1E6  
Phone: 905-212-9001  
Fax: 905-212-1261

- \*\* All applicants must possess at least **Two Years** of verifiable driving experience\*\*
- \*\* **One year** of verifiable driving experience may be considered\*\*
- \*\* Drivers must possess the ability to Drive Nights as Trans4 Logistics is 24 / 7\*\*

- **PLEASE COMPLETE THE APPLICATION IN FULL**
- **INCLUDING A COMPLETE - 10 YEAR JOB HISTORY**

And return it to the Safety & Compliance Office with the following documents listed below:

- **Driver's License**
- **Current Driver Abstract**
- **Current Driver CVOR**
- **Driver's License History**
- **Criminal Record Search**
- Social Insurance Card
- Copy of Drivers FAST Card
- Copy of Drivers Passport
- Canadian Citizenship or a Permanent Resident Card

*All attained information will be kept private and confidential.  
All documents are for the strict use of the employment application process.*

**OFFICE USE ONLY:**

E: \_\_\_\_\_  
R: \_\_\_\_\_  
DI: \_\_\_\_\_  
RT: \_\_\_\_\_  
DT: \_\_\_\_\_  
O: \_\_\_\_\_  
CP: \_\_\_\_\_

## PRE-APPLICATION QUESTIONNAIRE

**Driver Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

	<u>Yes</u>	<u>No</u>
Are you are least <b>24 years of age</b> ?	_____	_____
Do you have <b>Border Crossing Experience</b> ?	_____	_____
Have you received training in the <b>Hours of Service and PTI</b> in accordance to the Highway Traffic Act?	_____	_____
Have you complied with the <b>Medical</b> requirements as stated in the Highway Traffic Act?	_____	_____
Are you legally authorized to work in Canada?	_____	_____
Have you ever been convicted or have charges pending from driving while under the influence? ( <b>DUI / DWI</b> )	_____	_____
Do you have any violations convictions arising from or connection to a fatal accident in the last 3 years?	_____	_____
Do you have any driving violations convictions on your driving record in the last 3 years?	_____	_____
Have you been convicted under the <b>Criminal Code</b> in the past 7 years or have charges pending or been pardoned? If YES, please explain: _____ _____	_____	_____
Are you able to read and speak the English Language? sufficiently according to the <b>FMCSR 391.11</b> ?	_____	_____

**Falsification of information provided will result in termination of the hiring process.**

- Application Policies:
1. We do not hire everyone who applies
  2. We do not discuss our hiring our hiring decisions with applicants.

I understand these policies, and also understand that information provided by my subsequent application form with regard to my driving record, previous employment, drug testing and information on my safety history will checked, verified and used to make hiring decisions and I consent to these being used for this purpose.

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
Date

**APPLICATION FOR EMPLOYMENT OR CONTRACT**



DATE: \_\_\_\_\_

**Application for: (check all that are applicable)**

\_\_\_\_\_ Owner / Operator                      \_\_\_\_\_ O/O – Driver  
\_\_\_\_\_ Team Owner Operator                      \_\_\_\_\_ O/O – Team Driver

Name of O/O: \_\_\_\_\_

**Driver Name:** \_\_\_\_\_

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

If the above address has not been your residence for the past (3) years please provide address prior for the listed above to comply with (3) residence history. \_\_\_\_\_

Contacts Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**GENERAL INFORMATION**

How many years have you held an AZ Commercial license? \_\_\_\_\_

Have you ever worked for Trans4 logistics?    \_\_\_ NO    \_\_\_ YES.

If yes, when: \_\_\_\_\_

And why did you leave Trans4 Logistics? \_\_\_\_\_

Do you have any relatives working at Trans4 Logistics?  
If yes who: \_\_\_\_\_

Are you presently employed? \_\_\_ NO    \_\_\_ YES. If NO, how long since your last employment? \_\_\_\_\_

# TEN (10) YEAR EMPLOYMENT HISTORY

## Current or Most Recent Employer

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates Employed: From- Month \_\_\_\_\_ Year \_\_\_\_\_ To-Month \_\_\_\_\_ Year \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Type of Equipment Used : \_\_\_\_\_ Transmissions Used: \_\_\_\_\_  
Areas driven State(s) / Province(s): \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

## Previous Employer

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates Employed: From- Month \_\_\_\_\_ Year \_\_\_\_\_ To-Month \_\_\_\_\_ Year \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Type of Equipment Used : \_\_\_\_\_ Transmissions Used: \_\_\_\_\_  
Areas driven State(s) / Province(s): \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

## Previous Employer

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates Employed: From- Month \_\_\_\_\_ Year \_\_\_\_\_ To-Month \_\_\_\_\_ Year \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Type of Equipment Used : \_\_\_\_\_ Transmissions Used: \_\_\_\_\_  
Areas driven State(s) / Province(s): \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

## Previous Employer

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates Employed: From- Month \_\_\_\_\_ Year \_\_\_\_\_ To-Month \_\_\_\_\_ Year \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Type of Equipment Used : \_\_\_\_\_ Transmissions Used: \_\_\_\_\_  
Areas driven State(s) / Province(s): \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

**TEN (10) YEAR EMPLOYMENT HISTORY CONTINUED**

**Previous Employer**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates Employed: From- Month \_\_\_\_\_ Year \_\_\_\_\_ To-Month \_\_\_\_\_ Year \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Type of Equipment Used : \_\_\_\_\_ Transmissions Used: \_\_\_\_\_  
Areas driven State(s) / Province(s): \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates Employed: From- Month \_\_\_\_\_ Year \_\_\_\_\_ To-Month \_\_\_\_\_ Year \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Type of Equipment Used : \_\_\_\_\_ Transmissions Used: \_\_\_\_\_  
Areas driven State(s) / Province(s): \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates Employed: From- Month \_\_\_\_\_ Year \_\_\_\_\_ To-Month \_\_\_\_\_ Year \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Type of Equipment Used : \_\_\_\_\_ Transmissions Used: \_\_\_\_\_  
Areas driven State(s) / Province(s): \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

**DRIVER LICENSE INFORMATION**

Driver's License Number: \_\_\_\_\_

Issuing Province: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Which Driving School did you attend to obtain your AZ license?  
\_\_\_\_\_

License Expiry Date: MO: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Medical Expiry Date: MO: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Do you or have you held any other Drivers License issued by another jurisdiction? \_\_\_\_NO \_\_\_\_YES. If yes where: \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_NO \_\_\_\_YES

Has your license been denied to operate a motor vehicle? \_\_\_\_NO \_\_\_\_YES

Has your license been disqualified for violations FMCSR ? \_\_\_\_NO \_\_\_\_YES

If Yes to any of the above, please explain: \_\_\_\_\_

**DRIVING EXPERIENCE**

Please check off the ones you have experience with and how many years:

\_\_\_ Tractor Trailer \_\_\_ yrs.

\_\_\_ Team Driver \_\_\_ yrs.

\_\_\_ Reefer or Heater \_\_\_ yrs.

\_\_\_ Shunt Driver \_\_\_ yrs.

\_\_\_ TDG \_\_\_ yrs.

\_\_\_ Winter Driving \_\_\_ yrs.

\_\_\_ Straight Truck \_\_\_ yrs.

## DRIVING EXPERIENCE CONTINUED

Please check off the ones you have had training in:

Hours of Service

Pre -Trip Inspections

Load Securement

Weight distribution

Air Brakes

Defensive Driving

Wheel and Tire Security

List the Provinces and States you have driven in: \_\_\_\_\_

Approximate Commercial miles driven: \_\_\_\_\_

List any other information you wish to provide to your experience, training or safety record as a driver: \_\_\_\_\_

## DRIVING HISTORY

### ACCIDENTS:

During the past (5) years have you been involved in any accidents or incident while operating a commercial vehicle?  NO  YES

If yes please provide details: \_\_\_\_\_

### VIOLATIONS:

During the last (3) years have you plead guilty to or have been found guilty of any traffic violation in any other jurisdiction while driving a commercial vehicle?  NO  YES

If yes please provide details: \_\_\_\_\_

**F.A.S.T CARD – C.D.R.P CARD INFORMATION**

Are you as a driver F.A.S.T approved? \_\_\_ NO \_\_\_ YES

If so, please provide your card number: \_\_\_\_\_

If not, have you applied \_\_\_ NO \_\_\_ YES

Or do you possess a CDRP card? \_\_\_ NO \_\_\_ YES

If so, please provide you card number: \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13

College / University Education: Yrs. 1 2 3 4 More \_\_\_\_\_

Degree or Other Related Certificates: \_\_\_\_\_

**OWNER OPERATOR TRUCK INFORMATION**

Trans4 Logistics will only approve tractors no older that (7) years or newer.

During the application process all new units to the company are subject to a pre-employment inspection by an **APPROVED TRANS4 LOGISTICS GARAGE**. These units if approved will not be licensed till any repair(s) required are completed.

Please provide the details of the vehicle you are applying with:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

Engine: \_\_\_\_\_ Transmission: \_\_\_\_\_

Current Mileage: \_\_\_\_\_

Parking (yard) of your unit(s): \_\_\_\_\_



## **ACKNOWLEDGEMENTS AND RELEASES**

It is understood that the applicant has completed this application. This application is only valid for sixty days (60) from the date of the application. Trans4 Logistics reserves the right to request a new application after this time if you are to be reconsidered for employment / contract.

It is the policy of Trans4 Logistics to offer all operators, employees and applicant's equal opportunity without regard to race, color, religion, national origin, age, sex, disability or marital status. This policy covers all aspects of employment / contract relationship. Employment / contract decisions, subject to the legitimate business requirements of Trans4 Logistics are based solely on the individual's qualifications, merit and performance.

Employment / contract with Trans4 Logistics is contingent upon availability of jobs; applicants continued ability to perform the essential functions of the positions for which qualified, with or without reasonable accommodation; the results of applicant's employment verifications and applicant's acceptance and compliance with Trans4 Logistics policies.

I certify that I have read and understood all of this application. It is agreed that Trans4 Logistics or its agents may investigate my background to ascertain any and all information of concern to my employment history. Whether it is of record or not and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be to demonstrate that I am performing tasks that are pertinent to the job. It may be conditioned on results of a physical (medical) examination and/or drug test.

I further certify that I am a genuine applicant for employment / contract and this application is being submitted solely for the purpose of seeking employment / contract with Trans4 logistics and for no other reason. It is further agreed and understood that under Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigation Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations or paperwork as may be required to complete my employment / contract file including providing copy of a current (not older than one (1) month Drivers Abstract and CVOR and Criminal record Search (not older that three (3) months). I also understand that misrepresentation or omission of information or facts may result in rejection or dismissal. It is agreed that if hired, I will abide by all rules and policies of Trans4 logistics including being subject to a three (3) month probation period during which time I may be dismissed without recourse.

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**Trans4 Logistics Representative Signature**

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**Applicants signature**

**FORMER EMPLOYER VERIFICATION & REFERENCE AUTHORIZATION**

I authorize Trans4 Logistics or its agents to investigate my background to ascertain any and all information of concern to my employment history. Whether same is of record or not and I release employer and other persons named herein, in my references or verbally from any liability for any damages on account of furnishing such information.

\_\_\_\_\_  
**Applicants Signature of Authorization**

\_\_\_\_\_  
**Date**

**REQUEST FOR INFORMATION**

To Whom It May Concern:

The Following person has applied for employment / contract with Trans4 logistics. You or your firm have been listed as a resource we may contact to confirm this person's work history and character. As you will see above, this person has waived any claim of liability against you or your firm for information submitted in response to this inquire. Could you kindly take a moment of your time to complete this questionnaire? Trans4 Logistics appreciates your attention to this matter.

**QUESTIONNAIRE**

**Applicant's Name:** \_\_\_\_\_

**Applying For :** \_\_\_\_\_

Please confirm that this person was employed by your firm from:

\_\_\_\_\_ to \_\_\_\_\_ Yes\_\_\_ No\_\_\_

If **NO**, please indicate actual dates:

\_\_\_\_\_ to \_\_\_\_\_

Did this person drive a commercial vehicle for your firm? Yes\_\_\_ No\_\_\_

If **YES** please indicate the type and length of experience below:

\_\_\_ Tractor / Trailer \_\_\_yrs.

\_\_\_ Single Driver \_\_\_yrs.

\_\_\_ Team Driver \_\_\_yrs.

\_\_\_ Straight Truck \_\_\_yrs.

\_\_\_ Van, Cube or Panel \_\_\_yrs.

Did this person have any accidents or violations with your firm? Yes \_\_\_ No \_\_\_

If Yes, please provide details: \_\_\_\_\_

Was this person a safe and efficient driver? Yes \_\_\_ No \_\_\_

Was this person driver's license suspended while with your company? Yes\_\_\_ No \_\_\_

Did this person operate within the Hours of Service? Yes \_\_\_ No \_\_\_

Did this person belong to a Drug / Alcohol Program? Yes\_\_\_ No\_\_\_ - If not why \_\_\_\_\_

Why did this person leave your company? Quit \_\_\_ Laid Off \_\_\_ Discharged \_\_\_

Is this person eligible for re-hire with your company? Yes \_\_\_ No \_\_\_ Upon Review \_\_\_

Your name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Firm: \_\_\_\_\_ Signature: \_\_\_\_\_

**Previous Pre-Employment Employee  
Alcohol and Drug Test Statement**

Sec. 40.25(j): As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 40.25(b)(5) and (e))

Company Name: Trans4 Logistics - Safety & Compliance Office

Street: 5425 Dixie Road, Suite 101

City: Mississauga, Ontario

Province, Postal Code: L4W 1E6

**Prospective Employee Name:** \_\_\_\_\_

**ID number:** \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. 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?

Check one:            Yes                    No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:            Yes                    No

**Prospective Employee:** \_\_\_\_\_  
(Signature)

Date:

Witnessed By: \_\_\_\_\_  
(Signature)

Date:

**Request/Consent for Information  
on Alcohol & Controlled Substances Testing**

**Section 1: To Be Completed By Prospective Employee**

\_\_\_\_\_ identified by \_\_\_\_\_, has  
**First, M.I., Last, Please Print** \_\_\_\_\_ **Donor's ID Number** \_\_\_\_\_

applied to our company for a safety sensitive position as outlined in 49 CFR 382.107. In accordance with DOT regulations 49 CFR 382.413 and 391.23, we are hereby requesting information regarding this individual's involvement and participation in your company's drug and alcohol testing program. This request for drug and alcohol testing information is directed to the attention of:

**Previous Employer:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**City, Province, Postal Code:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_

In accordance with 49 CFR 382.405(f), by my signature below, I authorize you to release any and all information regarding drug and alcohol testing done on myself while in your employ, acting as your agent, under contract to you, or acting as your representative in any capacity during the preceding three years from the below date. This information is to be released to: **Trans4 Logistics, Safety Office**  
Attention: Marg Walsh / Henry Edwards

**Street: 5425 Dixie Road, Suite 101, Mississauga, ON, L4W 1E6**

**Phone: 905 212 9001 Fax: 905 212 1261**

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section 2: To Be Completed By Previous Employer**

Please complete to determine pre-employment qualification under 49 CFR 382.301:

1. Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No
2. Did the company drug & alcohol program comply with DOT regulation Part 40? Yes No
3. Was the applicant qualified to drive as set forth in Part 382? Yes No
4. Name and Address of Consortium (TPA): \_\_\_\_\_

5. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

6. Date of Last Test: \_\_\_\_\_ Type of Test: \_\_\_\_\_ Result: \_\_\_\_\_

7. Any other violation of 49 CFR 382? Yes No explain: \_\_\_\_\_

## Drug & Alcohol Testing Information Request

For verification of driver's participation in a compliant testing program under 49 CFR, 382.413 & Par 40.25:

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

1. Has the applicant ever tested positive, as verified by an MRO, for a controlled substance test covered under Part 40 in the last 3 years? Yes No
2. Has the applicant ever had an alcohol test with a Breath Alcohol Concentration 0.040 or greater in the last three years? Yes No
3. Has the applicant ever refused a DOT required drug or alcohol test in the last three years? (including verified adulterated or substituted drug test results) Yes No
4. To the best of your knowledge, has the applicant ever violated any other DOT drug & alcohol testing regulations other than questions 1-3 above in the last three years? Yes No
5. If yes to any of the above, did the applicant comply with the referral rehabilitation requirements of the Substance Abuse Professional (SAP)? Yes No
  - a. Was the person referred to a SAP? Yes No

If employment with your company continued:

- I. Was the applicant evaluated by the SAP? Yes No
- II. If yes, did the SAP recommend treatment and/or education? Yes No
- III. Did the applicant complete the treatment and/or education determined by the SAP? Yes No
- IV. Did the applicant undergo a return to duty test? Yes No
- V. If yes, was the return to duty test negative? Yes No
- VI. Did the SAP recommend follow-up testing? Yes No
- VII. Did the applicant complete the follow-up testing? Yes No

**If applicable, please submit a copy of the documentation to show completion of return to duty and follow-up testing.**

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

**I confirm the above information is accurate:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Company: \_\_\_\_\_