

HIS HADDAD

LOGISTICS SERVICES
 Tomorrow's Problems, Solved Today!

DRIVER NAME		DATE	
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1	Application for Employment	
2	Current Driver's License	
3	Driver's CVOR	
4	Driver's Abstract	
5	Passport	
6	PR Card	
7	Work Permit	
8	Fast Card	
9	Police Clearance	
10	Social Insurance Number	
11	Health Card (For Insurance)	
12	Out of Country Insurance	
13	Certificate & Articles of Incorporation	
14	Road Test	
15	PSP Disclosure & Authorization Form	
16	Hiring Policy	
17	Clearing House Authorization Form	
18	Reference Check	

EMPLOYMENT APPLICATION

Applicant Name _____ Date of Application _____
Company _____
Address _____
City _____ State _____ Zip _____

TO BE READ AND SIGNED BY APPLICANT

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. I understand that information I provide 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 391.23(d) and (e). I understand that I have the right to:

Review information provided by 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 attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

***Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

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

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

APPLICANT TO COMPLETE

(Answer all questions-please print)

Position(s) Applied for _____

Name _____ S.I.N. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____

Street _____ City _____
Province _____ Postal Code _____ Phone _____ How Long? _____ yr./mo.

Previous _____ How Long? _____

Street _____ City _____ Province & Postal Code _____ yr./mo.

Addresses _____ How Long? _____

Street _____ City _____ Province & Postal Code _____ yr./mo.

_____ How Long? _____

Street _____ City _____ Province & Postal Code _____ yr./mo.

Do you have the legal right to work in Canada? _____

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 _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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

If yes, explain if you wish

Are you a FAST approved driver? Yes No Fast Card # _____ Expiry Date _____

If no, are you willing to apply for one and if not please state why

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province and Postal Code. Applicants to drive a commercial motor vehicle* in interstate or interstate commerce shall also provide an additional 7 years* information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.

EMPLOYER				DATE			
NAME				From		To	
				MO	YR	MO	YR
ADDRESS				POSITION HELD			
CITY		PROVINCE	POSTAL CODE	SALARY/WAGE			
CONTACT PERSON			PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?				<input type="checkbox"/> Yes		<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No							

EMPLOYER				DATE			
NAME				From		To	
				MO	YR	MO	YR
ADDRESS				POSITION HELD			
CITY		PROVINCE	POSTAL CODE	SALARY/WAGE			
CONTACT PERSON			PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?				<input type="checkbox"/> Yes		<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No							

EMPLOYER				DATE			
NAME				From		To	
				MO	YR	MO	YR
ADDRESS				POSITION HELD			
CITY		PROVINCE	POSTAL CODE	SALARY/WAGE			
CONTACT PERSON			PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?				<input type="checkbox"/> Yes		<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No							

EMPLOYER				DATE			
NAME				From		To	
				MO	YR	MO	YR
ADDRESS				POSITION HELD			
CITY		PROVINCE	POSTAL CODE	SALARY/WAGE			
CONTACT PERSON			PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?				<input type="checkbox"/> Yes		<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No							

EMPLOYER				DATE	
NAME				From	To
ADDRESS				MO	YR
CITY	PROVINCE	POSTAL CODE		MO	YR
CONTACT PERSON	PHONE NUMBER			POSITION HELD	
				SALARY WAGE	
				REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs? WHILE EMPLOYED?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Includes vehicles having a GVWR of 26, 001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver) or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10, 001 pounds or more. 2) is designed or used to transport more than 8 passengers (including the driver), OR 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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	HAZARDOUS MATERIAL SPILL
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)

EXPERIENCE AND QUALIFICATIONS—DRIVER

List all driver licenses or permits held in the last 3 years.

DRIVER LICENSE	PROVINCE	LICENSE NO.	TYPE	EXPIRATION DATE

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

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO _____

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
	YES	NO		FROM M/Y	TO M/Y	
STRAIGHT TRUCK	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- TWO TRAILERS	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- THREE TRAILERS	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH- SCHOOLBUS (MORE THAN 8 PASSENGERS)	<input type="checkbox"/>	<input type="checkbox"/>				
MOTORCOACH SCHOOLBUS (MORE THAN 15 PASSENGERS)	<input type="checkbox"/>	<input type="checkbox"/>				
OTHER						

LIST PROVINCES & 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: _____

EXPERIENCE AND QUALIFICATIONS – OTHERS

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

LIST COURSES AND TRAINING OTHER THEN AS SHOWN ELSEWHERE IN THIS APPLICATION

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

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, PROVINCE) _____

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.

***SIGNATURE: _____

DATE: _____

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 re qualification provisions under the regulations in accordance with 49 CFR Part 40 Subpart 0. (B) (1) Under 49 CFR 382.301(b) A prospective employer is not required to administer a pre-employment drug test on a hiring 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(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 uploaded 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

Date: _____

TO: [Previous Employer]

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: Haddad Logistics Services LTD Phone: _____

Fax: _____ Address: _____ Attention: _____

I also understand that I have the right, under 49 CFR 391.23(l) and (l) 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 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: _____

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 sections (1) and (2) for pre-employment exemption are not required

Name: _____

(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

Date _____ Type of Test _____ Positive Negative

Date _____ Type of Test _____ Positive 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 ref used 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 _____

49 CFR Part 382.413 and Part 40.25:

§ 382.413 and 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties

- (a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.
- (b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:
 - (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
 - (2) Verified positive drug tests;
 - (3) Refusals to be tested (including verified adulterated or substituted drug test results);
 - (4) Other violations of DOT agency drug and alcohol testing regulations; and
 - (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.
- (c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.
- (d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.
- (e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.
- (f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.
- (g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.
- (h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.
- (i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.
- (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 paragraphs (b)(5) and (e) of this section).

49 CFR Part 382.301

382.301 Pre-employment testing.

(a) Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used, unless the employer uses the exception in paragraph (b) of this section. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver.

(b) An employer is not required to administer a controlled substances test required by paragraph (a) of this section if:

(1) The driver has participated in a controlled substances testing program that meets the requirements of this part within the previous 30 days; and

(2) While participating in that program, either:

(i) Was tested for controlled substances within the past 6 months (from the date of application with the employer) or

(ii) Participated in the random controlled substances testing program for the previous 12 months (from the date of application with the employer); and

(3) The employer ensures that no prior employer of the driver of whom the employer has knowledge has records of a violation of this part or

the controlled substances use rule of another DOT agency within the previous six months.

(c)(1) An employer who exercises the exception in paragraph (b) of this section shall contact the controlled substances testing program(s) in which the

driver participates or participated and shall obtain and retain from the testing program(s) the following information:

(i) Name(s) and address(es) of the program(s).

(ii) Verification that the driver participates or participated in the program(s).

(iii) Verification that the program(s) conforms to part 40 of this title.

(iv) Verification that the driver is qualified under the rules of this part, including that the driver has not refused to be tested for controlled substances.

(v) The date the driver was last tested for controlled substances.

(vi) The results of any tests taken within the previous six months and any other violations of subpart B of this part.

(2) An employer who uses, but does not employ a driver more than once a year to operate commercial motor vehicles must obtain the information in paragraph (c)(1) of this section at least once every six months. The records prepared under this paragraph shall be maintained in accordance with § 382.401. If the employer cannot verify that the driver is participating in a controlled substances testing program in accordance with this part and part 40 of this title, the employer shall conduct a pre-employment controlled substances test.

(d) An employer may, but is not required to, conduct pre-employment alcohol testing under this part. If an employer chooses to conduct pre-employment alcohol testing, it must comply with the following requirements:

(1) It must conduct a pre-employment alcohol test before the first performance of safety-sensitive functions by every covered employee (whether a new employee or someone who has transferred to a position involving the performance of safety-sensitive functions).

(2) It must treat all safety-sensitive employees performing safety-sensitive functions the same for the purpose of pre-employment alcohol testing (i.e., it must not test some covered employees and not others).

(3) It must conduct the pre-employment tests after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test.

(4) It must conduct all pre-employment alcohol tests using the alcohol testing procedures of 49 CFR part 40 of this title.

(5) It must not allow a covered employee to begin performing safety-sensitive functions unless the result of the employee's test indicates an alcohol concentration of less than 0.04.

New Employee's Drug and Alcohol Statement

In accordance with 49 CFR.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 _____

Address _____

City _____ State _____

Prospective Employee Name: _____

Prospective Employee SIN / ID Number: _____

To be answered by the employee:

Have you ever 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?

Yes No

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) and 40.25 (e). The return-to-duty process is outlined in subpart O of Part 401

Prospective Employee Signature

Date

Witnessed By (Print Name)

Date

Witness Signature

Date

**REQUEST FOR INFORMATION
From Previous Employer**

I hereby authorize you to release the following information to _____ for the purposes of investigation
_____ Prospective employer
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 _____

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

Mailed, Date: _____

Faxed, Date: _____

Emailed, Date: _____

Received by Phone, Date: _____

Name of Person Contacted: _____

Dear Sir/Madam:

The below named individual has made 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. Enclosed is a business reply enveloped for your convenience. Thank you for your courtesy.

Sincerely

_____ SAFETY _____

Name of the Applicant: _____ Social Security No: _____

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

2. Did he/she drive motor vehicle for you? _____ Straight Truck? _____ Tractor
Semitrailer? _____ Bus? _____ Other(specify) _____

3. Was he/she a safe and effective driver? _____

4. Reason for leaving your employ: Discharged _____ : Resignation _____
Lay off _____ : Military Duty _____

5. Was his/her general conduct satisfactory?

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

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check mark in appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get Along with others				
Initiative, resourcefulness				
Safety Habits				
Driving Skills				
Attitude				
Loyalty				

Any Other Remarks _____

SIGNATURE _____

TITLE: _____

DATE: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 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)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

- 1 The consumer (applicant) has authorized in writing the procurement of this report;
- 2 The consumer (applicant) has been informed in separate written disclosure that a consumer report may be obtained for employment purposes;
- 3 The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
- 4 The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation;
and
- 5 Before taking an adverse action based in whole or part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Sections 30002(a)).

SAFETY

(Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made the application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation
Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
_____. IN accordance with Section 391.25, Federal Department of Transportation
Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

EMPLOYMENT DATES FROM (m/y) _____ TO (m/y) _____

ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)
(Address)

(Typed Name)
(Title)

**U. S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
(49 CFR 391.25)**

Name (Last, First, M.I.) (Social Security Number)

This day I reviewed the driving record of the above named driver in accordance with CFR 391.25 of the Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the MCS Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and 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 or 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 to drive a motor vehicle pursuant to CFR 391.15

Date of review

Name of Motor Carrier:

Reviewed by: Signature and Title

Date of review

Name of Motor Carrier:

Reviewed by: Signature and Title

Date of review

Name of Motor Carrier:

Reviewed by: Signature and Title

**MOTOR VEHICLE DRIVER'S
CERTIFICATION OF VIOLATIONS**

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 past 12 months.

Date	Offence	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's License No: _____ State: _____ Expiration Date: _____

Date of Certification

Driver's Signature

Company Name

Company Address

Haddad Logistics Services LTD

6500 Cantelon Dr. Windsor, ON N8T 0A6

SAFETY

Reviewed By: (Signature)

Title

DRIVER HIRING CHECK LIST

	Give a short history of the company, explain the structure and define any reporting relationships with any other employees	
	Give details of probationary period	
	Show them around facilities and introduce to other employees	
	Explain pay structure, paydays and when wages are reviewed	
	Explain which statutory holidays are paid, which are not, and any other pertinent information	
	Demonstrate the use of timesheets	
	Explain company policy regarding hours of work legislation	
	Explain company policy regarding pre-trip inspections	
	Review fuelling, and topping off fluid levels	
	Stress the importance of keeping equipment clean	
	Explain procedures for reporting violations, collisions and roadside inspections	
	Make sure it is understood whom problems are reported to	
	Explain procedures for on-road breakdowns	
	Introduce to maintenance personnel	
	Demonstrate 2 way radios or provide with emergency phone numbers	
	Explain the importance of Safety Meeting and Training program	
	Explain company Safety program accident free days , posters, plaques, awards etc	
	Review company on unauthorised use of vehicles	
	Explain company disciplinary process	
	Explain evaluation process	
Comments		
Date	Driver	Manager SAFETY

Rules

In order to ensure safe operation of the company's vehicles, all drivers must be aware of and comply with all regulations governing their conduct

Licensing	Initials
a) I know that I must hold and carry a valid driver's license	
b) I agree to report all Highway Traffic Act violations including all traffic violations to my employer in writing	
c) I understand that I must not operate a vehicle while under the influence of drugs or alcohol	
Hours of Work	Initials
a) I have been informed of and understand the hours of work regulations	
b) I am aware I must arrange my work schedule to comply with these regulations	
c) I agree to submit a record of all on-duty hours accumulated while working for other operators	
Pre-trip Inspections	Initials
a) I am aware of the pre-trip inspection and understand them	
b) I will submit all roadside inspection reports immediately upon completion of the trip	
Load Security	Initials
I have been informed of and understand the load security regulations	

Driver's signature _____

Date _____

Witness _____

Date _____

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 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. **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: _____

MEDICAL DECLARATION

On March 3rd, 1999 Transport Canada and the US federal Highway administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian drivers of a commercial vehicle in the US, as currently contained in the federal Motor carriers safety regulation, part 391.41 et seq, and vice-versa, the reciprocal agreement will remove the requirements for a Canadian driver to carry a copy of a medical examiners certificate indicating that the driver is physically qualified to drive (In effect, the existence of a valid driver's license issued by the province of Alberta is deemed to be proof that a driver is physically qualified to drive in US) however, FHWA will not recognize an Alberta license if the driver has certain medical conditions and those conditions would prohibit them from driving in the US.

I certify that I am qualified to operate a commercial vehicle in the United States. I further certify that:

- A) I have no clinical diagnosis of diabetes currently requiring insulin for control
- B) I have no established medical history or clinical diagnosis of epilepsy
- C) I don't have impaired hearing (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 100 Hz, or 200 Hz with or without a hearing aid when tested by an audiometric device calibrated to American National Standard Z24.5-1951)
- D) I have not been issued a waiver by the province of Alberta allowing me to operate a commercial motor vehicle pursuant to section 20 or 22 of the Alberta regulation 340/94

I further agree to inform **Haddad Logistics Services LTD** should my medical status change, or if I can no longer certify conditions A to D, described above.

Driver's Name (Printed): _____

Driver's Signature: _____

Witness: _____

Date: _____

DRIVER ACKNOWLEDGEMENT

I _____ have been explained and I understand it is illegal to Falsify in logbooks and I have to log all time markers (eg Tolls, border crossing, fuel times ets) Properly and exactly as per Mountain Time Zone.

If any falsification in my logs is found while auditing by company, I agree that I will be subjected to fines and penalties

Fines and penalties will be determined by safety and compliance officer looking in to number of counts and difference of hours

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

**DRIVER STATEMENT OF ON-DUTY HOURS
(For Newly Hired Drivers)**

INSTRUCTION: 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(j) (2) Federal Motor Carrier Safety Regulations. 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) _____
 Social Security Number _____
 Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____
 Type of License _____ Issuing State _____

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL
	(yesterday)														
DATE															
HOURS WORKED															

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 at

_____ A.M.
 _____ P.M. On _____
 Time Day Month Year

 Driver's Signature Date

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 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes 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 employer? (check one)
 Yes No

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

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

Safety Regulations Pocketbook Driver's Receipt

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the federal motor carrier safety Regulation (FMCSR) of the U.S department of transportation, Part 40, 382, 383, 390, 397, 399 Subchapter B, chapter3, Title 49 of the code of federal regulations as contained therein.

Driver's Signature

Date

Company

Company Supervisor's Signature

Date

Note: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver qualification file.

Procedure & Policies Drivers Manual

I _____ Have read and understand the Haddad Logistics Service LTD. Policies and procedures driver's manual. I fully agree to abide by these policies and procedures and understand that if I break any of these policies and procedures, I will suffer the consequences set forth in the manual. I am also aware that anything I do not understand, I can go to anyone in the management position and anything I do not understand will be fully explained to me. I understand that Haddad Logistics Services LTD is the safety compliance officer for Haddad Logistics Services LTD and I will abide any rule set forth by Haddad Logistics Services LTD pertaining to any safety issues I might have.

Driver's Name: _____

Driver's Signature: _____

Date: _____

Witnessed By: _____

Consent to release Individual Information

1. I authorize Haddad Logistics Services LTD and my prospective employer to retain and share any of my information to other companies or any government or private agencies.
2. I also authorize Haddad Logistics Services LTD to pull my CVOR, Abstract and Police Clearance from time to time while I am in employment with this prospective employer.

Driver's Name

Date

Driver's Signature

Date

RECORD OF ROAD TEST

Driver's Name: _____
 License No. _____ State _____
 Checked From _____

Address: _____
 Equipment driven: Truck/Tractor _____ Trailer _____
 To _____ Date _____

Check only those items on which the driver's performance is **UNSATISFACTORY**. Explain unsatisfactory items under remark

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- . Checks general condition approaching unit
- . Looks for leakage of coolants, fuel, lubricants
- . Checks under hood - oil, water, general condition of engine compartment, steering
- . Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers
- . Tests brake action, tractor protection valve and parking (hand) brake
- . Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses and 4-way flashers
- . Checks instruments
- . Cleans windshield, windows, mirrors, lights, reflectors

PART 3 - COUPLING AND UNCOUPLING

- . Lines up units
- . Hooks brake and light lines properly
- . Secures Trailer against movement
- . Backs under slowly
- . Tests hookup with power
- . Checks hookup visually
- . Handles landing gear properly
- . Proper hook-up of full trailer
- . Secures power unit against movement

PART 2 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. MOTOR

- . Starts motor without difficulty
- . Allows proper warm-up
- . Understands gauges on instrument panel
- . Maintains proper engine speed while driving
- . Basic knowledge of motors - gas diesel
- . Does not abuse motor

B. CLUTCH AND TRANSMISSION

- . Starts loaded unit smoothly
- . Uses clutch properly
- . Times gearshift properly
- . Shifts gears smoothly
- . Uses proper gear sequence

C. BRAKES

- . Understands operating principles of air brakes
- . Knows proper use of tractor protection valve
- . Understands low air warning
- . Tests brakes before starting trip

D. STEERING

- . Controls steering wheel
- . Good driving posture and good grip on wheel

E. LIGHTS

- . Knows lighting regulations
- . Uses proper headlight beam
- . Dims lights when meeting or following other traffic
- . Adjusts speed to range of headlights
- . Proper use of auxiliary lights

PART 4 - BACKING AND PARKING

A. BACKING

- . Gets out and checks before backing
- . Looks back as well as uses mirror
- . Gets out and rechecks conditions on long back

B. PARKING (CITY)

- . Does not hit nearby vehicles or stationary objects
- . Parks proper distance from curb
- . Sets parking brake, puts in gear, chocks wheels,

- . Avoids backing from blind side
- . Signals when backing
- . Controls speed and direction properly while backing

PART 5 - SLOWING AND STOPPING

- Uses gears properly ascending
- Stops and starts without rolling back
- Uses mirrors to check traffic to rear
- Avoids sudden stops
- Stops before crossing sidewalk when coming out of driveway or alley

- shuts off motor
- Checks traffic conditions and signals when pulling out from parked position

Parks in legal or safe location

C. PARKING (ROAD)

- Parks off pavement
- Avoids parking on soft shoulder
- Uses emergency warning signals when required
- Secures unit properly

Gears down properly descending

Tests brakes properly on grades

Signals following traffic

Stops smoothly without excessive fanning

Stops clear of pedestrian crosswalks

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

A. TURNING

- Gets in proper lane well in advance
- Signals well in advance
- Checks traffic conditions and turns only when way is clear
- Does not swing wide or cut short while turning

B. TRAFFIC SIGNS AND SIGNALS

- Approaches signal prepared to stop if necessary
- Obeys traffic signal
- Uses good judgment on yellow light
- Starts smoothly on green
- Notices and heeds traffic signs
- Obeys "Stop" signs

C. INTERSECTIONS

- Adjusts speed to permit stopping if necessary
- Checks for cross traffic regardless of traffic controls
- Yields right-of-way for safety

D. GRADE CROSSINGS

- Adjusts speed to conditions
- Makes stop, if required
- Selects proper gear and does not shift gears while crossing

E. PASSING

- Passes with sufficient clear space ahead
- Does not pass in unsafe location: hill, curve, intersection
- Signals lane changes
- Warns driver being passed
- Pulls out and back with certainty
- Does not tailgate
- Does not block traffic with slow pass
- Allows enough room when returning to right lane

F. SPEED

- Speed consistent with basic ability
- Adjusts speed properly to road, weather, traffic conditions, legal limits
- Slows down for rough roads
- Slows down in advance of curves, intersections, etc.
- Maintains consistent speed

G. COURTESY AND SAFETY

- Uses defensive driving techniques
- Yields right-of-way for safety
- Goes ahead when given right-of-way by others
- Does not crowd other drivers or force way through traffic
- Allows faster traffic to pass
- Keeps right and in own lane
- Uses horn only when necessary
- Generally courteous and uses proper conduct

PART 7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- Consistently alert and attentive
- Adjusts driving to meet changing conditions
- Performs routine functions without taking eyes from road
- Checks instruments regularly while driving
- Willing to take instructions and suggestions
- Adequate self-confidence in driving
- Is not easily angered
- Positive attitude
- Good personal appearance, manner, cleanliness
- Good physical stamina

B. HANDLING OF FREIGHT

- Checks freight properly
- Handles and loads freight properly
- Handles bills properly
- Breaks down load as required

C. RULES AND REGULATIONS

- Knowledge of company rules
- Knowledge of regulations: Federal, state local
- Knowledge of special truck routes

D. USE OF SPECIAL EQUIPMENT (SPECIFY)

REMARKS: _____

GENERAL PERFORMANCE

- Satisfactory
- Needs Training
- Unsatisfactory

QUALIFIED FOR:

- Truck
- Tractor-Semitrailer
- Other: _____

Signature of Examiner _____ Date _____

DRIVER INFORMATION

NAME:

LICENSE #

DATE OF BIRTH

DRIVER LICENSE CLASS

ORIGINAL DATE OF OBTAINING DRIVER LICENSE

DRIVING EXPERIENCE

How many years experience under
Your current class of license

How many years of US commercial
Driving experience do you have

Are you currently an (please select whatever applies)

OWNER OPERATOR

COMPANY DRIVER

DRIVER TRAINEE

TRUCKING COMPANY EMPLOYMENT INFORMATION (MINIMUM 3 YEARS HISTORY MUST BE PROVIDED)

CURRENT EMPLOYER

COMPANY NAME:

ADDRESS:

SUPERVISORS NAME:

PHONE #:

EMPLOYMENT START DATE:

EMPLOYMENT END DATE:

COMMODITIES MOST OFTEN HAULED FOR THIS COMPANY

PAST EMPLOYER 1

COMPANY NAME:

ADDRESS:

SUPERVISORS NAME:

PHONE #:

EMPLOYMENT START DATE:

EMPLOYMENT END DATE:

COMMODITIES MOST OFTEN HAULED FOR THIS COMPANY

PAST EMPLOYER 2

COMPANY NAME:

ADDRESS:

SUPERVISORS NAME:

PHONE #:

EMPLOYMENT START DATE:

EMPLOYMENT END DATE:

COMMODITIES MOST OFTEN HAULED FOR THIS COMPANY

PAST EMPLOYER 3

COMPANY NAME:

ADDRESS:

SUPERVISORS NAME:

PHONE #:

EMPLOYMENT START DATE:

EMPLOYMENT END DATE:

COMMODITIES MOST OFTEN HAULED FOR THIS COMPANY

PAST EMPLOYER 4

COMPANY NAME:

ADDRESS:

SUPERVISORS NAME:

PHONE #:

EMPLOYMENT START DATE:

EMPLOYMENT END DATE:

COMMODITIES MOST OFTEN HAULED FOR THIS COMPANY

PAST EMPLOYER 5

COMPANY NAME:

ADDRESS:

SUPERVISORS NAME:

PHONE #:

EMPLOYMENT START DATE:

EMPLOYMENT END DATE:

COMMODITIES MOST OFTEN HAULED FOR THIS COMPANY

PAST EMPLOYER 6

COMPANY NAME:

ADDRESS:

SUPERVISORS NAME:

PHONE #:

EMPLOYMENT START DATE:

EMPLOYMENT END DATE:

COMMODITIES MOST OFTEN HAULED FOR THIS COMPANY

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

Date Of Accident	Description and Location of Accident	% Fault	Total Amount Paid

COMMENTS

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

Please Print Your Name: _____

Driver Signature: _____

Date: _____

CANADIAN/USA HOURS OF SERVICE KNOWLEDGE TEST

DRIVER NAME: _____ DATE: _____

NAME OF COMPANY YOU ARE APPLYING FOR: HADDAD LOGISTICS SERVICES LTD

1. In USA a driver can choose 8 days 70 hrs cycle
 - A) True
 - B) False

2. A commercial motor vehicle driver must keep previous _____ days of log books with him while driving in Canada.

3. In Canada, a driver can be in a 16-hour shift?
 - A) True
 - B) False

4. During the day a driver that mentions 15 minutes off duty on their log book, will this stop the on duty time and extend their day by 15 minutes in Canada?
 - A) True
 - B) False

5. Can a commercial motor vehicle driver put off duty while fueling?
 - A) True
 - B) False

6. Can a driver opt 14/120 cycle for delivery to Memphis TN (USA)
 - A) True
 - B) False

7. In USA a driver who has driven for 11 hours and has 10 hours sleep can drive again?
 - A) True
 - B) False

8. Can a driver split his/her sleep in USA? If yes please explain.

9. A driver using the deferral in Canada also has the option of splitting their sleeper berth time?
 - A) True
 - B) False

10. A commercial motor vehicle driver can buy a bottle of liquor and bring it into Canada in his/her tractor or trailer?

- A) True
- B) False

11. Please fill a log book as per the example provided below. Once complete please verify if there are any violations in the log. Is yes where and why

Please fill out log as per the following

- NAME OF COMPANY: ABC TRUCK INC
- ADDRESS: 123 UNKNOWN STREET MISS, ON, L1T-2K9
- TRUCK#: 111, PLATE# ATA-123 PROVINCE-ON
- TRAILER# 121, PLATE# BAB 123, PROVINCE-ON
- ODOMETER READING- YOU CAN MENTION ANY ODOMETER READING BASED ON DRIVING TIME
- DATE: MAY 31 2012
- SHIPPING DOCUMENT #: 123456
- SHIPPING NAME: ROGERS PAPER INC
- COMMODITY: PAPER ROLLS

E-LOG TRAINING.

LOG

You start at 12:00 AM (midnight), do a pre-trip inspection for 15 minutes and start driving within Canada. You take a 15 minute break at 3:30 AM and finish your 13 hour drive at 1:30 PM. You took your 10 hours sleep. You wake up at 11:30 PM did a pre-trip inspection for 15 minutes and started driving again and went into the next day.

PLEASE VERIFY IF THERE ARE ANY VIOLATIONS IF YES WHERE AND WHY?

12. A commercial motor vehicle driver must do a pre-trip inspection as per the _____

13. One pre-trip inspection is valid for _____ hours.

14. Failure of both rear tail lights are a minor defect

- A) True
- B) False

15. Exhaust leak is a major defect?

- A) True
- B) False



Hiring Policy for Company Drivers

This letter is to certify that if the driver leaves the company within **90 days** of joining; all his truck expenses will be deducted from his pay as mentioned below:

1. Employment Application (\$125)
2. Drug Test (\$75)
3. NAL Out of Country Insurance (\$75) Monthly

If there is any misbehavior or unsatisfactory performance, Company will terminate your contract immediately without any notice.

In case of any questions do not hesitate to call me at 905-625-3300

Driver's Name (Printed)

Date:

Signature



Hiring Policy for Owner Operators

- This letter is to certify that if the driver leaves the company within **90 days** of joining; all his truck expenses will be deducted from his pay as mentioned below:
 1. Employment Application (\$125)
 2. Drug Test (\$75)
 3. NY sticker (\$0)
 4. DTOPS Transponder (\$408/year divided equally between 12 months for the months not driven)
 5. Any cost related to IRP fee will be deducted.
(To be determined at the time.)
 6. Decals (\$125)
 7. NAL out of Country Insurance (\$75) monthly. (If Applicable)

If there is any misbehaviour or unsatisfactory performance, Company will terminate your contract immediately without any notice.

In case of any questions do not hesitate to call me 905-625-3300

Driver's Name (Printed)

Date:

Signature

Hiring Policy - Haddad Logistics Services LTD

We, at **Haddad Logistics Services LTD** follow the following Hiring Policy/ procedure.

- The Candidate who applies for the AZ Driver's job must fill in the complete application form.
- Candidate must sign and date all parts of the application.
- Driver must speak english.
- We would also require all the addresses where he has resided in the past 2-3 years.
- Applicant must fill in each column of the application.
- We need to see original driving license, S.I.N. No., Permanent Resident Card / Citizenship (whatever applies) and a copy is kept for record.
- All applicants must submit Police Clearance Certificate (RCMP)
- Every driver going to the U.S. needs to sign a request Form for pulling his PSP record.
- Applicant needs to submit latest CVOR and Drivers Abstract.
- All applicants must have at least 02 years of experience and must be approved by our Insurance Company.
- A one hour road test is conducted by a trained Examiner, where the applicant is checked for various driving skills and under different situations.
- For candidate applying for U.S., a Pre- Employment Drug Test is mandatory and he/she shall only be hired after a Drug Test report stating that the driver has tested negative for any drugs is received.
- The applicant is interviewed after the review of the Application.
- If any applicant has more than 3 moving violations, the applicant cannot be considered for the job.

Expenses - Company Driver

- In case of Accident, the Company driver's deductible is \$2,500 per incident.
- If any accident occurs due to driver's negligence, the entire repair costs (under \$2,500) will be deducted from the driver.
- A hold back of \$750 will be kept by the company for any damage to Haddad Logistics Services LTD including any/all equipment or property. This will be deducted in 3 pay checks of \$250 each. All monies will be refunded after 90 days of your notice of resignation if no damage is found.

Signature

Signature
(Applicant)

Expenses - Owner Operator

Unit

- If owner operator wants to park his/her tractor in company yard, parking fee is \$150 (Monthly).
- IPR plate's charges are \$85 (Bi-weekly mandatory).
- In case of accident owner operator's deductible is \$5,000 per incident
- If any accident occurs due to owner operator's negligence, then entire repair costs (under \$5,000) per incident.
-
- If owner operator's tractor is parked without authorization, we will charge \$250 per week for parking/insurance/IRP plates. No exceptions apply
- A hold back of \$1,500 will be kept by the company for any damage to Haddad Logistics Services LTD including any/all equipment or property. This will be deducted in 3 pay checks of C\$500 each. All monies will be refunded after 90 days of your notice of resignation if no damage is found.
- We use only flying J/Pilot for fuel cards. Not allowed to fuel from Husky, Petro Canada etc.

Signature

Signature
(Applicant)

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IF FOR
MANDATORY USE BY ALL ACCOUNT HOLDERS**

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

In connection with your application for employment with Haddad Logistics Services LTD ("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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjusted by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Haddad Logistics Services LTD ("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 authorizing 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.

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.dot.gov>. If I challenge crash or inspection information reported by State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjusted by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA)

Drug and Alcohol Clearinghouse

I _____ Hereby provide consent to Haddad Logistics Services LTD to conduct a full query of the FMCSA Commercial Driver's License Drug and Alcohol (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is for Multiple Limited Query for the duration of your employment or contract with Haddad Logistics Services LTD. These queries can be unlimited.

I understand that if the full query conducted by Haddad Logistics Services indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Haddad Logistics Services LTD without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Haddad Logistics Services LTD to conduct a limited query of the Clearinghouse, Haddad Logistics Services LTD must prohibit me from performing safety-sensitive functions, including driving commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver Name (Print)

Driver Signature

Date

PAY SCHEDULE OWNER OPERATOR

- ✓ YOU WILL RECEIVE YOUR FIRST CHEQUE AFTER FOUR WEEKS OF YOUR FIRST TRIP.
- ✓ BIWEEKLY TWO CHEQUES WILL BE ISSUED FIRST CHEQUE WILL BE OF SAME PAY DATE AND SECOND ONE WILL BE OF NEXT FRIDAY.
- ✓ THERE WILL BE HOLD OF \$1,500 AND WE WILL REIMBURSE THIS HOLD AFTER 90 DAYS OF LEAVING THE COMPANY.
- ✓ IT IS MANDATORY TO CONFIRM YOUR PAY PACKAGE AND SIGN THE CONTRACT AT THE TIME OF APPLICATION.
- ✓ PLEASE CONTACT THE ACCOUNTING DEPARTMENT FOR FUEL CARD AND ANY PAY RELATED QUERIES
- ✓ PLEASE SUBMIT YOUR ARTICLES OF INCOPORATION AND HST PAPERS ALONG WITH YOUR APPLICATION FORM

FOR EXAMPLE – IF DRIVER STARTS TRIP ON MAY 01, 2019 HE WILL RECEIVE HIS FIRST CHEQUE ON MAY 31, 2019 AND EVERY SECOND FRIDAY AFTER THAT. PAY PERIOD COVERED FOR MAY 31ST 2019 CHECK WILL BE FROM APR 29, 2019- MAY 10, 2019. THERE WILL BE TWO CHEQUES FOR EACH PAY PERIOD, ONE FOR THE SAME DATE AS PAY DATE AND NEXT CHEQUE WILL BE POST DATED TO NEXT FRIDAY.

PAY SCHEDULE COMPANY DRIVER

- ✓ YOU WILL RECEIVE YOUR FIRST CHEQUE AFTER THREE WEEKS OF YOUR FIRST TRIP.
- ✓ BIWEEKLY TWO CHEQUES WILL BE ISSUED FIRST CHEQUE WILL BE OF SAME PAY DATE AND SECOND ONE WILL BE OF NEXT FRIDAY
- ✓ THERE WILL BE HOLD OF \$750 AND WE WILL REIMBURSE THIS HOLD AFTER 90 DAYS OF LEAVING THE COMPANY.
- ✓ IT IS MANDATORY TO CONFIRM YOUR PAY PACKAGE AND SIGN THE CONTRACT AT THE TIME OF APPLICATION.
- ✓ PLEASE CONTACT THE ACCOUNTING DEPARTMENT FOR FUEL CARD AND ANY PAY RELATED QUERIES.
- ✓ PLEASE SUBMIT YOUR ARTICLES OF INCOPORATION AND HST PAPERS ALONG WITH YOUR APPLICATION FORM.

FOR EXAMPLE – IF DRIVER STARTS TRIP ON MAY 01, 2019 HE WILL RECEIVE HIS FIRST CHEQUE ON MAY 24, 2019 AND EVERY SECOND FRIDAY AFTER THAT. PAY PERIOD COVERED FOR MAY 24TH 2019 CHECK WILL BE FROM APR 29, 2019- MAY 10, 2019. THERE WILL BE TWO CHEQUES FOR EACH PAY PERIOD, AND ONE FOR THE SAME DATE AS PAY DATE AND NEXT CHEQUE WILL BE POST DATED TO NEXT FRIDAY.