

Frontier Distribution Services Inc.
APPLICATION FOR EMPLOYMENT OR OWNER OPERATORS

Note: Please attach original or copies of the following documents: Copy of your Driver's License – Current Drivers Abstract and CVOR Drivers Abstract (no older than 7 days). US Drivers also include Current Police Clearance (no older than 30 days) or an I-94 Card with your waiver - WSIB Account Number (if applicable) –FAST Card.

In compliance with Federal and provincial 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 Applied For: Owner Operator Driver

Name: _____ Date of Birth: ____/____/____
SIN#: _____ (required for Truck Drivers upon hire) Year Month Day

Current Address:
Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell phone: _____ Email address: _____

List your addresses of residency for the past 5 years.

Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? _____

Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? _____

Street: _____ City: _____
Province: _____ Postal Code: _____ Phone: _____ How Long? _____

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

What is your current Citizenship? _____ Do you have a Work Visa: _____

Can you legally cross the US/Canadian Border? Yes / No

Have you worked for this company before: Yes / No

If (yes) dates from: _____ to: _____

Reason for leaving: _____

Are you currently employed: Yes / No

If (no) how long since leaving your last employment _____

How did you hear about us? _____

Who referred you?: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?
Yes / No

If (Yes) please explain.

Have you ever had your license to operate a motor vehicle? suspended, revoked or denied **Yes / No** (Circle one)

If yes give complete details on reason and dates:

If answer to above is **NO** please complete the following:

I _____ hereby guarantee that I have never been denied a license nor had a license to operate a motor vehicle suspended or revoked for any reason.

Signature: _____.

Driving Experience:

Straight Truck: Type of Equipment (van, reefer, flat etc): _____ Dates from: _____ To: _____ Estimated # of Miles: _____

Tractor & Semi-Trailer: Type of Equipment (van, reefer, flat etc): _____ Dates from: _____ To: _____ Estimated # of Miles: _____

Tractor & Two Trailers: Type of Equipment (van, reefer, flat etc): _____ Dates from: _____ To: _____ Estimated # of Miles: _____ Other (Please specify): _____ _____ _____
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List states & provinces operated in for the 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:

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

Experience & Qualifications:

Driver's License #: _____

Province: _____

Type/Class: _____

Expiry Date: _____

Please report **ALL** collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 5 years. (Attach sheet if more space is needed).

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Date: _____		
Nature of Accident: _____		
Fatalities: Yes / No	Preventable: Yes / No	Charges: Yes / No
Injuries: Yes / No	Non-preventable Yes / No	

Please report **ALL** traffic convictions, citations and forfeitures for the past 3 years (other than parking violations). (Attach sheet if more space is needed).

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

Location: _____
Date: _____
Charge: _____
Penalty: _____

List your employment history for the past 10 years starting with the most current.
All time for the past 10 years must be accounted for even if you were unemployed.

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

List your employment history for the past 10 years starting with the most current.
All time for the past 10 years must be accounted for even if you were unemployed.

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

Employer Name: _____
City: _____ Prov: _____
Contact Person: _____ Phone _____
Dates from: _____ to: _____
Position: _____ Wages: _____
Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations while contracted with the above employer? Yes No
Was the job designated as a safety sensitive function; DOT regulated & subject to alcohol & drug testing under CFR 49, Part 40 Yes No

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete. This authorization shall remain on file and shall serve as on-going authorization for: (i) the collection, use and disclosure of my information for the purposes stated above; (ii) the Company re-checking and updating their files, at any point during or after my relationship with the Company, by making similar inquiries as described above; (iii) the Company sharing with each other information they have obtained on me; (iv) the Company sharing their files with third parties who may be interested in employing me (now and after my employment or contract with the Company is terminated) and (v) the disclosure of my information, if deemed reasonably necessary, in anticipation of and in the course of an actual or potential sale, reorganization, consolidation, merger or amalgamation of the Company; (vi) the investigation of illegal, potentially fraudulent or questionable activities and (vii) when required or permitted by law. *This authorization is effective immediately upon execution of this document, and continues throughout my relationship with the company, and after my relationship with the Company terminates.*

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

I hereby release the Company, 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. For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records.

Except as provided for herein, or with your prior consent, the Company shall not use the information gathered on me for any other purpose.

Date: _____ Signature: _____

Frontier Distribution Services Inc.

AUTHORIZATION FOR DRIVER RECORD SEARCH

The Federal Motor Carrier Safety Regulations, Section 391.21, which covers Driver's Qualification and application for employment, requires the motor carrier to obtain a list of all motor vehicle violations for the last three (3) years.

In Ontario, this is known as a Commercial Vehicle Operator Record Driver Abstract. It is company policy to obtain a list of both commercial and personal motor vehicle violations for each driver operating under its authorities, on a periodic basis.

As a condition of my contract of service, I hereby provide written authorization for Frontier Distribution Services Inc. to obtain such information.

I have read and understand the above conditions.

Signed this _____ day of _____, 20_____.

Applicants Name (Please Print)

Applicants Signature

WITNESSED BY:

REPRESENTATIVE'S SIGNATURE MONTH / DAY / YEAR

Co.

Frontier Distribution

Release and Authorization to Contact Previous Employer

Carrier Name: _____
Carrier Address: _____
Carrier City/Province: _____
Carrier Phone: _____

THIS FORM SHOULD BE KEPT IN AN APPLICANT'S FILE TO DOCUMENT COMPLIANCE WITH THE
REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

RELEASE AND AUTHORIZATION TO CONTACT PREVIOUS EMPLOYER AS REQUIRED BY 49 CFR
391.23

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I _____ HEREBY AUTHORIZE YOU TO RELEASE THE
FOLLOWING INFORMATION FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY 49 CFR 391.23
OF THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS. INFORMATIONS MAY INCLUDE ALL
EMPLOYMENT INFORMATION CONCERNING MY EMPLOYMENT, INCLUDING WRITTEN AND ORAL
ASSESSMENTS OF MY WORK PERFORMANCE, FITNESS AND ABILITY. YOU ARE RELEASED FROM
ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION. I
HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION FOR THE PURPOSE OF
INVESTIGATION.

First Name Last Name

Address

City Province

D/L #

Date: _____

Applicants Signature: _____



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 three years.

Company Name: _____

Address: _____

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 three 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



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(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(c)(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: _____	
<p>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.</p>	
FROM: [Prospective Employer]	
Company: _____	Phone: _____ Fax: _____
Address: _____	
Attention: _____	
<p>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.</p>	
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):

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 section (2) for the pre-employment exemption is not required.

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS 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 _____ (“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 adjudicated 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 _____ (“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.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for 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 adjudicated 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