

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)
Company SOMAL TRANSPORT
Address 603 NOVO STAR DRIVE
City MISSISSAUGA State ON Zip L5W 1C7

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

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 statement 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 _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE
(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

_____ Phone _____ How Long? _____
State Zip Code yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

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

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

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

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

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

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 for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

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, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate 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 Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	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			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	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			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	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			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	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			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	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			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	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 15 or more passengers, 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 9 or more passengers, 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 past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

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

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (MN) TO (MN)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 6 passengers</small>	---		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____
 WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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, STATE) _____

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: _____

Medical Declaration

On March 3rd, 1999, Transport Canada and the U.S. federal Highway administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of commercial vehicle in the U.S., 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 Ontario is deemed to be a proof that a driver is physically qualified to drive in U.S.) however, FHWA will not recognize an Ontario license if the driver has certain medical conditions and those conditions would prohibit them from driving in the U.S.

I, certify that I am qualified to operate a commercial motor 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, 1000 Hz, or 2000Hz 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 Ontario allowing me to operate a commercial motor vehicle pursuant to section 20 and 22 of the Ontario regulation 340/94.

I further agree to inform SOMAL TRANSPORT, should my medical status change, or if I can no longer certify conditions A to D, described above.

Driver's Name: _____

Signature: _____

Witness: _____

Date: _____

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

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

Prospective Employee Name (print): _____

ID Number: _____

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

1.) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Choose one: Yes No

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

Choose one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee: _____

Date: _____

Witnessed by: _____

Date: _____

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

Form 9

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 14 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 14 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 (yesterday)	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL
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 _____ 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 nonmotor carrier entity.

(check one)

Are you currently working for another employer? 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

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. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 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 e the employer and state must be in writing.
- 3) **CDL DOMICILE REQUIREMENTS:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

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: _____

I hereby acknowledge receipt of..... Alcohol and Drug Abuse Policy.

I am aware of the procedures regarding testing for the presence of drugs and alcohol, & agree to learn more about the negative effects and serious consequences of drug and alcohol use on my personal health and safety.

Signature

Printed Name

Date

Disciplinary Policy

I the undersigned am aware that I will be subject to penalties leading from temporary suspension from work with out pay up to dismissal for non-compliance with the company rules depending on how severe of the incident.

I also understand that if I have a number of incidents in a short period of time, I will be subject to re-training and re-testing again, subject to the severity of the incident(s).

Speed Limits

This will acknowledge that I am aware that when operating company owned or leased vehicles, it is my lawful duty to comply with the posted speed limit (up to a maximum of 100 KPH) as a legislated requirement under the Ontario Highway Traffic Act and all local By-Laws. Failure to comply with this policy is grounds for disciplinary action by company management.

Vehicle Passengers

I the undersigned, understand that it is the company's policy that there be no passenger in accompany owned or leased vehicle with out prior consent from company management. It is also my responsibility to inform company management of anyone who intends to ride in a company owned or leased vehicle prior to driving that vehicle.

Driver's License Policy

I, the undersigned understand that it Is my responsibility to inform the company management of any traffic violations filed against me while driving a company vehicle or any personal vehicle. I agree to inform the company if my driver's license has been suspended for any reason and I shall immediately inform the company of the suspension, the reason of the suspension, and the duration of the suspension. I also agree to supply the company with a copy of my current driver's license, and a copy every time thereafter when the license or license endorsements are renewed, re leaved, re-classified or changed in any other way. I also agree to advise the company of the date when my medical examination is due. If I have not passed the medical examination by the medical due date I will not be permitted to drive company vehicles.

Alcohol and drug policy

I, the undersigned understand that it is unacceptable to be on duty while under the influence of any intoxication, which can affect my performance at work. I am aware of the potential danger of such an action and therefore agree that I will be dismissed from any breach of this policy

Use Of Seat Belts

I, the undersigned, understand that it is my responsibility to wear my seat belt while operating any company owned or leased vehicle. Any breach of the policy is grounds for disciplinary action by company management.

Accident reporting

I, the undersigned, understand that it is my responsibility to inform the company of any and off accidents and I am involved in.

Daytime Running Lights

I, the undersigned, understand that it is my responsibility to ensure proper function of daytime running lights on any vehicle that I am operating. It is the company policy that our vehicles be equipped with daytime running lights and that everyone who operates any company-owned or leased vehicle adheres to this policy. Failure to comply with this policy is grounds for disciplinary action by company management.

Refuse To Work

I, the undersigned, understand that it is my responsibility to inform the company of any incident or safety concerns, which might affect me to perform my job safely. Failure to inform the company of any incident or safety concerns before refusing to work would be a violation of this policy grounds for disciplinary action by company management.

Hours of Work

I, the undersigned, understand and have been informed of the hours of work regulations and I am aware that I must arrange my work schedule to comply with these regulations. I also agree to submit a record of all on-duty hours accumulated while working for other carriers.

Load Security

I, the undersigned understand and have been informed of Load Security Regulations and agree to comply with these regulations.

Pre/Post Trip Inspections

I, the undersigned understand and have been informed of the pre/post trip inspection policy and agree to meet these requirements as set out in the Ontario Highway Traffic Act. I also agree that will submit all roadside inspection reports immediately upon completion of any trip.

Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____

RECORD OF ROAD TEST

Driver's Name _____ Address _____
 License No. _____ State _____ Equipment Driven: Tractor Trailer
 Checked From _____ To _____ Date _____

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.
 Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

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 _____
- Checks horn, windshield wipers, mirrors, emergency equipment, reflectors, flares, fuses, tire chains (if necessary), fire extinguisher _____
- Checks instruments for normal readings _____
- Checks dashboard warning lights for proper functioning _____
- Cleans windshield, windows, mirrors, lights, reflectors _____
- Reviews and signs previous report _____

B. CLUTCH AND TRANSMISSION

- Starts loaded unit smoothly _____
- Uses clutch properly _____
- Times gearshifts properly _____
- Shifts gears smoothly _____
- Uses proper gear sequence _____

C. BRAKES

- Knows proper use of tractor protection valve _____
- Understands low air warning _____
- Tests service brakes _____
- Builds full air pressure before moving _____

D. STEERING

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

E. LIGHTS

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

PART 2 - COUPLING AND UNCOUPLING

- Lins up units _____
- Connects glad hands to trailer to apply trailer brakes before coupling _____
- Connects glad hands and light line properly _____
- Couples without difficulty _____
- Raises landing gear fully after coupling _____
- Visually checks king pin assembly to be certain of proper coupling _____
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer _____
- Assure that surface will support trailer before uncoupling _____

PART 4 - BACKING AND PARKING

A. BACKING

- Gets out and checks before backing _____
- Looks back as well as uses mirrors _____
- Gets out and rechecks conditions on long back _____
- Avoids backing from blind side _____
- Signals when backing _____
- Controls speed and direction properly while backing _____

B. PARKING (City)

- Does not hit nearby vehicles or stationary objects _____
- Parks proper distance from curb _____
- Sets parking brake, puts in gear, chocks wheels, shuts off motor _____
- Checks traffic conditions and signals when pulling out from parked position _____
- Parks in legal and safe location _____

C. PARKING (Road)

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

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. ENGINE

- Places transmission in neutral before starting engine _____
- Starts engine without difficulty _____
- Allows proper warm-up _____
- Understands gauges on instrument panel _____
- Maintains proper engine speed (rpm) while driving _____
- Does not abuse motor _____

PART 5 - SLOWING AND STOPPING

- Uses gears properly ascending _____
- Gears down properly descending _____
- Stops and restarts without rolling back _____
- Tests brakes before descending grades _____
- Uses brakes properly on grades _____
- Uses mirrors to check traffic to rear _____
- Signals following traffic _____
- Avoids sudden stops _____
- Stops smoothly without excessive flinching _____
- Stops before crossing sidewalk when coming out of driveway or alley _____
- Stops clear of pedestrian crosswalks _____

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

- A. TURNING
 - Signals intention to turn well in advance _____
 - Gets into proper lane well in advance of turn _____
 - Checks traffic conditions and turns only when intersection is clear _____
 - Restricts traffic from passing on right when preparing to complete right hand turn _____
 - Completes turn promptly and safely and does not impede other traffic _____
- 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 _____
 - Notifies 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 safe stop, if required _____
 - Selects proper gear and does not shift gears while crossing _____
 - Knows and understands federal and state rules governing grade crossing _____
- E. PASSING
 - Passes with sufficient clear space ahead _____
 - Does not pass in unsafe location: hill, curve, intersection _____
 - Signals change of lanes _____
 - 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 _____
 (Specify)

Signature of Examiner _____

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

Driver's Name _____ Type of Power Unit _____
 Social Security No. _____ Type of Trailer(s) _____
 Operator's or Chauffeur's Lic. No. _____ State _____ If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ 20 _____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner _____ Organization _____
 Title _____ Address of examiner _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

(Print Name)

First, M.I., Last

Social Security Number

I hereby authorize

Date of Birth

Previous Employer:

Email:

Street:

Phone:

City, State, Zip:

Fax No.:

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____

(date of employment application)

To:

Prospective employer: SOMAL TRANSPORT

Attention: GURINDER SINGH

Phone: 905-461-2525

Street: 603 NOVO STAR DRIVE

City, State, Zip: MISSISSAUGA, ON. L5W 1C7

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 905-696-6825

Prospective employer's confidential email address: TRUCKINGSOLUTIONS@GMAIL.COM

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

Accident History

The applicant named above was employed by us. Yes No

Employed as: _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus

Cargo Tank Doubles / Triples Other (Specify) _____

Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Any other remarks: _____

Signature: _____

Title _____

Date: _____

SECTION 3:**TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

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

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

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

Name: _____
 Company: _____
 Street: _____
 City, State, Zip _____ Phone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

SECTION 4b:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone
 Other _____

INSTRUCTIONS TO COMPLETE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and Date
- Submit to the Prospective Employer

SIDE 2 SECTION 4A: Prospective Employer

- Complete the information
- Send copy to previous employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and Date
- Complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and Date

SIDE 2 SECTION 4A: Prospective Employer

- Record receipt of then

ORIGINAL PROSPECTIVE EMPLOYER



Approved Driver History Form

Intact Insurance Company

This form is to accompany a recent MVR and Drivers previous experience letters

DRIVER INFORMATION

Full Name:	
License #:	Date of Birth:
Driver License Class:	Date of receipt for this Class:

DRIVING EXPERIENCE

Years experience under current class of license	
Years of US commercial driving experience	
CHECK YOUR CURRENT STATUS BELOW:	
<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Company Driver

TRUCKING COMPANY EMPLOYMENT INFORMATION (Minimum 3 years history must be provided)

Current Employer	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Previous Employer 1	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Previous Employer 2	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
ANY DRIVER TRAINING OR SPECIAL COURSES (IE: HAZARDOUS GOODS TRAINING)	

CLAIMS HISTORY- List all accidents you were involved in for the last 4 years regardless of fault

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

COMMENTS:

I certify that I have completed this application and that all of the information is true and accurate. I authorize Intact Insurance and /or My Insurance Broker to do a background check (if deemed necessary) in accordance with Provincial and Federal Laws. I authorize my previous employers listed on this form to release any information requested by Intact Insurance and/or My Insurance Broker and hold them harmless of all liability from the release of said information.

Driver's Signature

Date