

594740 Hwy 59 S. | P.O. Box 1554 Woodstock, ON N4S 0A7
Phone: 519-539-8801 | Fax: 519-467-0104 | josem@magictransportation.ca

www.countrytransport.com

To All Applicants without Prejudice:

Thank you for taking the time to apply to Country Transport / Magic Transportation. In order for you to be successful in gaining employment, you must meet the following minimum requirements.

- x 2 years verifiable driving experience, or the equivalent within the last 10 years
- x \$ YDOLG & ODVV \$ = ' ULYHU ¶ V OLFHQVH
- x \$ FOHDQ ' ULYHU ¶ V \$ EVWUDFW DQG & 925
- x Current FAST Card and/or a valid Passport
- x If no FAST card, an annual criminal record check

We have instituted a three step hiring process designed to limit the amount of time and information you will need to supply to us before we make a decision as to your qualification to drive for us. We will be in touch with you at the end of each step regardless of the outcome.

- Step 1. Complete the attached application and sign the appropriate forms authorizing us to contact your previous employers. Drop it off in person, fax or email it to us at:
FAX: 519-456-5720 email: josem@magictransportation.ca
We will not contact your present employer, unless you authorize us to do so. We do not require your abstract or CVOR at this stage of the process. Your word is sufficient to qualify you, however should it become evident that the information you furnished us is not correct, we reserve the right to withdraw any offer of employment.
- Step 2. One on One interview, at this stage, we have qualified you based on the information you furnished us. You will FRPH LQ IRU D SHUVRQ DO L QW HJY LHZ LI \RX KD Y
- Step 3. Offer of employment on condition that the information you furnished us concerning your present employer is accurate. Should you accept, you should inform your employer of the fact, and give \RXU WZR ZHHNV ¶ QRWLFH <RX VKRXOG D O O R a d i n g t h e m W r a H P D Z D reference.

NOTES:

It is very important the information regarding your present employer is correct, this reference will affect whether we honor or offer of employment or not.

The following documents: INQUIRY TO PAST EMPLOYERS (pg.5); FORM 413/301 (pg. 6); New Employee ¶ DRUG AND ALCOHOL STATEMENT (pg. 8) must be signed to complete Step 3. You may sign the documents at the time of completing the application, or during the personal interview.

Thank you for your interest, and good luck with your application. Please feel free to contact to contact the company if you have any question regarding our company or the industry.



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COMMERCIAL DRIVER'S APPLICATION

(Please answer all questions - please print)

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, non-job related disability, or any other protected group status.

DATE OF APPLICATION: _____

NAME: _____ S.I.N. # _____

PHONE: _____ E-MAIL: _____

DATE OF BIRTH: _____ (MONTH / DAY / YEAR) SEX: _____

List your addresses of residency for the previous 3 years:

CURRENT: STREET: _____
 CITY: _____ PROVINCE: _____ HOW LONG? _____

PREVIOUS: STREET: _____
 CITY: _____ PROVINCE: _____ HOW LONG? _____

Are there any physical or personal limitations that might limit you from performing full functions of the job for which you are applying for that we should be aware of? YES NO MAYBE

Please Explain:

Do you have a FAST Card? YES NO

If no, would you be willing to apply for a FAST card? YES NO

*If an applicant does not possess a valid FAST card, they are required to provide a current (30 days or less) **criminal record check**, and must possess a **valid Passport**.*

Do you have a valid Passport YES NO

Can you / will you travel to the United States YES NO

All Truck Drivers operating in the US must participate in a random drug testing program.

Are you willing participate in a random drug testing program? YES NO

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List a complete mailing address, street number, city, province and postal 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.)

* 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. Please use a separate piece of paper if you need more room.

PRESENT / MOST RECENT EMPLOYER		DATES
NAME:		FROM:
ADDRESS:		TO:
CITY:	PROVINCE / STATE:	POSITION HELD
CONTACT NAME:		
PHONE NUMBER:	FAX NUMBER:	REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any D.O.T. – Regulated mode subjected to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW		

PREVIOUS EMPLOYER		DATES
NAME:		FROM:
ADDRESS:		TO:
CITY:	PROVINCE / STATE:	POSITION HELD
CONTACT NAME:		
PHONE NUMBER:	FAX NUMBER:	REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any D.O.T. – Regulated mode subjected to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW		

PREVIOUS EMPLOYER		DATES
NAME:		FROM:
ADDRESS:		TO:
CITY:	PROVINCE / STATE:	POSITION HELD
CONTACT NAME:		
PHONE NUMBER:	FAX NUMBER:	REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any D.O.T. – Regulated mode subjected to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW		

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET ETC.)	FATALITIES	INJURIES
Last Accident:			
Next Previous:			
Next Previous:			

If None, mark so in the area and initial ↑

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

LOCATION	DATE	CHARGE	PENALTY

If None, mark so in the area and initial ↑

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED

(NAME)

(CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENCE INFO	PROVINCE	LICENCE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

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

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH - SCHOOL BUS				
OTHER				

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT WILL BE AN ASSET TO THE COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

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

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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;
- 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.

X _____
Date

X _____
Applicant's Signature

PROCESS RECORD (For Company Use)

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____

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

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____	DISMISSED _____
VOLUNTARILY QUIT _____	OTHER _____

INQUIRY TO PAST EMPLOYERS

Applicant's Name _____

I hereby authorize you to release all requested information to my prospective employer, listed below or whoever has requested same per Section 391.23 of the Federal Motor Carriers Safety Regulations. You are released from any claim of liability against your company and its Agents for information submitted to this inquiry.

To be completed by past employer

Applicant was employed/contracted from _____ to _____

The applicant was drug and alcohol tested as per USDOT regulations? YES NO

Type of vehicle applicant operated for you: [] Tractor-Trailer [] Straight Truck

Type of work applicant performed for you _____

Did the applicant have custody of money or credit cards? YES NO

Does the applicant work well with others, explain? _____

Is the applicant a safe and efficient driver, explain? _____

Reason for leaving your company: Resign Discharge Layoff. Eligible to return? _____

Accident Record, number of Accidents _____ Dates _____

At fault accidents, explain: _____

Person, Title and Company Name supplying information:

Name: _____ Title: _____ Date: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Applicant/Driver Consent

By my signature below, I authorize you and/or your Third-Party Administrator to release any and all information regarding my performance, ability and fitness, including 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. I hereby release you from any and all liability of any type as a result of providing this information to the prospective employer named below and/or to their Third-Party Administrator.

Applicant's Signature: _____ Date: _____

Prospect **Country Transport (1365221 Ont. Inc.)**
Employer: **Magic Transportation (689786 Ont. Inc.)**
Address:

Contact: **Jose Monteiro**
Safety Administrator
Phone: 519-539-8801
Fax: 519-456-5720
Email: josem@countrytransport.com

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: [Applicant, leave blank]	Date: _____
Company: _____	Phone: _____ Fax: _____
Address: _____	
Designated Employer Representative: _____	
In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.	
FROM: [Prospective Employer]	
Company: 1365221 Ontario Inc dba Country Transport Phone: 519-539-8801 Fax: 519-467-0104	
Address: 565545 Towerline Road, Woodstock, ON N4S 7W3	
Attention: Jose Monteiro	
I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.	
Applicant Name (Print): _____	Applicant's SIN/Employee ID: _____
Applicant Signature (driver): _____	Date: _____

Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

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.

(1) Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No

(2) For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program _____ (mm/dd/yy).
Employee's ending date of participation to program _____ (mm/dd/yy).
Program complies with DOT requirements? Yes No
Date of last drug test _____ (mm/dd/yy)

DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382 Subpart B

(last 6 months).

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

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

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

Comments: _____

(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25

TESTING HISTORY

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years? Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years? Yes No
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)? Yes No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)? Yes No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
 - a) Was the person referred to a SAP? Yes No
If employment with your company continued:
 - b) Was the person evaluated by the SAP? Yes No
 - c) If yes, did the SAP recommend treatment and/or education? Yes No
 - d) Did the person complete the treatment and/or education as determined by the SAP? Yes No
 - e) Did the person undergo a return-to-duty test? Yes No
 - f) If yes, was the return-to-duty test negative? Yes No
 - g) Did the SAP recommend follow-up testing? Yes No
 - h) Did the person complete the follow-up testing? Yes No

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

I confirm that the above information is accurate.

Name of Company Rep (Print)

Company

Signature

Date

New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective employee, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 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