

Hughson Trucking Inc.

Hughson Trucking Inc.
P.O. Box 149
Milk River, AB
T0K 1M0
(403) 647-2244 FAX (403) 647-2763

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DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions – please print)

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, or non-job related disability.

Date of application _____ Position(s) applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past three years

Current Address _____
Street City

State/Province Postal Code Phone (____) _____ How long? _____

Previous Addresses _____ How long? _____
Street City State/Province Postal Code

Street City State/Province Postal Code How long? _____

Street City State/Province Postal Code How long? _____

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

Date of Birth ____/____/____ Can you provide proof of age? _____
D M Y

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 _____

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)

YES NO

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 three years. List complete mailing address, street number, city, state/province, and postal code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven 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/PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE/PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE/PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE/PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE/PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE/PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE/PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

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.

EXPERIENCE AND QUALIFICATIONS –OTHER

Show any trucking, transportation or other experience that may help in your work for this company

2c

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 regarding medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries and releasing 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.

Date

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

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

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

Signature of Interviewing Officer

TRANSFERS

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER: _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER: _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER: _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

MEDICAL QUALIFICATION CANADA/USA

On December 30, 1998, the Federal Highway Administration (FHWA) and Transport Canada completed an exchange of letters on achieving reciprocity on medical fitness standards for commercial motor vehicle drivers. Basically, the letters verify that the FHWA has determined that Canada's medical fitness standards contained in the Canadian National Safety Code (NSC) are equivalent to the U.S. standards contained in the Federal Motor Carrier Safety Regulations.

As a result of this reciprocal recognition, Canadian drivers who meet the medical provisions of the NSC, will no longer be required to possess a medical examiner's certificate when driving in the United States. Possession of a valid Canadian provincial driver's license is proof that the driver meets the medical requirements of the NSC and, therefore, the FMCSR.

Are there any exceptions?

Yes, Canada allows drivers with epilepsy, who have been seizure free for 10 years to operate commercial motor vehicles. Also some drivers who are insulin-dependant diabetics are allowed to drive. And finally, some drivers who do not meet the FMCSR standard for hearing are allowed to drive in Canada.

Are these drivers allowed to operate in the U.S.?

No, Canada has agreed to notify all such drivers that they are not authorized to operate a commercial motor vehicle in the U.S. These drivers were not authorized to drive in the U.S. before the exchange of letters because they did not meet the FMCSR medical standards.

DRIVER'S NAME: (Print) _____

Have you been notified of any condition that would not qualify you to drive in the U.S.A.?

YES NO

Do you have any medical waivers that qualify you to drive in Canada?

YES NO

Canadian Waivers may disqualify your license in the U.S.A.

Driver's Signature: _____ Date: _____

Company Representative: _____

INQUIRY TO PREVIOUS EMPLOYER

Applicant sign and date in box only:

I hereby authorize you to release the following information to HUGHSON TRUCKING INC. for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.
You are released from any and all liability which may result from furnishing such information.

Date: _____ Applicant's Signature: _____

(This Section for Previous Employer Only)

NAME OF APPLICANT
PREVIOUS EMPLOYER
NAME OF CONTACT
DATE AND TIME
TIME EMPLOYED
TYPE OF EQUIP DRIVEN
ACCIDENTS
TICKETS
EFFICIENT DRIVER
GOOD WITH EQUIPMENT
TEAM PLAYER
WORK – WITH OTHERS
DISPATCH
RELIABLE
PUNCTUAL
GIVE NOTICE
WOULD YOU REHIRE
RESIGNED
TERMINATED
OTHER COMMENTS

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40.25(J) Driver Pre-Employment Verification of Testing Results

DRIVER'S NAME: _____

SOCIAL INSURANCE NUMBER: _____

IN THE PAST 2 YEARS HAVE YOU:

Tested positive for any controlled substances pre-employment test for any other company?

YES NO

Refused to be tested for any controlled substances pre-employment test for any other company?

YES NO

Tested above .04 on any alcohol pre-employment test for any other company?

YES NO

If you answered YES to any of the above questions, can you document which Substance Abuse Professional (SAP) you consulted.

NAME OF SAP: _____

ADDRESS: _____
Street City State/Province Postal Code

Driver's Signature

Date

**U.S. DEPARTMENT OF TRANSPORTATION (DOT)
TESTING RESULTS REQUEST FROM PREVIOUS EMPLOYER**

TO:	FROM:
Company: _____	Company: _____
Address: _____	Address: _____
City: _____	City: _____

WAIVER

I _____, SIN # _____, hereby authorize _____
_____ on this date _____ to release:

- Section A
- Section B (U.S. DOT Requirement)
- Both Sections

To the above mentioned company (or their authorized agents) which may request such information in connection with my application for employment. I hereby release you from any and all liability of any type as a result of providing the requested information to the requesting organization.

Drivers Signature: _____

SECTION A

In accordance with section 382.301(c) and (d) of the Federal Motor Carrier Safety Regulations and with the applicant's consent, we are requesting information regarding controlled substances testing conducted under US DOT regulations while the above mentioned driver was driving for your organization.		
1.	Did the above driver participate in a controlled substances testing program that meets the requirements of this section within the previous 30 days?	YES NO
	Please indicate the date of termination of the above driver from this program	_____
2.	Please indicate the date of the most recent controlled substances test undertaken by the above driver	_____
3.	Has the above driver participated in your random controlled substances testing program within the last 12 months?	YES NO
	Please indicate date of entry of the above driver into the program	_____
4.	According to your records, do you have any knowledge or records of a violation by the above driver of the above part or the controlled substances use rule of another US DOT agency within the past six months?	YES NO
5.	You are requested to submit the following information on the above driver's records with your company's controlled substances program:	
	i)	name(s) and address(es) of program(s);
	ii)	verification that the driver participates or has participated in the program(s);
	iii)	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;
	iv)	the result of any test taken within the previous six months and any other violations of Subpart B (382.201-382.215) of the above section.

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SECTION B

In accordance with Section 382-413(b) of the Federal Motor Carrier Safety Regulations and with the applicant's consent, we are requesting information regarding alcohol and controlled substance positive test results conducted under DOT regulations while driving for your organization.

- | | | | |
|----|--|-------|----|
| 1. | Did a DOT alcohol test conducted within the past two years confirm a BAC of 0.04 or greater? | YES | NO |
| 2. | Did a DOT Controlled Substance test performed within the past two years result in a confirm "Positive" result? | YES | NO |
| 3. | Did this person refuse to be tested as required by the DOT regulations? | YES | NO |
| 4. | If the answer to any of the above questions is "YES", please provide: | | |
| a) | Date of Positive test or refusal or date of Positive test or refusal | _____ | |
| b) | Type of test Alcohol Controlled Substances Both | | |
| c) | Did this person return to duty with your organization following an evaluation by a Substance Abuse Professional? | YES | NO |
| d) | Was follow-up testing required? | YES | NO |
| | Was follow-up testing performed? | YES | NO |

Name of Individual Providing Information

Date

Signature

Title

This form was (check one) Faxed to previous employer ___ Mailed ___ Date _____

Complete below when information is obtained;

Information received from: _____

Recorded by _____ Method: Fax: ___ Mail ___ Phone ___ Date _____

CONFIDENTIALLY WARNING

This transmission contains confidential information intended for a specific individual. The information is private and is legally protected from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action on the contents of this information is strictly prohibited. If you have received this communication in error, please contact us immediately.

Thank you

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 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/province 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. _____ Province _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

MOTOR VEHICLE DRIVER'S Certification of Violations

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 291.27). Drivers who have provided information required by Section 383.3 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond of collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE/PROV.)	DRIVER'S LICENCE NUMBER	STATE/PROV	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If you have had no violations, check the following box:

DATE	OFFENSE	LOCATION	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 Signature

Date of Certification

This form is to be completed if a Driver Abstract of a person is being received by someone other than that person. A "Driver Abstract" is the product name under which the Alberta Government releases specific information from a person's driving record, which contains:

Name	Height	Class	Licence Number	Expiration Date
Address	Weight	Issue Date	Current Demerit Points	Reinstatement
Date of Birth	Sex	MVID Number	Suspended Status	conditions (if any)

List of violations (Descriptions, Demerit / Merit Points and Suspension Term)

A Commercial Driver Abstract (CDA) includes Commercial Vehicle Safety Alliance Inspection (CVSA) information and all of the above information with the exception of date of birth, height, weight, and sex.

I / We, _____
Name of the person / organization requesting the Driver Abstract

of _____,
Full Address

solemnly declare that I/We have received permission to request the:

3 Year 5 Year 10 Year Driver Abstract 3 Year CDA (Commercial Driver Abstract) of

Name of the person whose Driver Abstract is being requested

In accordance with the Alberta Motor Vehicle Information Regulation (AMVIR) (choose **one** of the following subsections):

5(1)(a) Driver Abstract released to someone known to that person

I solemnly declare that:

I have received valid written consent

the person is personally known to me and I am receiving the Driver Abstract only to transfer it to that person
after receiving the Driver Abstract I am fully responsible for it

I am not acting as an agent or employee of any other person in this transaction, and that I am not compensated in any manner for receiving or transferring the Driving Abstract to that person.

5(1)(b)(iii) Driver Abstract released to employer or prospective employer

I/We solemnly declare that:

valid written consent has been received

the Driver Abstract will be used for employment purposes only
after receiving the Driver Abstract I am fully responsible for it .

5(1)(b)(iv) Driver Abstract released to parent or guardian of a minor

consent is **not** required.

5(1)(b)(v) Driver Abstract released to a lawyer representing the driver

I/We solemnly declare that:

valid written consent has been received

the Driver Abstract will be used to represent the client

after receiving the Driver Abstract I am fully responsible for it.

I/We agree that Alberta Registries and/or the registry agent are not liable for any damages or losses however caused, in respect to any defect, error or omission in the Driver Abstract, or use of the Driver Abstract.

Signature of the authorized individual

City/Town/Village

Province/State

Date (yyyy/mm/dd)

Name of Witness (PRINT)

Signature of Witness

In accordance with s. 33(c) of the *Freedom of Information and Protection of Privacy Act*, the *Traffic Safety Act*, and the *Access to Motor Vehicle Information Regulation*, specific personal information is collected to determine the recipient's authority to request the information under AMVIR and to confirm the identity of the consenting individual, of the recipient, and of the authorized employee of the recipient (if the recipient is an organization). The registry agent stores this form for one year. The form is used to monitor and audit the release of information and to conduct investigations if the Registrar receives complaints about the release. Questions about the collection of this information can be directed to Alberta Registries, Box 3140, Edmonton, AB T5J 2G7 or 780-427-7013, toll free 310-0000 within Alberta.


**National Safety Code Abstract
Personal Request Form**

 Licensing Support Services
 PO Box 3750
 Victoria BC V8W 3Y5

 Telephone: 250-414-7732
 Fax: 250-978-8012

Please type or print clearly, illegible information cannot be processed.

LAST NAME	FIRST NAME	SECOND NAME
DRIVER'S LICENCE NUMBER		DATE OF BIRTH (ddmmmyyyy)

 SIGNATURE OF DRIVER
 (REQUEST WILL NOT BE PROCESSED IF SIGNATURE MISSING)

 DATE

Return abstract by:

<input type="checkbox"/> Mail	TO MY MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE
	OR			
	TO NAME OF CARRIER OR COMPANY			
	MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE

<input type="checkbox"/> Fax	TO MY FAX NUMBER
	OR
	TO NAME OF CARRIER OR COMPANY
	FAX NUMBER

<input type="checkbox"/> Email	TO MY EMAIL ADDRESS
	OR
	TO NAME OF CARRIER OR COMPANY
	EMAIL ADDRESS

A National Safety Code Driver's Abstract is also available by attending any Insurance Corporation of British Columbia Driver Services Centre or by calling Customer Contact at 250-978-8300 (in Victoria) or toll free at 1-800-950-1498.