



Terminal: 7 Grand Ave. Kitchener, Ontario N2K 1B2
Telephone: (519) 744-3597
Fax: (519) 576-1323

Application for Employment

Date of Application: _____

Date Available: _____

Position Applied For: Company Driver _____ Owner-Operator _____

Name: _____
Surname, Given Name, and Initial

Address: _____
Street Number and Name, or Lot, Concession & Township

Province _____ Postal Code _____ Phone: _____ Cell _____

Address History (3 Years) _____ How Long? _____
Street Number and Name, or Lot, Township, Province &, Postal Code

_____ How Long? _____
Street Number and Name, or Lot, Township, Province &, Postal Code

Driver's License # _____ Class _____ Expiry _____

Have you ever been denied a license to operate a motor vehicle? Yes _____ No _____

Has your license ever been suspended or revoked? Yes _____ No _____

Do you have any outstanding citations or warrants for your arrest? Yes _____ No _____

If you answered Yes to ANY of these questions, please give details

Can you legally work in Canada? _____

Have you worked for W.S. Bell Cartage before? _____ When? _____

Reason For Leaving? _____

Are you currently employed? _____ If no, Date of last employment: _____

Who referred you? _____

Is there any reason you might be unable to perform the functions of the job for which you applied?

Employment History

All commercial motor vehicle driver applicants must provide the following information of previous employment history as required by regulations. **NOTE – 10 years employment history is required. Attach separate sheet if required.**

List Employers in reverse order – most recent first

Employer		Date	
Name:		From:	To:
Address:		Position Held	
City:	Province	Postal Code	Reason for leaving:
Contact person:		Drove CMV subject to US Regulations Y ___ N ___ Subject to Drug & Alcohol Testing Y ___ N ___	

Employer		Date	
Name:		From:	To:
Address:		Position Held	
City:	Province	Postal Code	Reason for leaving:
Contact person:		Drove CMV subject to US Regulations Y ___ N ___ Subject to Drug & Alcohol Testing Y ___ N ___	

Employer		Date	
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Employer		Date	
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Education

HIGHEST GRADE COMPLETED – circle highest grade completed

Grade/ Secondary School	1 2 3 4 5 6 7 8 9 10 11 12 13	Business, Trade or Technical School	1 2 3 4
Course of Study:		Course of study	
Type of Certificate or diploma obtained		License, certificate or diploma awarded	
Special courses or training		Special courses or training	

Other Courses, Seminars or Workshops

DATES	NAME	LOCATION	License, Certificate

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van.flat, tanker, etc.)	Dates		Approx. total miles
		To	From	
Straight truck				
Tractor & semi-trailer				
Tractor – 2 trailers				
other				

List provinces, states or territories you have operated in during the past 5 years:

Accident Review (past three (3) years)

Dates	Nature (head-on, rear-end, overturn, etc.)	Fatalities	Injuries
Last accident			
Next previous			
Next previous			

Any 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 and other experience that may help in your work for this company.

List any special equipment or technical materials that you can work with.

TO BE READ AND SIGNED BY APPLICANT

My signature below certifies this application was completed by me, and all information is true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial and/or medical history and other related matters as may be necessary in arriving at an employment/contract of service decision. (Inquiries regarding medical history will be made only 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 within my application or interview (s) may result in discharge. I understand I am required to abide by all rules, regulations and policies of W.S. Bell Cartage.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history. I understand that I have a right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those 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 and I cannot agree on the accuracy of the information.

Date: _____

Applicant's Signature: _____

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Page 1

Employee Printed or Typed Name: _____

Employee SIN # _____

I hereby authorize release of information from my drug and alcohol testing records by my previous employer, listed below, to **W.S. Bell Cartage**.

ATTENTION : SAFETY DEPARTMENT FAX # 519-576-1323.

This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax # _____

Designated Employer Representative (if known): _____

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Page 2

Section II-A.

To be completed by the previous employer and transmitted by mail or fax to the new employer:

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | | | | |
|--|-----|-----|-----|------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES | ___ | NO | ___ |
| 2. Did the employee have verified positive drug tests? | YES | ___ | NO | ___ |
| 3. Did the employee refuse to be tested? | YES | ___ | NO | ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES | ___ | NO | ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES | ___ | NO | ___ |
| 6. If you answered "yes" to any of the above items,
Did the employee complete the return-to-duty process? | N/A | ___ | YES | ___ NO ___ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record)

Name and Address of Consortium:

Name of person providing information in Section II-A:

_____ Title: _____

Date: _____ Phone #: _____



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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I, hereby authorize you to release the following information to **W.S Bell Cartage** for 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

Dear Sir/Madam:

The below named individual has made application to this company for a position as _____ and states that he/she was employed by you as _____ from _____ to _____.

We appreciate your time in completing in confidence the information requested below. We ask that you return this form by fax to my attention at the number listed below. I hope that I may be of the same assistance to you some time in the future.

Sincerely Yours, _____ Position _____

Fax Number: _____

Name of Applicant: _____

Employed from: _____ to: _____ as a: _____

Did he/she drive a motor vehicle for you? Yes / No

What type of vehicle: _____

Was he/she a safe and efficient driver? Yes / No Comments: _____

Reason for leaving your employ: Discharged _____ Resignation _____ Lay - off _____

Was his/her general conduct satisfactory? Yes / No

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

Driver Acknowledgements

Name: _____

Dated: _____

1) I hereby acknowledge receipt of my Bell Cartage Professional Driver's Manual. I have read its contents and I understand the information provided. I agree to abide by the policies and procedures described in this manual. Furthermore, I understand the possible penalties for violation of company policies, procedures and guidelines to include 1) verbal , 2) written reprimand, 3) suspension of work without pay and 4) termination of employment.

Signature: _____

2) I understand I am responsible for reasonable care of all W.S. BELL CARTAGE equipment. All company supplied equipment (policy & permit books, credit cards, T-Checks, Ambassador and Blue Water Bridge cards, tarps, securement equipment, telephones, 2-way radios, etc.,) will be returned upon the termination of my employment.

Signature: _____

3) I understand it is my responsibility to report all collisions, incidents, vehicle damages, inspections (passed or failed, and citations in writing to the safety department. All collisions and failed inspections are to be reported to operations and/or the safety department immediately.

Signature: _____

4) I authorize W.S.BELL CARTAGE to deduct from my pay any monies advanced to me for tolls, vehicle repairs or any other company or personal expenses for which I have not submitted receipts.

Signature: _____

5) I understand company phones are not to be used for personal phone calls. I will be held responsible for any extra charges incurred.

Signature: _____

6) I understand under Ontario Provincial law and within ALL jurisdictions W.S. BELL CARTAGE operates, the use of hand-held communication devices is prohibited while operating a commercial vehicle.

Signature: _____

7) I understand I will maintain a safe following distance behind the vehicle in front of me. W.S.BELL CARTAGE recommends a minimum of 6 seconds and a minimum ½ km between company vehicles.

Signature: _____

Company Representative _____

Date: _____



DRIVER REQUIREMENTS

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

LICENSING	INITIALS
a) I know that I must have a valid drivers licence.	
b) I agree to report all traffic violations to my employer in writing.	
c) I understand that I must not operate a vehicle while under the influence of drugs or alcohol.	

HOURS OF WORK	INITIALS
a) I have been informed of and understand the hours of work regulations.	
b) I am aware that I must arrange my work schedule to comply with these regulations.	
c) I agree to submit a record of all on-duty hours accumulated while working for other operators.	

PRE-TRIP INSPECTIONS	INITIALS
I am aware of the pre-trip inspection requirements and understand them.	

LOAD SECURITY	INITIALS
I have been informed of and understand the load security regulations. (i.e. Ensure that the load is tarped as required)	

Driver's Signature: _____

Date _____

Witness: _____

Date _____



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New Employee Information

START DATE: _____

Local _____ Canada Only Highway _____ Cross Border Highway Driver _____

Name: _____

Date: _____

Address: _____

Postal Code: _____ Provide Void Check for Payroll _____

Home Phone# : _____ Cell Phone#: _____

E-mail address: _____

Social Insurance Number: _____

Date of Birth: _____

Driver's License # _____

Class _____ Expiry _____ ONTARIO HEALTH CARD # _____

Cross Border Drivers

Passport _____ FAST Card _____

TWIC Card _____

EMERGENCY CONTACT INFORMATION

Person to Notify: _____

Phone Number: _____

Relationship: _____