

<p>Bergland Transport Limited Mt Elgin, Ontario</p>
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Employee Application for Qualification

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Bergland Transport.

Driver Profile

Driver Information:

Name:	Phone #:
License #:	SIN #:
Driver License Class:	Date of Birth(MM/DD/YY):
Original Date of obtaining Driver License for this class:	
Physical Exam Expiration Date:	

Address:

Street:	
City:	Province:
Postal Code:	

Education:

Please circle highest level

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4
Post – Graduate: 1 2 3 4

Driving Experience:

How many years of experience under your current class of license?
How many years of US commercial driving experience do you have?
Are you currently an (please select whatever applies): Owner operator: _____ Company Driver: _____ Driver Trainee: _____

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Trucking Company Employment Information: (min. 3 yrs history must be provided)

Current Employer:	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	
Are you subject to the FMCSRs while employed here: yes no	
Are you required to do drug testing: yes no	

Past Employer 1:

Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	
Reason for leaving:	
Were you subject to the FMCSRs while employed here: yes no	
Were you required to do drug testing: yes no	

Past Employer 2:

Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	
Reason for leaving:	
Were you subject to the FMCSRs while employed here: yes no	
Were you required to do drug testing: yes no	

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Claims History

(Please describe all accidents you were involved in for the last 3 years regardless of fault)

Date of Accident	Nature of Accident (Head on, rear end, upset etc.)	# of Fatalities	# of injured people

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

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

If the answers to A, B, or C is "yes" give details _____

Personal References

List three people for references, other than family members, who have knowledge of your safety habits.

Name	Address	Phone

Signature of driver

Date

Please print your name

Revised May 11, 2011

Bergland Transport Limited
Mt Elgin, Ontario

**PRE - EMPLOYMENT URINALYSIS
NOTIFICATION / STATEMENT**

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

- 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 testion rules during the past 2 years? Yes / No

- 2. If you answered yes, to the above question, can you provide proof that you've successfully completed the DOT return-to-duty requirements? Yes/No

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

APPLICANT'S NAME (type or print)

APPLICANT'S SIGNATURE

MONTH DAY YEAR

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH DAY YEAR

Bergland Transport Limited

Mt Elgin, Ontario

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. You, as a commercial vehicle driver, may not possess more than one license. If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. Part 392.42 and Part 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, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employer motor carrier and the state that issued your license within 30 days.

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

The following license is the only one that I possess:

Driver's License No: _____ State/Prov _____ Expiry Date:
____/____/____

Driver's Signature: _____ Print Name: _____

Attach a photocopy of driver's license and photo identification

Bergland Transport Limited
Mt Elgin, Ontario

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I, hereby authorize you to release the following information to **Bergland Transport Limited** 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: _____

While employed were there any accidents or claims: Yes/No

If yes – Explain: _____

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

Was he/she on time with appointments? Yes/No

Was he/she in a drug testing program with your company: Yes: _____ No: _____

Did he/she have any verified positive drug tests? Yes/No

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

Was his/her general conduct satisfactory? Yes / No

What was his/her attitude towards: (a) Customers? _____ b) Management? _____

(c) Fellow workers? _____ (d) Equipment? _____

Would you re-employ this person: Yes / No / upon review

Additional Comments: _____