



Jardine Transport Ltd.
60 Melissa St, Unit 1
Richibucto Road, Nb E3A 6W1



R.E.M. Transport
4 Hall Road
Old Ridge, NB E3L 5E1



K&T Transport
3093 Rte 109
Plaster Rock, NB E7G 4L3



Gil Trucking
66 Rue Industrielle
St-Jacques, NB E7B 1A2



Quality Transportation
45 Sewell Rd
Jacksonville, NB E7M 3S1

Application for Employment

Company: _____ Date of Application _____

Name _____ Telephone _____
(first) (middle) (last)

Address _____
(street)

Address _____ How Long? _____
(city/prov) (postal code)

Date of Birth _____ Social Ins. Number _____ Email: _____
(dd/mm/yyyy)

O/O Business Name: _____ O/O HST Number: _____

Address for _____ How Long? _____
 Past 3 years (street) (city/prov) (postal code)

_____ How Long? _____
(street) (city/prov) (postal code)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Drivers License _____
(province) (License number) (class) (expiration date) (d, m, y)

Have you ever been denied a drivers license? Y__ N__ Ever been suspended or revoked? Y__ N__

Driving Experience:

Class of Equipment	Type of Equipment <small>(van, reefer, flat, etc)</small>	Date from	Date to	Approx Miles
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor- Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

Position applying for _____ Full Time _____ Part Time _____

Have you worked from this company before? _____ Dates: From _____ To _____
(month/year) (month/year)

Are you currently employed? _____ If not how long since last employment? _____

Have you ever been convicted of a felony? _____ If yes, please explain on a separate sheet of paper

Have you ever been bonded? Y__ N__ Name of bonding company _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Post Secondary: 1 2 3 4

Last school attended _____ Address _____
(city/prov)

List provinces and states operated in during last 5 years _____

Courses or training that will help you as a driver _____

List safe driving awards and from whom _____

Did anyone refer you to the company? Y N

If yes, name of referring employee: _____

DRIVER APPLICANTS

Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391. 23 (d), (e), (i) (1) and (2)

The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years – via the application form or other written document prior to any hiring decision – that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-providing investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day's deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

I have read, understand and agree to the preceding statement

Applicant Signature _____ Date _____
(month, day, year)

ACCIDENT RECORD FOR PAST 3 YEARS

(attach sheet if more space is needed)

	Date <small>(d, m, y)</small>	Nature of Accident <small>(head on, rear-end, upset, etc)</small>	Fatalities	Injuries
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(other than parking violations)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach sheet if more space is needed)

EMPLOYMENT RECORD

(attach second sheet if more space is needed) (for dates use month/year)

DOT requires that Employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown

LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

SECOND LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

THIRD LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

FOURTH LAST EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

EMPLOYMENT RECORD PAGE 2

EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

EMPLOYER: _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

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.

This application was completed by me, all entries are true and correct to the best of my knowledge

Applicant Signature _____ Date _____
(day, month, year)

=====
PROCESS RECORD FOR OFFICE USE ONLY

Applicant Hired _____ Rejected _____

Hire Date _____ Classification/Dept _____
(day, month, year) (van, reefer, flat, tank, etc)

Notes: _____

Company Rep _____ Date _____
(day, month, year)

=====
TERMINATION OF EMPLOYMENT

Date Terminated _____ Dismissed _____ Quit _____ Other _____
(day, month, year)

Eligible for Rehire: Yes _____ No _____

Notes: _____

Company Rep _____ Date _____
(day, month, year)

Select One

Previous Employer Consent Form

I, _____ give my consent to perform a previous employer background check

Signature: _____ **Date:** _____

Company contacted: _____

Person contacted: _____

Date: _____ Telephone number: _____ Fax Number: _____

Applicant lists dates of employment with your firm from: _____ To: _____

Is this correct? _____

How was this persons attendance record? _____

What type of equipment was driven? _____

Approximately how many miles were driven yearly? _____

What type of products were hauled? _____

Were there any problems with delivery and pick up times? _____

Were there any significant incidents or accidents (spills, arguments with customers, etc.)?

Preventable or non-preventable accidents? _____

Any on the job injuries? _____

Were there any log book, or any other violations? _____

General opinion of conduct? _____

Why did this person leave your employ? _____

Would you rehire this person? _____

Comments: _____

Print name: _____ Signature: _____

Person inquiring: _____ Telephone number: _____

Date: _____ Fax number: _____

PRIVACY CONSENT FORM

The Jardine Transport Group, and/or its affiliate companies and/or any company with a valid and direct need may collect, use or disclose your personal information for the sole purpose of determining employment, updating company files, the termination of employment or in the event of an accident used in the process of building an insurance case file or providing information to workers compensation on your behalf. Personal information may be collected from or provided to others normally involved in the said processes as noted above.

You may withdraw your consent at any time by supplying the company with a signed written letter stating this request. It is Important to note that by doing this it may not be possible for us to employ you or continue your employment with the Jardine Transport Group (or affiliated company).

Does the Jardine Transport Group (or affiliated company) have your consent to collect, use or disclose your personal information that is necessary for the above noted purpose as outlined in paragraph 1 of this form? If so please initial yes, date and sign the attached agreement.

Yes _____ No _____

(Date-D/M/YR)

(Witness)

(Signature of Employee)

Hiring/Safety Plan

Within the Jardine Transport Group and its companies our Safety Plan includes the safety practices we use in our day-to-day operations. A good plan helps us meet our legal obligations and promotes safe business practices. All personnel including, drivers, dispatchers, sales, operations and management will receive a copy and sign off on our Safety Plan.

Our Safety Plan includes but is not limited to:

COMPANY POLICY

- Corporate Philosophy and Policy
- Driver Facts
- Driver Logging Procedure/Hours of Service
- Accidents
- Equipment
- Company Procedure
- Drivers Receipt

PROCEDURES FOR HIRING

- Before being given an application to fill out, the prospective applicant must meet our "Requirements for Driver Applicants" see below
- Interviewing will be conducted by the Safety Manager and in some cases in conjunction with the management team
- When an application is presented for consideration, the applicant understands there will be background investigation of previous employment
- If the Safety Manager determines that an applicant is eligible for consideration for employment, a road-test will be conducted
- If the medical examination or background investigation discloses any misrepresentation on the application, or information indicating that the individual is not suited for employment with the company, the applicant shall be refused employment
- Orientation and training of the new employee shall be prescribed by the Safety Manager
- All employees of The Jardine Transport Group or its affiliated companies should be aware *that* employment with the company is "at will"
- All former employees will be considered for re-hire at the discretion of management
- A previously terminated employee who is re-employed will be considered a "new employee"

REQUIREMENTS FOR DRIVER APPLICANTS

Before being given an application, the prospective driver must:

- Present a valid driver's license for the type of vehicle to be driven
- Present an up to date (30 days) driver's abstract
- Present a criminal record report
- Must have two (2) years of constant over-the-road experience
- Must be at least 21 years of age
- Must be drug free

DRIVER QUALIFICATION FILE

Driver Qualification file which includes the driver application **must** be completed in its entirety. Driving experience must include mileage (industry standard is one million miles for every 8 years' experience). Accident Record and Traffic Convictions cannot be left blank. If there is nothing to record, mark as Nil, do not leave blank or write see abstract. Previous employment history **must** include dates (month & year) of all previous employers for last 10 years, contact name, telephone/ fax numbers, etc. If the applicant has been driving for less than 3 years, then only 3 years of history is required.

Note to Applicant:

All information supplied through the Qualification File process will be cross referenced with, drivers abstract, reference checks, etc. Failing to supply required information for Qualification File will automatically disqualify applicant for employment

MONITORING PROCESS FOR DRIVER PERFORMANCE

Driver performance will be monitored on going

All violation tickets, roadside inspections and accident reports must be reported to supervisor next business day and turned into the office ASAP.

MONITORING PROCESS FOR HOURS OF SERVICE/VEHICLE TRIP INSPECTIONS

All drivers are required to abide by all Hours-of-Service regulations for the jurisdiction they are driving in.

Each month Drivers' Logs and Vehicle Trip Inspections are reviewed.

Drivers with critical time and multiple form and manner violations will be required to attend an Hours of Service training session.

Disciplinary **action** will be taken against drivers with **false logs. No Exceptions.**

MONITORING PROCESS FOR VEHICLE MAINTENANCE

Monthly maintenance forms must be submitted on or before the 15th of the following month. The entries on these forms, which are supplied by the company must be legible, and must include all requirements of FMCSR 396.3 including the date and mileages of all maintenance or repairs.

DISCIPLINARY POLICY

- Expectation letter
- Retraining
- Document all verbal warnings
- Written warnings
- Suspension
- Termination

The Jardine Transport Group or its affiliated companies shall:

- Verify information submitted in qualification file, including employment application to be complete, true, and correct prior to hiring
- Keep driver qualification file up to date
- Establish a procedure to identify those personnel requiring further training
- Retain a record of all training programs provided to drivers and identify the person/ organization providing the training
- Develop review procedures for drivers who have violations or have been involved in preventable accidents
- Develop a system to ensure the following remain current:
 - Drivers Licenses (On renewal)
 - Drivers Abstract (annually)
 - Medical Declaration (suggested annually)
 - Annual Review
 - Transportation of Dangerous Goods (valid 36 months from date of issue)

I have read and agree to the conditions of the Safety Plan.

Employee, Owner/Operator _____ Date _____

Company Representative _____ Date _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL

ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ ("Prospective Employer")

Prospective Employer, its employees, agents, or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to decide regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault. I acknowledge it will include all CMV crashes where I was a driver *or* co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations will appear on my PSP report, and state citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

Name (Please Print) _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 313.5.