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Windsor, Ontario N9A6J3
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DRIVER QUALIFICATION PACKET

The attached documents are provided to you to illustrate compliance with the USA laws that came into effect October 29, 2004 in the Federal Motor Carrier Safety Regulations (FMCSR). They are distributed to you as a sample, for illustration purposes only.

This packet is not meant as an all-inclusive list of required items; consult Federal Motor Carrier Safety Regulations (FMCSRs) Parts 40, 382 and 391.

- **DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST:** (Revised 6/11) Form is used to document driver file requirements per FMCSR 391 and renewal dates for these items.
- **APPLICATION FOR QUALIFICATION:** (Revised 2011/06) Required by FMCSR 391.21. This application is suitable for independent owner/operators or company employees/drivers. NOW includes **Driver's Rights** under 391.23.
- **REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY:** (NEW 9/04) As required by FMCSR 391.21 for past employment investigation.
- **FOURTEEN-DAY PRIOR LOG FORM:** FMCSR 395.3. requirement is for previous 7 days, however, best practice in Canada is for previous 14 days
- **DRIVER PERFORMANCE EVALUATION {Road Test}** (Revised 9/04) Should be used to summarize the evaluator's thoughts on driver performance, including skills performed particularly well, those needing improvement and why. Includes:
 - **CERTIFICATION OF ROAD TEST** As required per FMCSR Subpart D 391.31.
 - **VIOLATION AND ANNUAL REVIEW RECORD:** Allows review of driver's record as required by FMCSR 391.25 and 391.27.
- **DRIVER "INVESTIGATION HISTORY" FILE CHECKLIST** (NEW 9/04) FMCSR requires this form to be filed in a secure location, with limited access.

The following documents should be placed in Personnel and/or Confidential File.

- **DRIVER APPLICANT AND ALCOHOL PRE-EMPLOYMENT STATEMENT:** (NEW) Form used to document an applicant applying for a safety sensitive function, as required per CFR 40.25(j).
- **CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/ CONSENT FORM:** (NEW 9/04) As required by FMCSR 382.301. [Page 1, drug & alcohol information, needs to be kept in Confidential File.]

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- a) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and (2) An investigation of the driver's employment record during the preceding three years.
- b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency, as required. This must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.\
- c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This is effective as of October 30, 2004.
- d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for any accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers;
2. 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; and
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 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.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____ Date: _____

Driver's Name (Printed): _____



APPLICATION FOR QUALIFICATION

Company Name: **HEMO LOGISTICS INC**

Address: **2045 NORTH TALBOT ROAD**

City: **WINDSOR** Province: **ONTARIO** Postal Code: **N9A 6J3**

Instructions: 1. Please print clearly. 2. Complete all sections. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None."			
SECTION A - APPLICANT INFORMATION			
Name (First, Middle, Last)		Date of birth (DD/MM/YYYY)	Telephone number ()
Position applying for (check one) <input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Driver <input type="checkbox"/> Other _____ (please specify)		Alternative Telephone number ()	
Residence history for the past three years, beginning with your current address.			
Current Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? From: _____ To: _____			
Reason for leaving?			
Please circle the highest grade level completed			
Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College/University: 1 2 3 4 Post-graduate: 1 2 3 4			
SECTION B – EMPLOYMENT HISTORY			
Please provide a complete record of all employment (starting with the current or most recent) for the past three years, including any unemployment or self-employment. Please also provide all commercial driving experience for the past ten years.			
Company name		Position held	Telephone number ()
Address (no., street) Nature		From (DD/MM/YYYY):	
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Company name		Position held	Telephone number ()
Address (no., street)		From (DD/MM/YYYY):	
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company name		Position held	Telephone number ()
Address (no., street)		From (DD/MM/YYYY):	
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company name		Position held	Telephone number ()
Address (no., street)		From (DD/MM/YYYY):	
City	Province	Postal code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more; (2) is designed or used to transport nine or more passengers; or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.			
SECTION C – DRIVING HISTORY/EXPERIENCE			
Driving Experience	Dates		Approximate Miles
	From	To	
Straight Truck			
Tractor-trailer			
LCV's			
Other: _____ (specify)			
List provinces and states operated in for the last five years.			
List special courses/training completed (PTD/DDC, Dangerous Goods, etc).			
List any Safe Driving Awards you hold and from whom.			



Collision record for the past three years (attach an additional sheet, if required)				
Date of collision (DD/MM/YYYY)	Nature of Collision	Location	Number of fatalities	Number of injured people
Traffic convictions and forfeitures for the past three years (other than parking violations)				
Date of collision (DD/MM/YYYY)	Location	Offence	Penalty	
Driver's License (List each driver's license held in the past three years.)				
Province	License number	Type	Endorsements	Expiration date
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		
Personal references – List three persons for references, other than family members, who have knowledge of your safety habits.				
Name		Address		Telephone number
To Be Read and Signed by Applicant				
<p><i>This certifies that I completed this application form and that all entries on it and information in it are true and complete to the best of my knowledge. It is agreed and understood that any misrepresentation given on this application or interview(s) shall be considered an act of dishonesty and may result in a discharge. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.</i></p> <p><i>I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. I understand that from time to time the company will furnish my personal information as necessary to third parties such as insurance companies and brokers. The company agrees to collect, use and disclose such information only in a manner that a reasonable person would consider appropriate in the circumstances, and that would be in compliance with the Protection of Personal Information and Electronic Documents Act (PIPEDA). The company further agrees to safeguard the security of such information in a manner appropriate to the sensitivity of such information, and in compliance with PIPEDA.</i></p> <p><i>I agree to supply the following information as part of this application</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Driver's MVR Abstract (current to the past 30 days) <input type="checkbox"/> Driver's CVOR Abstract (Ontario only, current to the past 30 days) <input type="checkbox"/> Criminal Record Search (current to the past 90 days) 				
Signature of applicant		Date		
Remarks (For office use only)				

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive function, until and unless, the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).

(Please Print)

Applicant Name _____

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

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 testing rules during the past two years?
 Yes No

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

My signature below certifies that the information provided is true and correct.

Applicant's Signature: _____ Date: _____

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with **HEMO LOGISTICS INC** Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment-controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303, Random– Section 382.305, Reasonable Suspicion – Section 382.307, Return to Duty – Section 382.309, Follow-up – Section 382.311

A driver, who tests positive to a controlled substance and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety-sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

Name	Address	Phone #

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ (have read the above controlled substances and alcohol
(Print Name)

testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature) Date: _____

(Employer Representative) Date: _____

Original to be retained on file - Copy to Driver Applicant



PREVIOUS EMPLOYMENT REFERENCE AUTHORIZATION RELEASE FORM

HIRING COMPANY INFORMATION	
HEMO LOGISTICS INC 2045 North Talbot Road Windsor ON, N9A 6J3	Contact Person: Safety Department Phone: (519) 737-1111 Ext. 6 Email: safety@hemologistics.ca

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from dates shown on my employment application. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____ (Print Name) hereby authorize this Company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol and drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

 (Applicant's Signature) Date: _____

 (Employer Representative) Date: _____

**MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

1. In connection with your application for employment with **HEMO LOGISTICS INC** (“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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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



2. I authorize HEMO LOGISTICS INC (“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 consenting to 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 make a determination regarding my suitability as an employee.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**



