

DRIVER QUALIFICATION PACKET

This packet was supplied by Old Republic, but has been adjusted for Hemo Logistics Inc. This is not meant as an all-inclusive list of required items; we consult Federal Motor Carrier Safety Regulations (FMCSRs) Parts 40, 382 and 391 to ensure compliance and accuracy.

- **APPLICATION FOR QUALIFICATION:** *(Revised 2021/04)* 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.
- * **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. *[Drug & alcohol information, needs to be kept in Confidential File.]*
- **PREVIOUS EMPLOYMENT REFERENCE AUTHORIZATION RELEASE FORM - REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY –:** *(NEW 2021/04)* 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.
- **PRE-EMPLOYMENT SCREENING PROGRAM DISCLOSURE & AUTHORIZATION CONSENT FORM:** *(NEW) (Revised 2021/01)* This is a separate document provided by FMCSA. A consent form is required under 49 U.S.C. 31150.

** Documents should be placed in Personnel and/or Confidential File.*

Additional documents:

- **CERTIFICATION OF ROAD TEST – PROVIDED DURING ORIENTATION.** As required per FMCSR Subpart D 391.31.
- **VIOLATION AND ANNUAL REVIEW RECORD – PROVIDED WITHIN 6 MONTHS OR 1 YEAR OF EMPLOYMENT AND CONTINUED ANNUALLY:** Allows review of driver's record as required by FMCSR 391.25 and 391.27.

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

Motor carrier shall make the following investigations and inquiries with respect to each driver it employs, 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, within 30 days of the date the driver's employment begins, to each State where the driver held or holds a motor vehicle operator's license or permit during the preceding 3 years to obtain that driver's motor vehicle record.
- b) An investigation of the driver's safety performance history with Department of Transportation regulated employers during the preceding three years.
- c) A copy of the motor vehicle record(s) obtained in response to the inquiry or inquiries to each State required by paragraph (a)(1) of this section 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. If no motor vehicle record is received from the State or States required to submit this response, the motor carrier must document a good faith effort to obtain such information, and certify that no record exists for that driver in that State or States. The inquiry to the State driver licensing agency or agencies must be made in the form and manner each agency prescribes.
- d) Replies to the investigations of the driver's safety performance history required by paragraph (a)(2) of this section, or documentation of good faith efforts to obtain the investigation data, must be placed in the driver investigation history file, after October 29, 2004, within 30 days of the date the driver's employment begins. Any period of time required to exercise the driver's due process rights to review the information received, request a previous employer to correct or include a rebuttal, is separate and apart from this 30-day requirement to document investigation of the driver safety performance history data.
- e) The investigation may consist of personal interviews, telephone interviews, letters, or any other method for investigating that the carrier deems appropriate. Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented. The record must be maintained pursuant to §391.53.
- f) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA and use the complaint procedures specified at §386.12 of this subchapter. Keep a copy of the reports in the driver investigation history file as part of documenting a good faith effort to obtain the required information.

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: **OLDCASTLE** Province: **ONTARIO** Postal Code: **N9G 0C2**

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)			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	
<p><i>*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.</i></p>			
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) ask the employee 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 testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section). (See Section 40.25(b)(5) and (e).

Applicant Name (Please Print): _____

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: _____



DECLARATION OF EMPLOYMENT STATUS

Note: This form is to be filled out ONLY if applicant has more than 30 days or greater in between periods of employment. If required, additional documents can be provided to applicant for 2 or more employment periods.

In order to comply with current regulatory standards, it is necessary for HEMO LOGISTICS INC. to obtain information from all prospective employees to explain gaps that are 30 days or greater between periods of employment or any periods of extended unemployment.

We would ask for you to complete the following and provide as much information as possible for all gaps of employment of 30 days or more.

I, _____, confirm that from, _____ to _____ (Check all that apply)

____ I was not employed in any capacity of a full time or regular part-time basis.

____ I was self-employed

____ I was not convicted of a crime or felony involving a motor vehicle or any aspect of the motor carrier industry.

____ I was not involved in a motor vehicle accident of any type.

I confirm that I was unemployed from, _____ to _____ for the following reason(s):

____ I was not employed in any capacity of a full time or regular part-time basis.

____ I was self-employed

____ I was not convicted of a crime or felony involving a motor carrier or any aspect of the motor carrier industry.

____ I was not involved in a motor vehicle accident of any type.

The two people listed below, neither of whom is related to me in any manner, can verify the above information. I hereby authorize you to contact them and request that information, and authorize them to release that information.

Name	Telephone Number

(Applicants Name) Print

Applicants Name) Signature

Date

(Company Witness) Print

(Company Witness) 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



REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY & INFORMATION FROM DOT REGULATED PREVIOUS EMPLOYER(S)

NOTES:

1. If this information is not available from the previous employer, you as a prospective employer must get this information from the Driver/Applicant.
2. Drug and Alcohol information must be kept in a separate Personnel and/or Confidential file.

HIRING COMPANY INFORMATION	
<p>HEMO LOGISTICS INC 2045 North Talbot Road Oldcastle ON, N9G0C2</p>	<p>Contact Person: Safety Department Phone: (519) 737-1111 Ext. 7 Email: safety@hemologistics.ca</p>

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: _____



