HEMO LOGISTICS
Taking care of your shipping needs 24/7

2045 North Talbot Road
Oldcastle, Ontario, N9G 0C2
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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.

- **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION:** *Under Regulation 391.23*
- **APPLICATION FOR QUALIFICATION:** *(Revised 2023/04)* 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**: (*REVISED 2023/04)* Form used to document an applicant applying for a safety sensitive function, as required per CFR 40.25(j).
- *** CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEGEMENT/ CONSENT FORM**: *(REVISED 2023/04)* As required by FMCSR 382.301. [***Drug & alcohol information, needs to be kept in Confidential File***.]
- **REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY & INFORMATION FROM DOT REGULATED PREVIOUS EMPLOYER(S):** (*NEW 2023/04*) 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:** *(Revised 2023/04)* This is a **separate document** provided by FMCSA. A consent form is required under 49 U.S.C. 31150.

** Documents are placed in Personnel and/or Confidential Files.*

Additional documents:

- **CERTIFICATION OF ROAD TEST – REQUIRED 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.

Return application to: HR@hemologistics.ca with a copy of your driver's license and current CVOR and abstract. If applicable, include FAST, CDRP, Passport, certificates, and past employment letters.

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 instructions 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. Print clearly.
2. Complete all sections. If the answer to any question is "No" or "None," do not leave the item blank, write "No" or "None."

SECTION A - APPLICANT INFORMATION

Name (First, Middle, Last)	Date of birth (DD/MM/YYYY)	Telephone number ( )
Email Address		Alternative Telephone number ( )

Position applying for (check one)
❑ Driver ❑ Owner Operator ❑ Contractor's Driver ❑ Other _____ (please specify)

Shift Availability (check all that apply)
❑ Days ❑ Afternoons ❑ Nights ❑ Long Haul ❑ Local ❑ Other _____ (please specify)

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? ❑ Yes ❑ 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 ten years, including any unemployment or self-employment. Please also provide all commercial driving experience for the past ten years.

(1) Company name	Position held	Telephone number ( )
Email Address		From (DD/MM/YYYY):
Address (no., street)		To (DD/MM/YYYY):
City	Province	Postal code

Reason for leaving?	Explain any gaps in employment (Include month/year & reason)
Were you subject to the FMCSRs* while employed here? ❑Yes ❑ 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? ❑Yes ❑ No

(2) Company name	Position held		Telephone number ( )
Email Address			From (DD/MM/YYYY):
Address (no., street)			To (DD/MM/YYYY):
City	Province	Postal code	
Reason for leaving?		Explain any gaps in employment (Include month/year & reason)	
Were you subject to the FMCSRs* while employed here? ❑Yes ❑ 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? ❑Yes ❑ No	
(3) Company name	Position held		Telephone number ( )
Email Address			From (DD/MM/YYYY):
Address (no., street)			To (DD/MM/YYYY):
City	Province	Postal code	
Reason for leaving?		Explain any gaps in employment (Include month/year & reason)	
Were you subject to the FMCSRs* while employed here? ❑Yes ❑ 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? ❑Yes ❑ No	
(4) Company name	Position held		Telephone number ( )
Email Address			From (DD/MM/YYYY):
Address (no., street)			To (DD/MM/YYYY):
City	Province	Postal code	
Reason for leaving?		Explain any gaps in employment (Include month/year & reason)	
Were you subject to the FMCSRs* while employed here? ❑Yes ❑ 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? ❑Yes ❑ 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?	Has any license, permit or privilege ever been suspended or revoked?
❑Yes ❑ No If yes, please provide details.	❑Yes ❑ No If yes, please provide details.

To Be Read and Signed by Applicant

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 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 agree to supply the following information as part of this application
- Driver's MVR Abstract (current to the past 30 days)
- Driver's CVOR Abstract (Ontario only, current to the past 30 days)
- 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: _____

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.

_____ Date: _____
(Applicant's Signature)

_____ Date: _____
(Employer Representative)

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	
HEMO LOGISTICS INC 2045 North Talbot Road Oldcastle ON, N9G0C2	**Contact Person:** Safety Department **Phone:** (519) 737-1111 Ext. 7 **Email**: HR@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.

_____ Date: _____
(Applicant's Signature)

_____ Date: _____
(Employer Representative)

FOURTEEN-DAY PRIOR LOG FORM

(Data sheet for new, casual, or temporary drivers)

NAME: _____ PHONE #: _____

ADDRESS: _____

DRIVER'S LICENSE #: _____ Province: _____

Instructions: *At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8 (j)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days. For Canadian drivers please enter each of the last fourteen days.*

Day	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*Total*
Date								
On Duty Hours								
	8	*9*	*10*	*11*	*12*	*13*	*14*	*Total*
Date								
On Duty Hours								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at: **_____ on _____**

Time Day Month Year

Signature: _____

Witness: _____ 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 **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.

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 **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 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 make a determination 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. 383.5.

LAST *UPDATED 2/11/2016*