

APPLICANT INFORMATION

DATE _____ Position applying for: _____
 NAME _____ PHONE () _____
 EMERGENCY PHONE () _____ AGE _____
 DOB _____ SIN# _____
 PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____ FROM _____ TO _____
 _____ FROM _____ TO _____
 _____ FROM _____ TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Yes _____ No

If yes, give dates: From _____ To _____

Reason for leaving? _____

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years of present or past employer.

1. From _____ To _____ Name _____
 Position _____ Address _____ Reason for leaving _____
 Company phone () _____ 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. From _____ To _____ Name _____
 Position _____ Address _____ Reason for leaving _____
 Company phone () _____ 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. From _____ To _____ Name _____
 Position _____ Address _____ Reason for leaving _____
 Company phone () _____ 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. From _____ To _____ Name _____
 Position _____ Address _____ Reason for leaving _____
 Company phone () _____ 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

DRIVING EXPERIENCE:

Class of Equipment	From	To	No. of Years
Super b (B-Train)			
Flatbed			
Step deck			
Dry Van/ Reefer			
Other			

List states and provinces operated in, for the last five (5) years: _____
 List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accident (Head on, rear end etc.)	Location of Accident	No. of people injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes No

Have you ever been convicted of a felony? Yes No

If the answers to any questions listed above are "yes", give details _____

Job References:

List three (3) people for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant:

- I, _____ hereby release Capricorn Logistics. of all liability arising from any violations or tickets arising from any DOT or NSC audits. This includes any violations of over hours, speed, border crossings, fuel match times, etc... These violations come from sources such as logbooks, tickets, abstracts, etc...

I hereby accept any and all guilt pertaining to the above violations and request any such auditor to directly pass any such fines to me personally. It is also my responsibility to comply with regulations governed by other councils. I also agree to submit within 2 days from receipt of any tickets or violations I receive, including those while on my personal time, and including those while in an automobile or any other types of transport.

- I fully understand that all traffic / truck violations **MUST** be reported to the carrier within 24 hours of the violation, and it is my responsibility to report them. This includes, but is not limited to all speeding tickets, suspensions of license, inspection violations, equipment, and hours of service infractions. Copies of ALL tickets and notices of suspension **MUST** be submitted to the company. I also understand and agree that I am to report any and all accidents to Capricorn Logistics immediately. I understand that I am not to move the vehicle until given clearance by either an enforcement officer and/or my supervisor. You are required to submit to the office of Capricorn Logistics the following items:

- | | |
|---|---|
| 1. All roadside violation citations | WITHIN 3 DAYS |
| 2. All roadside CVSA inspection reports | WITHIN 7 DAYS |
| 3. Proof of repairs for all CVSA Violations – | IMMEDIATELY |
| 4. Any changes in your current driver's license – | IMMEDIATELY |
| 5. Full accident reports – | IMMEDIATELY |
| 6. Maintenance reports – | MONTHLY (Prior to getting statement) |
| 7. Maintenance receipts (or copies) – | MONTHLY (Prior to getting statement) |
| 8. Minor and Major Maintenance reports – | MONTHLY |

- I, _____, driver and employee of Capricorn Logistics agree to abide by all requirements as outlined within the policy manual. In summary, I understand, and I agree to the following:

- Provide the employer with a copy of license when renewed or any name / address change occurs.
- That any tickets, violations, notice & orders, accident reports, & roadside inspections must be reported to employer within 24 hours submit a copy/original of the violation within 20 days.
- It is part of my job requirement to complete correctly and accurately a vehicle inspection report daily. I also understand that ensuring the vehicles brakes are adjusted is my responsibility at time of inspection.
- That it is my responsibility to complete an accurate record of hours of service for each day. I also understand the maximum hours for daily driving and the minimum rest period required before driving again.
- I completely understand the disciplinary policy as outlined within the policy manual. I understand that continued violations and unsafe driving or failure to follow all administrative guidelines will result in termination of employment.
- Know where the documents are for the vehicle(s) and equipment I am driving.
- Report any defects immediately (that will impact vehicle safety) before driving.
- Ensure that the vehicle's load is secure and safe for transport.
- Understand the drug & alcohol policy outlined in the manual and that there is zero tolerance for substance abuse and usage while using any vehicles under the company's NSC number.
- That any driver suspension must be reported to the company immediately.
- I am only able to carry authorized passengers.
- That if applicable, a TDG certificate must be kept up to date if transporting dangerous goods.

- I understand that by not abiding by the requirements stipulated above, I will be terminated from employment with Capricorn Logistics.
- It is agreed and understood that the company may investigate the applicant's background to obtain all information of concern to applicant's record, whether the same is of record or not.
- It is agreed and understood that this Application in no way obligates the company to employ or hire the applicant.
- It is agreed and understood that if a driver needs training, the company will not pay anything to the driver for the training period.

- It is agreed and understood that any misrepresentation given in this application shall be considered an act of dishonesty.

Incident Letters:

<u>LOGBOOKS</u>	<i>Violations, non-compliance, etc.</i>	<i>1st warning: verbal 2nd & 3rd warning written reprimand. 4th warning: suspension – 3 days 5th warning: suspension or termination</i>
<u>CVSA & Insubordination</u>	<i>Speeding/Minor infractions (within 1 year)</i>	<i>1st warning: verbal 2nd warning: written reprimand 3rd warning: suspension 4th warning: termination</i>
<u>ACCIDENTS</u>	<i>100% at fault (depending on severity)</i>	<i>1st warning: written reprimand. 2nd warning: suspension or termination</i>

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____ **Date** _____

Remarks: (For office use only)
