



## Owner Operator Driver Application (Contractor)

Applicant Name:		Date of Application:		
Owner Operator's Company Name:				
Company Address:	Street:	City	Province	PC

*In compliance with Federal and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.*

### To Be Read and Signed by Applicant

In the event of a contractual agreement, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature:	Date:
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### For Company Use

<b>Process Record Recruiting Department</b>	
Recruiter Name:	Road Test Date:
Drug Test Date:	Orientation Date:



## Applicant to Complete

Position(s) Applied For:			Single or Team:		
Last Name:		First Name:		Middle Name:	
Email:		Home Phone:		Mobile:	
				Social Insurance #:	
				Date of Birth (mm/dd/yyyy):	

**List your addresses of residency for the past 3 years.**

Current Address	Street:	City	Province	PC	How Long?
<b>Previous Addresses</b>	Street:	City	Province	PC	How Long?
	Street:	City	Province	PC	How Long?
	Street:	City	Province	PC	How Long?

**Emergency Contact**

Name:	Relationship:	Phone:
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Are you legally qualified to cross the Canada/United States border? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you possess a valid FAST Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what location?	Date From:	Date To:	Position:
Reason for leaving?			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, how long has it been since you left your last employment?	
Were you referred? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, by whom?	
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, bonding company:	
Have you ever been convicted of any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment; all circumstances will be considered.			
Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? If yes, explain if you wish.			



## Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, province and postal code. (NOTE: List employers in reverse order starting with the **most recent**. Add another sheet as necessary. **List period of unemployment in the boxes below as well and provide necessary details**)

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<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	
Period of Unemployment (if any)		Date From (mm/yyyy):	Date To (mm/yyyy):	

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<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	
Period of Unemployment (if any)		Date From (mm/yyyy):	Date To (mm/yyyy):	

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<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	
Period of Unemployment (if any)		Date From (mm/yyyy):	Date To (mm/yyyy):	



### Employment History (Continued)

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<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	
Period of Unemployment (if any)    Date From (mm/yyyy):		Date To (mm/yyyy):		

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<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	
Period of Unemployment (if any)    Date From (mm/yyyy):		Date To (mm/yyyy):		

Employer Name:		Date From (mm/yyyy):	Date To (mm/yyyy):	
Address:		City:	Province:	PC:
Position Held:	Salary/Wage (optional):	Reason for Leaving:		
Contact Person:	Email:	Phone Number:	Fax Number:	
Can we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the FMCSRs while employed?		<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	
Period of Unemployment (if any)    Date From (mm/yyyy):		Date To (mm/yyyy):		

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding. The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



**Accident Record for the Past 3 Years or More (Attach Sheet if Required, indicate if None)**

	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Traffic Convictions & Fines for the Past 3 Years (Attach Sheet if Required, indicate if None)**

Do not include Parking Infractions.

Location	Date	Charge	Penalty

**Experience and Qualifications**

Driver Licenses or Permits held in the past 3 years.

Province	License Number	Type	Expiration Date

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

B) Has any license, permit or privilege every been suspended or revoked?  Yes  No

If the answer to either A or B is yes, give details:

C) Do you have a **“W” Restriction/Condition** on your driver’s license?  Yes  No

Experienced?	Class of Equipment	Type of Equipment	Dates From and To	Total Miles
<input type="checkbox"/> Yes <input type="checkbox"/> No	Straight Truck	<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tractor and Semi-Trailer	<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Dump		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tractor – Two Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tractor – Three Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Coach – School Bus	8 Passengers		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Coach – School Bus	15 Passengers		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:			

List any States or Provinces that you have operated in for the last 5 years:

List any trucking, or other related skills that may help you in this position (including driving awards):

**Highest Level of Education Completed**

Grade School:	High School:	Post-Secondary:
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**To Be Read and Signed By Applicant**

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.

Signature:	Date:
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**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 **Elgin Motor Freight 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 **Elgin Motor Freight 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.

Name:	Signature:	Date:
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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.