

Date of Application: _____ Date available to begin work: _____

Please include: Driver's License FAST card Drivers Abstract & CVOR Criminal Search

What Position Are You Applying For:

Owner-Operator Truck year and make: _____

Driver for Owner-Operator Truck Owner / Unit Number: _____

Company Driver Short Haul / Local Long Haul / US

Do You Want to Run: Single Team Co-Driver: _____

Are you able to operate in the US? Yes No

Name: _____
(First) (Middle) (Last)

E-mail address _____

Primary Phone: _____ Cell Phone: _____
If your Cell Phone is your Primary Phone, please fill both lines in with the same number

Current Address: _____
Street No. & Name or Lot City, Town, Village, RR Province Postal Code

Past three years _____ From _____ To _____
Street No. & Name or Lot City, Town, Village, RR Province Postal Code

_____ From _____ To _____
Street No. & Name or Lot City, Town, Village, RR Province Postal Code

Do you have the legal right to work in Canada? _____ SIN: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you to Olympic Express Inc.? _____

EMPLOYMENT HISTORY

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

| | |
|---|---------------------------|
| If this is your current employer, may we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Employer Name: _____ | Start Date: _____ |
| Address: _____ | Leaving Date: _____ |
| City: _____ Prov. _____ Postal Code _____ | Reason for Leaving: _____ |
| Type of Work: _____ | |
| Contact Person: _____ | Phone # _____ |
| Were you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Employer Name: _____ Start Date: _____ | |
| Address: _____ Leaving Date: _____ | |
| City: _____ Prov. _____ Postal Code _____ Reason for Leaving: _____ | |
| Type of Work: _____ | |
| Contact Person: _____ Phone # _____ | |
| Were you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Employer Name: _____ Start Date: _____ | |
| Address: _____ Leaving Date: _____ | |
| City: _____ Prov. _____ Postal Code _____ Reason for Leaving: _____ | |
| Type of Work: _____ | |
| Contact Person: _____ Phone # _____ | |
| Were you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Employer Name: _____ Start Date: _____ | |
| Address: _____ Leaving Date: _____ | |
| City: _____ Prov. _____ Postal Code _____ Reason for Leaving: _____ | |
| Type of Work: _____ | |
| Contact Person: _____ Phone # _____ | |
| Were you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |

* FMCSRs Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a U.S. highway with a GVWR or weighs 10,001 lbs or more

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post Graduate: 1 2 3 4

DRIVING EXPERIENCE

| Class of Equipment | From | To | Approximate Number of Miles |
|---------------------------|------|----|-----------------------------|
| Straight Truck | | | |
| Tractor & Semi-trailer | | | |
| Tractor & two trailers | | | |
| Tractor & triple trailers | | | |
| Other | | | |

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

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

| Date of Accident | Nature of Accidents (Head on, rear end, etc) | Location of Accident | # of Fatalities | # of People Injured |
|------------------|---|----------------------|-----------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If you have had No Accidents in the past 5 years, please check here

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

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If you have had No Convictions in the past 3years, please check here

Driver's License (list each driver's license held in the past three(3) years:

| Province/State | License | Type | Endorsements | Expiration Date |
|----------------|---------|------|--------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Employee's Health Declaration

NOTE: This questionnaire is to get a general idea of your actual physical condition as well as information on your medical antecedents. The information that you will provide will only be used in order to assure us that you possess the qualities and aptitudes for the posted job. If answering 'YES' to any statement, please give details on the lines provided.

Have you in the past 3 years, consulted a doctor or sought advice for:

- | | | | |
|----|--|-----|----|
| 1. | | YES | NO |
| | Dizzy ,spells, epilepsy or nervous disorders? | | |
| | _____ | | |
| | High blood pressure, pain in chest, or difficulty with heart or blood vessels? | YES | NO |
| | _____ | | |
| 2. | | YES | NO |
| | Asthme, bronchites, or lung problems? | | |
| | _____ | | |
| 3. | | YES | NO |
| | Urine, kidney or bladder disorder? | | |
| | _____ | | |
| | Arthritis, rheumatism, back problems, disc disease, joint or bone disorder? | YES | NO |
| | _____ | | |
| 4. | | YES | NO |
| | Difficulty with eyes? | | |
| | _____ | | |
| 5. | | YES | NO |
| | Difficulty with ears? | | |
| | _____ | | |
| 6. | | YES | NO |
| | Do you have diabetes? | | |
| | _____ | | |

| | | |
|--|-----|----|
| | Yes | No |
| Are you presently taking medicine regularly? | | |
| Do you receive medical care or treatments? | | |

If yes, explain:

| | | | | |
|--|-----|----|-----|----|
| What quantity do you weekly use of : | | | | |
| Have you ever used them more than occasionally? (Circle) | Yes | No | Yes | No |

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.

I authorize Olympic Express Inc. to make such investigations and inquiries of my employment, medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, school or persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

Applicant Signature _____ Date _____

Authorization to Request Information from Previous Employers

I hereby authorize you to release the following information to Olympic Express INC. for purposes of investigation as required by section **391.23** of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing the following information.

Driver's name _____

Driver's signature _____

Date _____

INFORMATION FROM PREVIOUS EMPLOYER

| | |
|---------------------|----------------------------|
| S.I.N. | Company |
| Phone | Position |
| Date of termination | Number of states driven in |

TYPE OF EQUIPMENT

Straight truck
 Tractor-Trailer
 Other _____

ANY PROBLEMS WITH:

| | | | | | | | | | |
|-----------------|--------------------------|-----|--------------------------|----|-----------------|--------------------------|-----|--------------------------|----|
| Attendance | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Attitude | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cargo claims | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | On-time service | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Equipment abuse | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Logs | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

DRIVING RECORD

Any Accidents: Preventable : _____ Non- Preventable : _____

Details: _____

Injuries : Yes No
 Fatalities : Yes No

IF YES DATE & YEAR: / Any work-related injuries (WSIB) _____

Reason for leaving: Quit Was laid-off Terminated

Comments : _____

Date _____

Carrier's agent signature _____

Carrier's agent's name and title _____

Date _____

SECTION 1

To be completed by the potential employer, signed by the employee, and to be sent to the previous employer:

Name and surname of the employee: _____

Employee (Driver)'s Signature: _____

I hereby authorize my previous employer, represented in section 1.B., to transmit the information contained in my file to my potential employer, Olympic Express Inc.. represented in Section 1.A. This disclosure conforms to:

Section 1 - the DOT regulations of **49 CFR Part 40** Section 40.25
Section 2 – regulation **40.25**
Section 3 – standards of article **382.301** b exemption for pre-employment test and for an occasional driver, article 382.301c

My previous employer is released from any and all liability which may result from furnishing the information requested under the 3 sections mentioned above.

1.A. Employer demanding information:

Olympic Express Inc., 5888 Bell Harbour Dr, Mississauga, ON L5M 5K8

Tel.: +1 905 238 0080 Fax: +1 905 238 0060

Employer representative _____

1.B. Previous Employer:

Name _____ Address : _____

Phone : _____ Fax: _____

SECTION 2

To be completed by the previous employer.

What dates did this employee participate in your DOT program? Beginning date _____ to Ending date _____ . In the three (3) years prior to the date of the employee's signature (in section 1), for DOT-regulated testing,

- | | | |
|---|-----|----|
| 1. Did the employee have any alcohol tests with a result of 0.04 or higher? | Yes | No |
| 2. Did the employee have verified positive drug tests? | Yes | No |
| 3. Did the employee refuse any tests? | Yes | No |
| 4. Did the employee have other violations of DOT agency drug and Alcohol testing regulations? | Yes | No |
| 5. Did a previous employer report a drug and alcohol rule without violations to you? | Yes | No |
| 6. If you answered "yes" to any of the above items, did the employee complete the "RETRUN-TO-DUTY" process? | Yes | No |
| 7. What was the date of this employee's last drug test? | | |

_____/_____/_____
Day /Month / Year

NOTE: If you answered "yes" to item 6, you must provide the previous employer's report, If you answered "yes" to item 6, you must also transmit the appropriate "RETURN-TO-DUTY" documentation (e.g. SAP report (s), follow-up-testing record (s)).

SECTION 3

Must be completed by the previous employer and returned by fax to the potential employer:

Please list the MRO verified results and dates of any tests taken within the last 6 months.

Date ____/____/____ Type of test _____ Results _____
Date ____/____/____ Type of test _____ Results _____
Date ____/____/____ Type of test _____ Results _____
Date ____/____/____ Type of test _____ Results _____
Date ____/____/____ Type of test _____ Results _____

AUTHORIZATION OF INFORMATION

Name of person providing information

Title _____ Signature _____

Please add your comments here :
