



ST. MARY'S CARTAGE LTD.
722 - 545 THE WEST MALL
TORONTO ON M9C 1G6
Phone: 905-775-7589
Fax 905-225-1266
Email: safety@stmaryscartageltd.com

DRIVER APPLICATION REQUIREMENTS

POSITION SEEKING: OWNER OPERATOR O/O DRIVER PAYROLL DRIVER

THE APPLICANT MUST PROVIDE THE FOLLOWING DOCUMENTS BEFORE COMPLETING OUR APPLICATION:

- | | | |
|-----------------------------|---------------------------------|--------------------------|
| Step 1. | | √ |
| Copy of Driver's Licence. | | <input type="checkbox"/> |
| Driver's Abstract | (dated within the last 30 days) | <input type="checkbox"/> |
| CVOR Abstract | (dated within the last 30 days) | <input type="checkbox"/> |
| Criminal Search Record | (dated within the last 30 days) | <input type="checkbox"/> |
| Corporate Registration | | <input type="checkbox"/> |
| HST Number | | <input type="checkbox"/> |
| Void Cheque/ Direct Deposit | | <input type="checkbox"/> |

Step 2.

Applicant Must Complete the Following Documents:

- | | | |
|--|------------|--------------------------|
| | | √ |
| Driver Recruitment | Page 1. | <input type="checkbox"/> |
| Application | Page 2-4 | <input type="checkbox"/> |
| Driver's Licence Disclosure | Page 5. | <input type="checkbox"/> |
| Information Release | Page 6. | <input type="checkbox"/> |
| Violations and review Records | Page 7. | <input type="checkbox"/> |
| Mandatory Training Requirement | Page 8. | <input type="checkbox"/> |
| Release for PSP record | Page 9-11 | <input type="checkbox"/> |
| Memorandum of Understanding | Page 12-13 | <input type="checkbox"/> |
| Medical Declaration (U.S.) | Page 14. | <input type="checkbox"/> |
| Employment Verification Release | Page 15. | <input type="checkbox"/> |
| Previous Employer Drug & Alcohol History | Page 16. | <input type="checkbox"/> |

PLEASE RETURN ALL THE DOCUMENTS LISTED ABOVE, IN AN ACCURATE AND COMPLETED STATE.

DRIVER APPLICATION

Name: _____
Address: _____
E-mail: _____ Date Available: _____ Full Time Part Time

How did you hear about us: Our web site ad or referral by active driver (please specify the source):

REVIEW:

1. Are you legally entitled to work in Canada? _____ YES NO
2. Have you ever been convicted of a criminal offence for which a pardon has not been granted? _____ YES NO
3. Are you legally able to travel to the U.S.? _____ YES NO
4. Do you hold a current FAST card and / or Passport? _____ YES NO
5. Do you require a Labour Market Opinion? _____ YES NO

When did you obtain your Commercial Driver Licence: _____ /DD _____ /MM _____ /YY
Where did you receive your training for the Province Road Test? _____
Describe your driving experience:

6. Driving Preference: _____ Single Team
7. Fleet Preference Canada only: _____ U.S. City P&D
8. If applying as an Owner Operator complete the following regarding your power unit:
 - Year Make/Model: _____ Tare Weight: _____
 - Printed Scale Ticket Attached: _____ YES NO
 - Business Plan Available: _____ YES NO

As an international carrier, St. Mary's Cartage LTD. has requirements of application to:

- Possess and maintain the ability to be bonded and the ability to cross the Canada/USA border,
- Have a clear understanding of the English language with the ability to read, write and speak the language on the job,
- Submit to Drug & Alcohol testing, achieving Negative results.

I certify that I have answered all questions honestly and without reservation and meet the requirements for English Language ability and qualifications to be bonded. I authorize St. Mary's Cartage LTD., or its agents thereof, to contact my previous employers, as well as any reference source to verify the facts and information that I have furnished regarding my qualifications. I release any such employer or person from any liability. I understand that any misleading or incorrect statements that I have made may render this application void, and, if employed, may be cause for my termination.

Applicant's Signature: _____ Date: _____



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APPLICATION FOR APPROVAL

Name: _____
First M.I. Last

Address: _____
Street # Street Apartment / Unit #

City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell. Number: _____

Previous address if less than two (2) years: _____

Date of Birth: _____ Are you legally entitled to travel to the U.S.? YES NO

Emergency Contact Info: Name: _____ Phone: _____ Cell: _____

Driving Experience

Class of Equipment	Type of Equipment <small>Van, Tank, Flat, etc.</small>	# of Years Experience	Approximate Total Miles Driven

Accident Record

(Attach sheet if more space is needed)

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic conviction and Forfeitures for the Past 3 Years

(Other than parking violations-attach sheet if more space is needed)

Location	Date	Charge	Penalty

Please list additional information on a separate page.

- A: Have you ever been denied a licence, permit or privilege to operate a motor vehicle? YES NO
- B: Has any licence, permit or driving privilege ever been suspended or revoked? YES NO
- C: Have you ever applied for and been denied insurance? YES NO

IF THE ANSWER TO A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS.

WORK HISTORY RECORD

(Attach sheet if more space is needed).

*NOTE DOT requires that all employment for the last 3 years and or

Commercial Driving Experience for the past 10 years be shown (Please print only.)

Current Employer: Name: _____
 Address: _____
 Position Held: _____ From: MM__YY__ To: MM__YY__
 Contact: _____ Phone #: _____ Fax: _____
 Reason for Leaving: _____
 May we contact this employer for a reference? YES NO
 Were you subject to Drug and Alcohol testing under Federal Motor Carrier Safety Regulations?
 YES NO

Previous Employer: Name: _____
 Address: _____
 Position Held: _____ From: MM__YY__ To: MM__YY__
 Contact: _____ Phone #: _____ Fax: _____
 Reason for Leaving: _____
 May we contact this employer for a reference? YES NO
 Were you subject to Drug and Alcohol testing under Federal Motor Carrier Safety Regulations?
 YES NO

Previous Employer: Name: _____
 Address: _____
 Position Held: _____ From: MM__YY__ To: MM__YY__
 Contact: _____ Phone #: _____ Fax: _____
 Reason for Leaving: _____
 May we contact this employer for a reference? YES NO
 Were you subject to Drug and Alcohol testing under Federal Motor Carrier Safety Regulations?
 YES NO

Previous Employer: Name: _____
 Address: _____
 Position Held: _____ From: MM__YY__ To: MM__YY__
 Contact: _____ Phone #: _____ Fax: _____
 Reason for Leaving: _____
 May we contact this employer for a reference? YES NO
 Were you subject to Drug and Alcohol testing under Federal Motor Carrier Safety Regulations?
 YES NO

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's Signature: _____

Date: _____



DRIVER DISCLOSURE OF LICENCE
(Please Print Only)

Name of Applicant: _____

CARRIER: St. Mary's Cartage LTD.722-545, The West Mall, Toronto, ON, M9C1G6

DECLARATION

Pursuant to Section 318.1(1) of the Highway Traffic Act, I _____ (please print)

hereby disclose the only jurisdiction in which I am licenced, the class of licence held, whether or not the licence is suspended, and the name in which the licence is issued.

Name of Licence Holder: _____

Driver's Licence Number: _____

Province: _____ Class: _____ Restrictions: _____

Is your licence currently suspended? [] YES [] NO

- 1. I understand that I can possess only one driver's licence issued by the province/state in which I permanently reside.
2. I understand that I must immediately inform St. Mary's Cartage LTD. of any revocation, suspension, restriction, prohibition or anyother change in the status to my driver's licence.
3. I certify that I have read and understood the above requirement.
4. I certify that I have held a driver's licence in the following province(s) / state(s) in the previous three (3) years.

Table with 2 columns: Province / State, Year(s) Held. Includes four rows of blank lines for data entry.

INFORMATION FROM PREVIOUS EMPLOYERS—FORM #DA-2

This is to certify that I, the undersign, hereby give my permission to **St. Mary's Cartage LTD.** to obtain from any employers I have had in the past three (3) years, the following information.

- Alcohol test results with a concentration of .04 or more.
- Positive controlled substance test results, and
- Refusals to be tested.

I further hereby voluntarily consent to attend a Controlled Substance and/or Alcohol test, at the clinic used by the company, and authorize that clinic to forward the test(s) results to: St. Mary's Cartage LTD.

Dated at: _____ this _____ day of _____ in the year of 20_____
(City & Province)

LEGAL NAME: _____

Print

Applicant Signature: _____

VIOLATION AND REVIEW RECORD

Driver's Name: _____
Please Print.

Certification of Violation.

I certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offence	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If NO violations are listed, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification: _____ Driver's Signature: _____
 Motor Carrier's Name: St. Mary's Cartage LTD. Motor Carrier's Address: 6050 Dixie Rd. Mississauga, ON. L5T 1A6
 Reviewed by Signature: _____ Title: _____

Review and Evaluation of Driver's Record.

In accordance with Section 391.25, Motor Carrier safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken: _____

Motor Carrier's Name: _____ MC Address: _____
 Reviewed by Signature: _____ Date: _____ Title: _____

MANDATORY TRAINING

As a result of a Safety Audit, MTO has determined that all drivers and owner operators **MUST** complete mandatory training. There are In-Class courses requirement for new drivers, those with repeated infractions and violations and those who display a lack on knowledge.

Refresher courses are available to all Drivers which can be conveniently completed online from Carriers Edge.

The following topics are available on line; however, training is **NOT LIMITED** to the listed four only. Classroom attendance training will be part of the ongoing Safety and Compliance requirement along with other topics.

1. Practical Vehicle Inspections Tractor-Trailer
2. Hours of Service and Logbooks: Canada or US
3. C-TPAT/PIP Security Inspections for Drivers
4. Cargo Securement
5. Defensive Driving
6. Reefers Temperature Training

You can complete this training wherever internet is available.

To log in, please go to:	carriersedge.com
Click on:	customer login (located at top right-hand corner of screen)
Your User name is your:	first name.last name. e.g. igor.gorkiy
Your password is your:	first name e.g. igor

Your email address is: _____

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 **St. Mary's Cartage LTD.** ("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.



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AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **St. Mary's Cartage LTD.** ("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: _____

Applicant 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

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103; pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-Employment testing requirements.

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or us to be tested for the use of controlled substances as a prequalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of a urine sample under 391.109 of this sub-part, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for thee Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Notification.

Applicant Signature

Print Name

Date

Company Witness Signature

Print Name

Date

ACKNOWLEDGEMENT

Re: U.S. Department of Transportation and Federal Motor Carrier Safety Administration Pre-employment Screening Program.

I understand that the attached form is required in connection with St. Mary's Cartage LTD's inquiries into my application to drive for St. Mary's Cartage LTD. as an independent contractor or as the employee of an independent contractor of St. Mary's Cartage LTD.

The attached form must be completed in whole, as provided from the Federal Motor Carrier Safety Administration, and refers to "employee" in the form. The term "employee" as provided in the form, at Section 3: Terms and Conditions, subsection 1(c), is defined to mean "any individual, other than an employer, who is employed by an employer and who in the course of his or her employment directly affects commercial vehicle motor safety. Such term includes a driver of a commercial vehicle including an independent contractor while in the course of operating a commercial motor vehicle." This definition is the definition included at section 49 of Federal Motor Carrier Safety Administration Regulations, 49 CFR, part 383, Commercial Driver's License Standards; Requirements and Penalties, 383.5.

The completion of this form is made on the express understanding and agreement that it confirms the undersigned's relationship as an independent contractor of St. Mary's Cartage LTD.

DATED at _____ this _____ day of _____, 20 ____.

Applicant Signature

Name (Please Print)



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MEMORANDUM OF UNDERSTANDING

I _____, have been provided with information from St. Mary's Cartage LTD. on their Policies and Procedures of the Company and for their Drivers. _____ (initial)

I am fully cognisant of the Zero Tolerance Blood Alcohol Count (BAC) at all times when responsible for the care and control of the Vehicle and or Load. _____ (initial)

I am aware that will abide all posted speed limits and will always maintain a proper and safe distance from all other traffic. Failure to do will result in disciplinary actions by safety department and law enforcements individuals. _____ (initial)

All of the tractors are equipped with Seat-Belt/ Restraining system and it is a company mandatory policy that while operating our equipment must use Seat-Belt Restraining system at all times. _____ (initial)

I shall never use a hand-held device while the motor vehicle is in motion. _____ (initial)

I shall report any damage or accidents of equipment to the Safety Department. _____ (initial)

I shall wear and be equipped with Personal Protective Equipment as demanded by my duties. _____ (initial)

I have been made aware that the transportation if any kind of alcohol in the cab or elsewhere on the vehicle is illegal in the United States and Canada, except as cargo with the appropriate supporting documents _____ (initial)

Due to the Risk Factor, Distraction, Liabilities and Insurance coverage the Cab cannot be occupied by Passengers or Animals at any time. If this requirement is not your intent presently or in the future, you are required to include this as a stipulation and condition at the time of your application submission. _____ (initial)

When all the required documents have been returned to PGL; experience, legal fitness, skills and compatibility with our operation will be the basis of our consideration and a decision will be given to you. We will not be contractually bound together before that transpires. _____ (initial)

Driver Signature

Date

For PGL Signature

Date

U.S. only MEDICAL DECLARATION

Transport Canada and the U.S. Federal Highway Administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of a commercial vehicle in the U.S., as currently contained in the Federal Motor Carrier Safety Regulations, Part 391.41 et seq, and vice-versa. The reciprocal agreement removes the requirement for a Canadian driver to carry a copy of a medical examiner certificate indicating that the driver is physically qualified. (In effect, the existence of a valid driver license issued by the province of Ontario is deemed to be proof that a driver is physically qualified to drive in the U.S.). However, FHWA will not recognize an Ontario license if the driver has certain medical conditions and those conditions would prohibit him from driving in the U.S.

I, _____, certify that I am qualified to operate a commercial motor vehicle in the United States. I further certify that:

1. I have no clinical diagnosis of diabetes currently requiring insulin for control.
2. I have no established medical history or clinical diagnosis of epilepsy.
3. I do not have impaired hearing. (A driver must be able to first perceive a forced whispered voice in the better ear at no less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 50Hz, 1000Hz, or 2000Hz with or without a hearing aid when tested by an audiometric device calibrated to American National Standard Z24.5-1951.)
4. I have not been issued a waiver by the Province of Ontario allowing me to operate a commercial motor vehicle pursuant to Sections 20 or 21 of Ontario Regulation 340/94.

I further agree to inform St. Mary's Cartage LTD. should my medical status change, or if I can no longer certify conditions 1 to 4 described above.

Applicant Signature

Print Name

Date

Company Witness Signature

Print Name

Date



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RETURN FAX

INFORMATION RELEASE

ATT: Human Resources
 877-867-8922

Attention: _____ Company Name: _____ Fax: _____
 I, (Print) _____ hereby authorize you to release the following information to
 St. Mary's Cartage LTD. For investigation as requested by section 391.23 of the Federal Motor Carriers Safety
 Regulations. You are released from all liability which may result from furnishing such information.
 X _____ **Applicant please sign; DO NOT fill anything else out.**

The above named individual has applied to our company to work as a driver. We ask you to confirm the fact that he/she worked for
 your company as:

- Company Driver Owner Operator Owner Operator Driver

Dates of employment (please indicate multiple dates)

Start: _____ End: _____

Start: _____ End: _____

Start: _____ End: _____

Driver Type: Full Time Part Time Long Haul Local/City Single/Team

Areas of Travel: Canada Highway Mountain Experience Western US Eastern US Central US Local

Equipment: Dry Van Reefer Flatbed Extended Length/LCV

Performance: 1- Poor 2- Fair 3- Good

- Punctuality Trustworthy Care of Equipment Dependability Cleanliness
 Paperwork Compliance Logbook management Cooperation Attitude

Did he/she have violations? YES NO

Please list dates and details:

Date	Explanation/Preventable or Non	Location	Driver Charged?

Termination Details: Reason for leaving: Quit W/Out Notice Quit Layoff Terminated

Eligible for Rehire: YES NO Upon Review

Information Provided by: _____ **Signature:** _____



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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER ON DRUG & ALCOHOL TESTING

SECTION # 1: TO BE COMPLETED BY APPLICANT

I, _____
(Print First Name, Middle Name, Last Name.) (S.I.N. and or Date of Birth)

Hereby authorize that:

Previous Employer: _____
Street: _____
City, Province, Postal Code: _____
Telephone & Fax Number: _____

(to release and forward information requested by section2 of this document concerning my Drug & Alcohol testing records within the past 3 years)

TO BE RETURNED TO:
St. Mary's Cartage LTD.
722-545,
The West Mall,
Toronto, ON,
M9C1G6

Applicant's Signature: _____ Date: _____

SECTION #2: TO BE COMPLETED BY PREVIOUS EMPLOYER

NOTE: If driver was not subjected to the Department of Transportation testing requirement while employed by this employer, please check here [], fill in the dates of employment below, complete the bottom of Section #2, sign and return.

Driver was subject to Department of transportation testing requirements and was employed from: _____ to: _____

- 1. Has this person had an alcohol test with a result of 0.04 or higher? [] YES [] NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? [] YES [] NO
If yes, please provide the date of positive test: _____
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up Alcohol or control substance test? [] YES [] NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? [] YES [] NO
5. If there was a positive test result for this driver, did this person complete a SAP prescribed Rehabilitation program while in your employ including a return-to -duty and follow-up test? [] YES [] NO. If yes, please send documentation back with this form.
6. For a driver who has successfully completed a SAP's rehabilitation referral and remain in your employ, did this driver subsequently have an alcohol test result od 0.04 or greater, a verified positive drug test, or refused to be tested? [] YES [] NO
Date of last drug and alcohol test _____

Section #2 was completed by:

Print Name: _____ Title: _____ Signature: _____
Date form Completed: _____
Company: _____
Number & Street: _____
City, Province / State, Postal Code/ ZIP: _____
Telephone and Fax: _____

SECTION #3 TO BE COMPLETED BY ST. MARY'S CARTAGE LTD.

This form was (circle one) Faxed, Mailed. Emailed, Other on this date: _____
Information received from: _____
Recorded by: _____
Date Completed: _____

PREVIOUS EMPLOYER PLEASE COMPLETE AND RETURN TO: ST. MARY'S CARTAGE LTD.