



## AUTOLINX EXPRESS INC.

12673 Coleraine Drive, Caledon, On. L7E-3B5

Ph: (905)951-1900 Fax: (905)951-7777

www.autolinxexpress.com accounting@atlx.ca

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### HIRING CRITERIA

Drivers and Owner-Operators hired by Autolinx Express Inc. must meet the following requirements:

- ✓ Must be at least 25 years of age.
- ✓ Must be legally able to work in Canada.
- ✓ Must have at least three (3) years Tractor/Trailer experience.
- ✓ Must possess a Class "AZ" driver's license.
- ✓ Must have stable work history.
- ✓ Must have no more than three (3) moving violations within the past three (3) years.
- ✓ Must have no DOT and MTO reportable accidents which were preventable in the past three (3) years.
- ✓ Must have no "failure to report an accident" on record while driving Commercial Vehicle.
- ✓ Must have no felony charges or convictions.
- ✓ Must possess adequate education to read and write legibly and have the ability to understand the rules of the company, the DOT, the MTO and the requirements of the particular driving classification for which they are applying.
- ✓ Must pass Road Test and attend 1 day at Company for Driver Orientation Process.
- ✓ Must be able to complete the following 4 classes with **ABS SafeCom Trucking Consultants**:
  - Hours of Service
  - Pre-Trip & Post-Trip Inspection
  - Cargo Securement plus CSA Awareness & C-TPAT Training
  - Defensive Driving
  - Transportation of Dangerous Goods

**Please ensure that you provide us with the following information at your earliest convenience in order that we may continue to process your application.**

- CVOR abstract (Should be at least 30 days current)
- Driver's Abstract (30 days current)
- Up To Date Criminal Record Search (Current to 90 days)



**AUTOLINX EXPRESS INC.**

## O/O & Driver

# APPLICATION for Employment

LAST NAME	FIRST NAME	MIDDLE NAME
Phone # HOME	CELL	E-MAIL ADDRESS

ADDRESS STREET: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

*If less than 3 years at above address please complete the following :(Attach Sheet If More Space Is Needed)*

Address	City	Province	Number of years

### Licence Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

CMV Driver's Licence #	Expiry Date	Province	Number of years

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?  YES  NO

IF YES PLEASE SPECIFY \_\_\_\_\_

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

IF YES PLEASE SPECIFY \_\_\_\_\_

Position Applying For:  PERMANENT  PART TIME  TEMPORARY

Owner Operator:  Yes  No Tractor year: \_\_\_\_\_ Make: \_\_\_\_\_

Driver for O/OP:  Yes  No O/OP Name: \_\_\_\_\_ Unit # \_\_\_\_\_

Company Driver:  Yes  No

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA

YES  NO

LANGUAGES WRITTEN FLUENTLY

ENGLISH  FRENCH

LANGUAGES SPOKEN FLUENTLY

ENGLISH  FRENCH  OTHER

ARE YOU BONDABLE?

YES  NO

HAVE YOU EVER BEEN BONDED?

YES  NO

ARE YOU LEGALLY ELIGIBLE TO ENTER THE U.S.A?

YES  NO

HAVE YOU EVER BEEN DENIED ENTRY INTO THE U.S.A?

YES  NO

IF YES WHY? \_\_\_\_\_

DO YOU REQUIRE A WAIVER TO ENTER THE U.S.A?

YES  NO

**In case of emergency please contact:**

**Name:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Driving Experience**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO. OF KM (MILES)
		FROM	To	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				
OTHER				

PLEASE SPECIFY THE GEOGRAPHIC AREAS YOU HAVE OPERATED IN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 3 YEARS (EVEN IF NOT AT FAULT)**

**IF NONE, WRITE NONE (Attach Sheet if more space is needed)**

DATE MM/YEAR	TYPE OF ACCIDENT	EQUIPMENT TYPE (CAR / TRUCK)	DEATH OR INJURIES	PROVINCE OR STATE	NIGHT OR DAY	CHEMICAL SPILLS
						<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 AND FORFEITURES FOR PAST 3 YEARS (other than Parking)**

**IF NONE, WRITE NONE (Attach Sheet if more space is needed)**

DATE CONVICTED	STATE OF VIOLATION LOCATION	CAR/TRUCK	CHARGE	PENALTY

**EMPLOYMENT HISTORY PAST 3 YEARS**

Applicants that desire to drive in intrastate /interstate commerce provide the following information on all employees during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total 10years employment record).

LAST or CURRENT EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer?  YES  NO  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40?  YES  NO

2 <sup>nd</sup> LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer?  YES  NO  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40?  YES  NO

3 <sup>rd</sup> LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer?  YES  NO  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40?  YES  NO

**EMPLOYMENT HISTORY PAST 3 YEARS**

Applicants that desire to drive in intrastate /interstate commerce provide the following information on all employees during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total 10years employment record).

4 <sup>th</sup> LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer?  YES  NO  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40?  YES  NO

5 <sup>th</sup> LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer?  YES  NO  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40?  YES  NO

6 <sup>th</sup> LAST EMPLOYER			DATE
NAME			FROM: MONTH YEAR
ADDRESS			TO: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and /or Unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer?  YES  NO  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40?  YES  NO

**EDUCATION**

TYPE	NAME OF SCHOOL	LOCATION	DIPLOMA/DEGREE
HIGH SCHOOL			
UNIVERSITY/COLLEGE			
OTHER TRAINING			

**REFERENCE**

Name	Relationship	Telephone #	Years Known
1.			
2.			
3.			

**HAVE YOU EVER COMPLETED A DRIVING COURSE?**  YES  NO  
 IF YES PLEASE SPECIFY LOCATION AND DATE: \_\_\_\_\_

**HAVE YOU EVER RECEIVED A SAFE DRIVING AWARD?**  YES  NO  
 IF YES PLEASE SPECIFY EMPLOYER AND DATES: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I hereby authorize **AUTOLINX EXPRESS INC.** to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other 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.

"I understand that information I provided 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 391.32(d) and (e). I understand that I have the right to:

- Review information provided by current/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".

***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.***

DATE; \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Note; A motor carrier may require an applicant to provide information in addition to the information required by Federal Motor Carrier Safety Regulations.



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## Request for Information from Previous Employer

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*I hereby authorize you to release the following information to **Autolinx Express Inc.** for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.*

**\* Applicant's Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**\*Applicant, please sign and date above only.**

\*\*\*\*\*

**To:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dear Sir/Madam,**

Name of Applicant	Driver's Licence #	S.I.N. #

The above named individual has made application to this company for a position as a \_\_\_\_\_ and states that he/she was employed by you as a \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

**Please fax this back to: (905) 951-7777**

Sincerely,

\_\_\_\_\_  
*Safety Department*

- Is the employment record with your company correct as stated above?  YES  NO
- What kind(s) of work did the applicant do? \_\_\_\_\_
- Did he/she drive commercial vehicles for you?  YES  NO  
 If Yes, what type?  Straight Truck  Flat Bed  
 Tractor-Semi Trailer  Tractor-Trailer Combinations  A-Train  B-Train  C-Train  
 Other (specify) \_\_\_\_\_
- Was the applicant a safe and efficient driver?  YES  NO

5. Please indicate the following occurrences which occurred during employment with your company:

- **Accidents:**             Preventable             Non-Preventable
- **Infractions:**         Traffic Tickets         Licence Suspension
- **Damage:**             Cargo                     Equipment

**Details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Reason for leaving your employ:

Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_ Resigned \_\_\_\_\_

Remarks: \_\_\_\_\_

- 7. Was the applicant's general conduct satisfactory?             YES             NO
- 8. Is the applicant competent for the position sought?             YES             NO
- 9. Did the applicant drink any alcoholic beverages while on duty?             YES             NO
- 10. Would you rehire this person?             YES             NO

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>
Quality of Work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Habits	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

11. Completion of Paperwork \_\_\_\_\_

12. Maintenance Records (O/O Only) \_\_\_\_\_

13. Any WSIB or other reported injuries \_\_\_\_\_

14. Freight Claims \_\_\_\_\_

15. Tickets/Citations (Please Describe) \_\_\_\_\_

16. Hours of Service Violations (Please Describe) \_\_\_\_\_

17. US Experience (No. of Years) \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Form Completed By (Print)** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_





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### Driver's Road Test Examination

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Driver's Name: \_\_\_\_\_

Driver's Licence Number: \_\_\_\_\_

Rating of Performance

- \_\_\_\_\_ The pre-trip inspection.
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the driver may drive such units.
- \_\_\_\_\_ Placing the equipment in operation.
- \_\_\_\_\_ Use of vehicle's controls and emergency equipment.
- \_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.
- \_\_\_\_\_ Turning the vehicle.
- \_\_\_\_\_ Braking, and slowing the vehicle by means other than braking.
- \_\_\_\_\_ Backing and parking the vehicle.
- \_\_\_\_\_ Other, explain: \_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Date \_\_\_\_\_ Examiner's Signature: \_\_\_\_\_

**If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.**

Remarks:

\_\_\_\_\_  
\_\_\_\_\_



**AUTOLINX EXPRESS INC.**

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### Driver Statement of ON-DUTY Hours

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INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(1) (2) Federal Motor Carrier Safety Regulation. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL 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 on

\_\_\_\_\_  
Day      Month      Year      Driver's Signature

### DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.3 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations including time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

Are you currently working for another company?       Yes       No

At this time do you intend to work for another employer while still Employed by this company?       Yes       No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature      Date

Witness: \_\_\_\_\_  
Company Representative      Date



**AUTOLINX EXPRESS INC.**

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### MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS 391.27

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

	DATE	OFFENSE	LOCATION	TYPE OF VEHICLE
1				
2				
3				
4				
5				
6				
7				

If no violations are listed above, 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; \_\_\_\_\_ DRIVER'S SIGNATURE; \_\_\_\_\_

**Autolinx Express Inc.**

Reviewed by: Signature and Title

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**ANNUAL REVIEW OF DRIVING RECORD 391.25**

Driver's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Driver's Licence # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

This day I reviewed the driving record of the above name driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicates that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

- the driver meets the minimum requirements for safe driving, or
- the driver is disqualified to drive a motor vehicle pursuant to 391.15

**Autolinx Express Inc.**

Date of review \_\_\_\_\_ Reviewed by: Signature and Title

Remarks: \_\_\_\_\_