

## Owner Operator Information Package



At Caneda, It's The People That Make the Difference

Phone: 1-800-661-9184

Fax: 1-877-273-6219

Your *Direct* Connection between the US and Canada

Established in 1975, **Caneda** has been providing Quality, Professional, and Friendly carrier service for over forty years.



# Employment Application

# CANEDA

---

## TRANSPORT LTD.

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date: \_\_\_\_\_ to Present \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province Postal Code

Have you resided anywhere else in the last three years? Y or N  
If yes, please list (provide separate page if needed):

Date: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province Postal Code

Date: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province Postal Code

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Dependents: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ State/Province : \_\_\_\_\_

Fast Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Passport #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province Postal Code

Phone: \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Driving Experience: \_\_\_\_\_

USA Driving Experience: \_\_\_\_\_

Provinces Driven In: \_\_\_\_\_

States Driven In: \_\_\_\_\_

Has your license ever been denied or suspended? : \_\_\_\_\_

If yes, when? Why? : \_\_\_\_\_

How did you find out about Caneda? \_\_\_\_\_

Position Applied For:  Company Driver  Owner /Operator Open to Team? Y or N

# CANEDA

---

## TRANSPORT LTD.

Personal Reference: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Street
City
Province
Postal Code

Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Accident Record/Violations for the past Three Years**

Date	Nature of Violation	Date	Nature of Accident	Injury or Fatality?
				Y or N
				Y or N
				Y or N

**Employment Record**

Note: DOT Requires that employment for at least three years and/or Commercial Driving Experience for the past ten years be shown.

Last or current employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Subject to FMCSA?      Yes or No                      Subject to Drug and Alcohol Testing?      Yes or No

Last or current employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Subject to FMCSA?      Yes or No                      Subject to Drug and Alcohol Testing?      Yes or No

Last or current employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Subject to FMCSA?      Yes or No                      Subject to Drug and Alcohol Testing?      Yes or No

**To Be Read and Signed by the Applicant**

I, \_\_\_\_\_ certify that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge. I authorize Caneda Transport Ltd. and their assigned agents, to make such investigations and inquiries of my personal, employment, financial (credit bureau) information, criminal search, driving abstracts, drug results from previous employers or their consortium or their Insurance carrier or Agent for my driving record, insurance history, medical history, and other related matters as may be necessary in arriving at an employment decision.

If hired or contracted, this authorization shall remain on file and shall service as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment or contract period or after such period. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended).

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.

Furthermore, I understand that Caneda Transport Ltd. and/or their Agents may keep any information on file including work performance as related to my employment period and make it available to any second party only with my verbal or written consent. I understand, also, that I am required to abide by all rules and regulations of Caneda Transport Inc.

For purposes of gathering this information, I have supplied information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records, including Date of Birth, residence history and Driver's License Number/Province. It is confidential and will not be used for any other purpose.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature



# CANEDA

---

## TRANSPORT LTD.

### Enquiry to Past Employers

#### TO BE FILLED IN BY PAST EMPLOYER- SIGNED BY DRIVER AT BOTTOM

From (Company Name): \_\_\_\_\_

Name & Title: Jody Hayes, Safety Manager, Caneda Transport Ltd.

Street Address: 4330 46 Ave SE

City: Calgary

Province: Alberta

To: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Sir/Madam,

An application to this company for a position as a Driver has been received, and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Will you kindly reply to the inquiry below regarding this employee? Your reply will be held in strict confidence and will in no way involve you in any responsibility.

1. Is employment record with your company correct as stated above? \_\_\_\_\_
2. What type of work did he/she do? \_\_\_\_\_
3. Did he/she have custody of money or valuables? \_\_\_\_\_
4. If employed as a driver, specify equipment driven. \_\_\_\_\_
5. Number of accidents \_\_\_\_\_ Preventable \_\_\_\_\_
6. Was his/her driver's license ever suspended while he/she worked for your company? \_\_\_\_\_
7. Reason for leaving your company? Discharge \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_
8. Was his/her general conduct satisfactory? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Is he/she competent for the position he/she is seeking? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Would you re employ? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Any remarks with regards to question 1-10? \_\_\_\_\_

Date: \_\_\_\_\_

For: \_\_\_\_\_

(Company Name)

\_\_\_\_\_  
(Former Employer)

You are given authorization to give Caneda Transport Ltd. all information regarding my services, character and conduct while in your employ.

Driver Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

# CANEDA

---

## TRANSPORT LTD.

### Consent to Have Previous Employer Release Information

I, \_\_\_\_\_ S.I.N. # \_\_\_\_\_ Authorize and Request that \_\_\_\_\_ its agents, MRO and/or third party administrator release a copy of my drug and/or alcohol test results to the following company and personnel:

Caneda Transport Ltd.  
4330 – 46 Ave SE  
Calgary, Alberta T2B 3N7  
Attention: Jody Hayes  
Phone: 403-236-7900 Fax: 403-273-6217

I hereby acknowledge and agree that I shall hold all parties harmless in all ways for any consequences arising from the release, interpretation or misuse of the information released as a result of this request.

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

The above named driver participated in the above named Alcohol and Substance Abuse Testing Program:

Yes \_\_\_\_\_ No \_\_\_\_\_

Dates of Participation: From \_\_\_\_\_ to \_\_\_\_\_.

Has the above driver been tested in the previous twelve months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes; Date of Alcohol Test: \_\_\_\_\_ Result \_\_\_\_\_

Date of Drug Test: \_\_\_\_\_ Result \_\_\_\_\_

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

Verified By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print Name)

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

Driver's Abstract  
Copy of Driver's License  
Copy of Fast Card  
Copy of Passport



Drug Testing Manual  
Pre-Employment Urinalysis  
Consent Agreement

The Federal Motor Carrier Safety Regulations, section §382.301 Pre-Employment Testing Requirements, apply to Driver-Applicants of this Company.

§382.301 Pre -Employment Testing

(a) Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances, as a condition prior to being used, unless the employer uses the exception in paragraph (b) of this section. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result from that driver.

(b) An employer is not required to administer a controlled substances test required by paragraph (a) of this section if:

- (1) The driver has participated in a controlled substances testing program that meets the requirements of this part within the previous 30 days; and
- (2) While participating in that program, either:
  - (i) Was tested for controlled substances within the past six months (from the date of application with the employer) or
  - (ii) Participated in the random controlled substances testing program for the previous 12 months (from the date of application with the employer); and
- (3) The employer ensures that no prior employer of the driver of whom the employer has knowledge has records of a violation of this part or the controlled substances use rule of another DOT agency within the previous six months.

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

I understand a positive test for controlled substances based on the urinalysis test, and negative and positive results will be reported to the company.

My written authorization is required for the urinalysis test to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

---

(Applicant's Name)

---

(Date)

---

(Applicant's Printed Name)

---

(Signature of Safety Supervisor)

Certification of Single Driver's License  
(Title XII P.L. 99-570)

This form should be read and signed by the driver, then placed in the Driver Qualification File.

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a gross vehicle weight rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation are effective on and after July 1, 1987.

1. No Driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. The exception does not apply after December 31<sup>st</sup>, 1989.
2. A Driver convicted of a traffic violation (other than parking) must notify the Motor Carrier and the State which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2500.00. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate commercial vehicle or who is disqualified from operating a commercial vehicle must advise the Motor Carrier the next business day after receiving notification of such action.

I hereby certify that I have read and understand the driver provisions of the commercial Motor Vehicle Safety Act of 1986 which are effective on and after July 1<sup>st</sup>, 1987.

Driver's Name (Print) \_\_\_\_\_ S.I.N. \_\_\_\_\_  
Driver's Address \_\_\_\_\_  
License: Province \_\_\_\_\_ Type/Class \_\_\_\_\_ # \_\_\_\_\_

I further certify that the above commercial vehicle license is the only one held and that I have surrendered the following licenses to the State/Province indicated. (If none, write none).

State/Province \_\_\_\_\_ Type/Class \_\_\_\_\_ # \_\_\_\_\_  
State/Province \_\_\_\_\_ Type/Class \_\_\_\_\_ # \_\_\_\_\_

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