

Application for Employment as a Heavy Vehicle Driver

Each section must be completed - Please write clearly in block letters

Note: The masculine is used without any discrimination and for the sole purpose of lightening the text

1- Personal Information

Last Name	First Name	Date of Birth (YYYY-MM-DD)	
Address	City, Province	Postal Code	
Phone (Home)	Cellular Phone (Canada)	Cellular Phone (USA)	
E-mail Address		Social Insurance Number (SIN)	
Status (Please check the box that applies to you) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other, please specify:			
If you did not select "Canadian Citizen", please specify your nationality		VISA B1/B2 Number (Non-Canadian)	Expiration (YYYY-MM-DD)
Driver's License Number	Expiration (YYYY-MM-DD)	Passport Number	Expiration (YYYY-MM-DD)
Name of person to contact in case of emergency		Emergency phone number	

2- Languages

Please check all boxes that apply to you

You can speak:

French English Other, please specify:

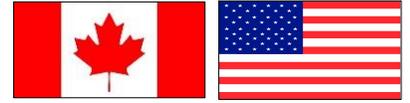
You can read:

French English Other, please specify:

You can write:

French English Other, please specify:

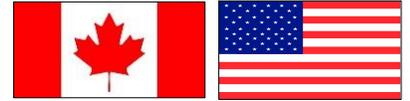
Driver's Initials: _____



3- Criteria for hiring

How many demerit points do you have on your license?		
	Yes	No
Do you have a valid class 1 (heavy vehicle) license?		
Do you have 24 months of experience driving with a class 1 license? If no, please specify how many months of experience you have:		
Do you have the endorsement "F" (air brake system) on your license?		
Do you have the endorsement "M" (manual/ standard transmission) on your license?		
Do you have the endorsement "T" (road train) on your license?		
Do you have the condition "W" (not authorized to drive a heavy vehicle in the United States) on your license?		
Do you have any other conditions on your license? If yes, please specify:		
Have you ever been refused a commercial driver's license? If yes, please specify why:		
Has your driver's license ever been suspended or revoked? If yes, please specify why:		
Do you have the Ontario pneumatic "S" cam brake adjustment certificate?		
Do you have the Ontario wheel system maintenance certificate?		
Are you familiar with the air-brake system?		
Do you have the Transportation of Dangerous Goods certificate? If yes, please specify the expiration date (YYYY-MM-DD):		
Do you have an additional driver's license issued by another jurisdiction? If yes, please specify:		
Have you ever worked in transportation as a team driver?		
Are you over the age of 21 years old?		
Are you able to lift 50 pounds?		
Are you a smoker?		
Would you agree to be tested on the use of drugs and alcohol on a random basis?		
Are you a member of a drug and alcohol screening program?		
Have you ever been convicted of a criminal offense for which a pardon has not been granted? If yes, please explain the circumstances:		

Driver's Initials: _____



4- Education

Course	Number of years	Year completed	Name and location of teaching institution	Grade, diploma or certificate received	Specialization
Primary					
Secondary					
College					
University					
Heavy vehicle driver training					
Other courses					

5- Professional Experience

Starting with the most recent, please list all positions you have held in the past three years (attach additional sheets if necessary)

1.

Employer: _____ Telephone: _____ Fax: _____
 Address: _____ Email: _____
 Job title: _____ Worked from: _____ to: _____
 Name of supervisor: _____ Weekly salary at time of departure: _____
 Reason for leaving: _____

Were you subject to the United States Department of Transportation (DOT) while employed? Yes No
 Was your job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements? Yes No
 May we contact this employer for a reference? Yes No

2.

Employer: _____ Telephone: _____ Fax: _____
 Address: _____ Email: _____
 Job title: _____ Worked from: _____ to: _____
 Name of supervisor: _____ Weekly salary at time of departure: _____
 Reason for leaving: _____

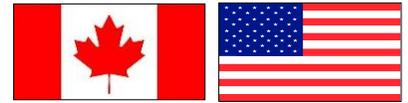
Were you subject to the United States Department of Transportation (DOT) while employed? Yes No
 Was your job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements? Yes No
 May we contact this employer for a reference? Yes No

3.

Employer: _____ Telephone: _____ Fax: _____
 Address: _____ Email: _____
 Job title: _____ Worked from: _____ to: _____
 Name of supervisor: _____ Weekly salary at time of departure: _____
 Reason for leaving: _____

Were you subject to the United States Department of Transportation (DOT) while employed? Yes No
 Was your job designated as a safety sensitive function subject to alcohol and controlled substance testing requirements? Yes No
 May we contact this employer for a reference? Yes No

Driver's Initials: _____



6- Driving (Experience)

Driving equipment	Type of experience (Trailers, tankers, etc.)	Dates		Km / miles driven (Approx.)	Type of routes	
		From	To		Local	Long distance
Straight truck						
Tractor/ semi-trailer combination						
Combination vehicles						
Flat bed						
Long combination vehicle						
Double-drop low-bed						
Container						
Wood chip / sawdust						
Specialized transportation						
Solid bulk tanker						
Moving (furniture)						
Other (please specify):						

Type of motor used: _____
 Type of transmission: _____

Countries and/or provinces where you have worked & number of years worked:

Canada: _____ United States: _____ Mexico: _____
 Quebec: _____ Other province(s), please specify: _____

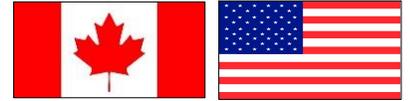
7- Driving (Training)

Indicate what theoretical training you have received, identifying specific courses taken (if applicable)

Course	Date	Name and location of teaching center	Duration (hours)
Hours of service			
Daily inspection (safety check)			
Transportation- Dangerous Goods			
Alcohol/ drug screening			
Load securing			
Wheels			
Air brakes			
Preventive driving			
Energy efficiency			
WHMIS			
Customer relations			
Other (please specify):			

	Yes	No
Have you received any honorary mentions? If yes, which one? :		

Driver's Initials: _____



8 – Experience and Qualifications

Maintenance and repair

	Yes	No
Do you have any experience and/or qualifications in relation to maintenance and repair of heavy vehicles? If yes, please indicate your training and experience:		

Handling- Indicate your training and experience in the table below (if applicable)

Equipment / Activities	Training	Years of experience	Equipment / Activities	Training	Years of experience
Forklifting driving			Load securement		
Sorting and counting goods			Weight distribution		
Goods handling and protection			Bill of lading and other shipping documents		

Indicate what theoretical training related to material handling you have received, identifying specific courses taken (if applicable)

Course	Date	Name and location of the teaching institution	Specialization

9 – Industrial Accident (Work Related) History

In the past three years, have you had one or more industrial accidents involving a heavy vehicle, or relating to the position sought?

Yes No

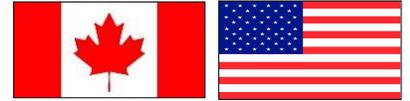
If yes, please give the dates, starting with the most recent: _____

Name of employer at the time: _____

Type of injury sustained: _____

This information will be verified as permitted by the Act Respecting Occupational Health and Safety. Any omission on your part will be considered intentional and will be interpreted as a false declaration.

Driver's Initials: _____



10 - Access Card & Fuel Card

All employees are issued an access card and a fuel card at the start of employment. These items must not be traded as they are each associated to their driver's name. At the end of employment with Transport Fortuna Inc., the access card as well as the fuel card must be returned to the Human Resources Department or given a management personnel.

I authorize the company, Transport Fortuna Inc., to deduct directly from my salary an amount of **\$25.00** per non returned item at the end of my employment.

If an item is lost, I will immediately notify a company official. I authorize the company to deduct directly from my salary an amount of **\$25.00** per item to cover the cost of replacement.

Please be aware that the office is filmed twenty-four hours a day, seven days a week.

All employees are responsible for maintaining and keeping the shared space clean at all times.

 Driver's name

 Driver's signature

 Date (YYYY-MM-DD)

11 - Cash Advance

For each trip, the company, Transport Fortuna Inc., will allocate the driver a sum of **\$20.00 USD per day** that can be collected from their fuel card. This sum is to be used for any for any company related expenses (i.e.: truck scales, bridges, customs fees, etc.).

At the return of every trip, the driver must provide the company with a detailed expenditure report as well as all the receipts associated to these expenses. If any supporting documents (i.e.: receipts) are not returned to the company to justify expenses, the total will be deducted directly from the driver's salary.

I authorize the company, Transport Fortuna Inc., to deduct directly from my salary the cost of any unjustified expenses.

 Driver's name

 Driver's signature

 Date (YYYY-MM-DD)

12 - Driver Logging Policy and Guidelines: Acknowledgement & Understanding

By my signature, I certify that I have received, read, and understood Transport Fortuna Inc.'s *Driver Logging Policy and Guidelines*.

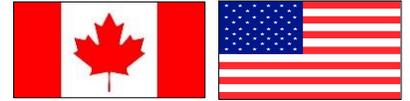
I understand the policies as well as the guidelines as written and will work towards respecting them at all times. I acknowledge that failure to comply in the manner outlined in this document will result in progressive disciplinary actions up to and including termination of my employment with Transport Fortuna Inc.'s and/or any lease associated with them.

 Driver's name

 Driver's signature

 Date (YYYY-MM-DD)

Driver's Initials: _____



13 - Drugs and Alcohol: Declaration (Article 40.25(j)) & Drug Free Workplace Program

I, hereby, consent to answer the following question:

Over the past three years, have you tested **positive** or **refused** a drug and/or alcohol pre-employment test administered by a carrier with whom you've applied, but with whom you never got the security-demanding job, as described in the regulations of the American DOT on drug and alcohol testing?

Yes No

If "Yes", the documentation proving that a successful completion of the process of returning to work, as described in "Part 40, Subpart O" of the regulation of American DOT must be provided. (Required documentation to provide include written proof of the evaluation by a Substance Abuse Professional "S.A.P.", a screening results of drug and/or alcohol and of a return to work negative, and all follow-up tests of drug and/or alcohol, done as recommended by the "S.A.P."). All other documents relating to the application for assessment, evaluation, and follow-up process must also be provided.

If "Yes" but **have not completed** the "S.A.P." program required by the American D.O.T., I hereby agree to complete this program.

By my signature, I certify that I have received, read, and understood Transport Fortuna Inc.'s *Drug Free Workplace Program* including Annex "A", and I understand that compliance with the *Drug Free Workplace Program* is a term and condition of employment at the company. I also understand that failure or refusal to cooperate fully, sign any required documents, or submit to any requested or recommended tests, will constitute grounds for immediate termination. I agree to follow and abide by Transport Fortuna Inc.'s *Drug Free Workplace Program*.

I understand that the company will deduct the total cost of the pre-employment drug test from my first paycheck. **After the successful completion of three months with the company**, this amount will be reimbursed in full to the driver. I also understand that the company will be responsible for paying the cost of any random testing. However, should I test positive for drugs and/or alcohol, I understand that I am responsible for all other costs associated to the drug and alcohol testing program such as, Substance Abuse Professional sessions, return to duty and/or follow-up testing, etc.

I hereby consent to undergo any required drug and alcohol test for my position at Transport Fortuna Inc.

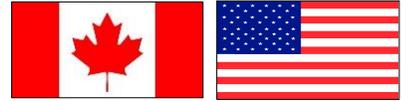
I authorize the company, Transport Fortuna Inc., to deduct a total of **\$96.50** from my first paycheck to cover the cost of this drug test. This amount will be reimbursed in full to the driver after **the successful completion of three months with the company**.

Driver's name

Driver's signature

Date (YYYY-MM-DD)

Driver's Initials: _____



14 - Information Disclosure Consent

I, hereby, authorize and request that my previous employer(s), named on page 3 of this form (or on any additional sheets I have attached), his agents, employees, directors or third-party administrators to issue an assessment of my general attitude and the performance of my work as a heavy vehicle driver or any other post to the company, Transport Fortuna Inc.

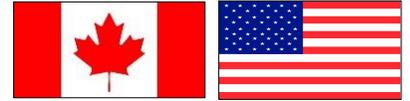
In addition, I authorize and request that my previous employer(s) his agents, and/or all other third-party administrators, to transmit a copy of my drug and/or alcohol test results to the company, Transport Fortuna Inc.

I hereby acknowledge and agree that I will not, under any circumstances, hold any party responsible for any consequences arising from the transmission, interpretation and/ or misuse of the information transmitted following these requests.

Driver's name Driver's signature Date (YYYY-MM-DD)

RESERVED FOR HEAD OFFICE

Name of company's Signature Date (YYYY-MM-DD)
representative



15- Seal Procedural Compliance

The following procedures for trailer seals are in accordance with C-TPAT & PIP regulations for loads bound for the United States and/or Canadian border and must be followed. As a driver it is your responsibility to always understand and follow these procedures:

- A high security seal that meet or exceeds ISO PAS 17712 must be affixed to all trailer loads bound for the United States and/or Canadian border.
- Drivers are responsible to verify that such a seal has been placed on the trailer when the shipper affixes the seal.
- If it is found that the shipper has not placed an adequate seal on the trailer, the driver must immediately contact dispatch to inform them that the driver will place an ISO PAS 17712 seal on the trailer and convey the change in seal number both verbally and by writing it on the bill of lading.
- Under no circumstances is a driver allowed to remove or tamper with a seal once it has been affixed to the trailer. However, drivers should verify the integrity of the seal by tugging or twisting it to ensure it does not unscrew.
- Drivers are responsible to verify that seals are in place and intact. If the seal exhibits signs of being tampered with, dispatch and the appropriate authorities are to be immediately informed.
- Drivers are responsible to verify the number on the seal by cross-referencing the seal number recorded on the bill of lading.
- If the seal is removed in-transit to the border, even by government officials, a second seal must be placed on the trailer. This second seal number is to be documented on the bill of lading and communicated to dispatch.
- While in transit it is up the driver to ensure the unused seals are securely locked inside their conveyance, either in the dashboard compartment or sleeper compartment. Conveyances must be locked at all times when the driver is not present to prevent unauthorized access.

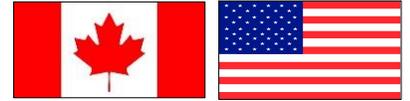
By my signature, I certify that I have read and understood the above procedures and I agree to ensure that they are followed at all times.

Driver's name

Driver's signature

Date (YYYY-MM-DD)

Driver's Initials: _____



17 - Pre-Employment Record of Driving Hours
 (To be signed on the first day of service)

Pursuant to section 519.21.2 of the Québec Highway Safety Code, every operator shall monitor the compliance of drivers with the provisions related on hours of service and rest as prescribed by the regulation. Please complete the following chart by stating the number of service and hours of rest you have accumulated during the last 14 consecutive days.

Day	14	13	12	11	10	9	8	7	6	5	4	3	2	1	Total	
Date																
Hours of Service																
Hours of Rest																

Check here if you have not worked in the last 14 days

The daily logs covering the above periods can be obtained from:

(Name of operator driver's service provider)

I attach to this statement a copy of my log of hours of driving and service for my first day of service (if I worked for another operator on that day).

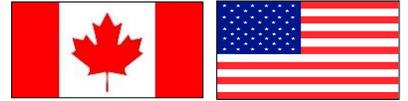
TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND THAT I HAVE BEEN RELIEVED OF MY PAST DUTIES.

 Driver's name Driver's signature Date (YYYY-MM-DD) Time

RESERVED FOR HEAD OFFICE	
_____	_____
Company's representative	Date (YYYY-MM-DD)

Note: A carrier who permits a driver to exceed the number of hours of driving or hours of service prescribed by regulation is liable to a fine of \$700 to \$2,100 (Section 519.44 of the Québec Highway Safety Code).

Driver's Initials: _____



18 - Declaration of Road Accidents or Incidents

During the past five years, have you been involved in any accidents or incidents while driving a heavy vehicle? Yes No

If yes, please indicate the name(s) of your employer(s) at the time: _____

Briefly explain the circumstances (if insufficient space, please attach additional page):

Make a list of all accidents or incidents over the last five years relating to the use, the ownership or operation of any motor vehicle (personal or commercial). Attach additional page(s) if more space is needed.

Date	Location	Accident	Type of Vehicle Used

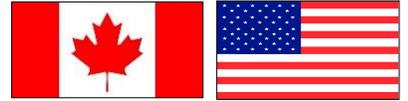
IF NO ACCIDENT IS STATED IN THE ABOVE TABLE, I CERTIFY THAT I WAS NOT INVOLVED IN AN ACCIDENT OR INCIDENT RELATED TO THE USE, OWNERSHIP OR OPERATION OF ANY MOTOR VEHICLE (PERSONAL OR COMMERCIAL) WITHIN THE LAST FIVE YEARS.

_____ _____ _____
 Driver's name Driver's signature Date (YYYY-MM-DD)

RESERVED FOR HEAD OFFICE

_____ _____
 Transport Fortuna Inc. 3980 Boul. Leman, Laval, Québec, H7E 1A1
 Name of operator Address of operator

_____ _____
 Signature of the representative of the operator Title



19 - Declaration of Traffic Offenses
 (To be completed yearly)

Have you pleaded guilty or have been found guilty of any traffic violations over the past three years, other than parking violations, in relation to operating a heavy vehicle?

Yes No

Make a list of all traffic offenses over the last three years relating to the use, the ownership or operation of any motor vehicle (personal or commercial). Attach additional page(s) if more space is needed.

I CERTIFY THAT THE FOLLOWING LIST OF TRAFFIC OFFENSES (OTHER THAN FOR PARKING) FOR WHICH I WAS FINED OR HAD MY LICENSE SUSPENDED WITHIN THE LAST THREE YEARS IN CANADA AND/OR THE UNITED STATES IS ACCURATE AND COMPLETE.

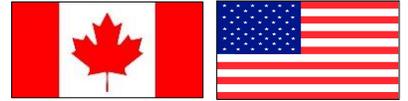
Date	Location	Type of violation / Offense	Type of Vehicle Used	Sentence	Demerit Points

IF NO OFFENSE IS STATED IN THE ABOVE TABLE, I CERTIFY THAT I WAS NOT FINED AND THAT MY LICENSE WAS NOT SUSPENDED WITHIN THE LAST THREE YEARS.

 Driver's name Driver's signature Date (YYYY-MM-DD)

RESERVED FOR HEAD OFFICE	
_____ Transport Fortuna Inc. Name of operator	_____ 3980 Boul. Leman, Laval, Québec, H7E 1A1 Address of operator
_____ Signature of the representative of the operator	_____ Title

Driver's Initials: _____



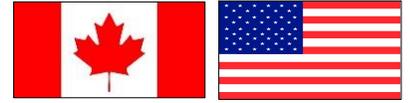
20 - Authorization to Sign the Vehicle Inspection Report
(To be filled, if needed, on the driver's first day of service)

MANDATE OR PROXY

NOTE: The legislation does not specify any text for the mandate or proxy. However, after consulting with the Société de l'assurance automobile du Québec, the Québec Trucking Association suggests the following text:

« We, Transport Fortuna Inc., hereby appoint _____
(Name of the operator) (Name of the driver)
as our representative, within the scope of section 196 of the *Regulation respecting safety standards for roads vehicles* to, in the event of a defect is discovered on the vehicle and the operator or the person normally designated by him is unable to sign this form, sign on our behalf the vehicle safety inspection report. »

RESERVED FOR HEAD OFFICE	
This authorization is valid from _____ to _____	
_____ Signature of the operator or his representative	_____ Title
_____ Date (YYYY-MM-DD)	



21 - Statement of Training Received

I, _____ , in service with Transport Fortuna Inc. ,
 (Name of the driver- Please print) (Name of the operator)

certify the following:

- I received a 1 hour training on the Regulation respecting hours of service and rest of heavy vehicles drivers on _____
 (Date- YYYY-MM-DD)

 (Driver's signature) (Signature of the operator)

- I read the publication (in French) entitled « Heures de conduite et de repos des conducteurs de véhicules lourds » on _____
 (Date- YYYY-MM-DD)

or any similar publication: _____
 (Name of publication and publisher)

 (Driver's signature) (Signature of the operator)

- I received a 1 hour training on pre trip inspection of the vehicle on _____
 (Date- YYYY-MM-DD)

 (Driver's signature) (Signature of the operator)

- I read the publication (in French) entitled « Guide de la vérification avant départ » on _____
 (Date- YYYY-MM-DD)

or any similar publication: _____
 (Name of publication and publisher)

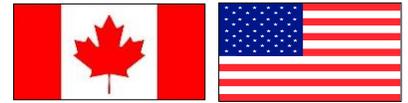
 (Driver's signature) (Signature of the operator)

NOTE: The two above-mentioned publications have been prepared by the Société de l'assurance automobile du Québec.

Section 519.21.2 of the Highway Safety Code states that a carrier must ensure that a driver keeps on board the register of his hours of service and hours of rest and that he enters therein all the required information, failing which he is liable to a fine of \$700 to \$2,100 (Sec. 519.44),.

In addition, under section 519.15, every carrier must "see that drivers inspect their vehicle to ensure it is in safe operating condition", failing which he is liable to a fine of \$700 to \$2,100 (Sec. 519.48), whereas section 519.16 requires the carrier to ensure that the driver keeps the safety check register in the vehicle and makes therein every entry required, failing which he is liable to a fine of \$350 to \$1,050 (Sec. 519.52).

Driver's Initials: _____



22 - Employee's Health Statement

NOTE: The purpose of this questionnaire is to give a general overview of your current physical condition and information on your medical history. The information disclosed will be used only to ensure that you have the medical qualifications required for the job you apply for. This information will determine whether you need a medical examination, but does not imply you will automatically have to submit to one.

Age: _____ Height: _____ Weight: _____ Weight one year ago: _____

Reason for weight change (If any): _____

	Yes	No
Has one of your insurance applications ever been refused, changed or accepted with extra premium?		
Are you now, or have ever been the recipient of disability or accident insurance benefits?		

Have you ever been treated for any of the following diseases or conditions or have ever felt any of their symptoms?

	Yes	No		Yes	No
Alcoholism or drug addiction			Ear condition or deafness		
Allergies			Genital disorders		
Arthritis or rheumatism			High blood pressure		
Blood or gland disease			Intestine, stomach or liver disorders		
Blood vessel disorders			Kidney or urinary tract disorders		
Cancer or tumor			Lung disorders		
Cerebral or neurological disorders			Migraines or severe headaches		
Convulsions (epilepsy, unconsciousness)			Nerve or mental disease		
Coronary deficiency			Spinal disorders		
Diabetes			Visual disorders		

	Yes	No
Do you have any physical abnormality or deformities; do you suffer from a disease other than the above-mentioned diseases likely to affect your ability to perform the work related to the job applied for? If yes, please explain:		
Are you pregnant? If yes, when is the delivery date expected? :		
Are you now regularly on prescribed drugs? If yes, please explain:		
Do you receive medical care or treatment? If yes, please explain:		
Are you expecting to receive medical care or treatment soon? If yes, please explain:		

	Cigarettes	Alcoholic beverages	Various drugs
What is your weekly consumption of:			
Did you use to take a larger amount?	Yes or No	Yes or No	Yes or No

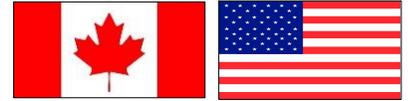
I declare that, to the best of my knowledge, the information given in this questionnaire is accurate and complete. I understand and accept that any misrepresentation or omission can result in the rejection of my application or the loss of my job or any benefit related to a pension or an allowance in connection with my health condition.

_____ Driver's name

_____ Driver's signature

_____ Date (YYYY-MM-DD)

Driver's Initials: _____



23 - Medical Declaration

Under an agreement between Canada and the United States in 2008, medical examinations will become more frequent for any person who wants to drive a vehicle in the United States requiring a class 1, 2, 3 or 4B driver's license.

- When applying for a class 1, 2, 3 or 4B driver's license.
- Every five years until the age of 45.
- At the age of 48, 51, 54, 57, 60, 63 and 65.
- Every year thereafter.

Also, on March 30, 1999 *United States Federal Motor Carrier Safety Regulations* medical requirements for Canadian drivers of commercial motor vehicles operating in the United States were revised. I acknowledge that there is no requirement for a completed United States medical fitness report. This revision does require that a Canadian driver must comply with medical requirements of the province in which their commercial driver's license is issued and that a medical fitness report is completed on the frequency as required by license issuing province.

I, _____, certify, that I am not impaired to operate a commercial motor
(Name of the driver)

vehicle under the new revised medical requirements in the United States by any of the following:

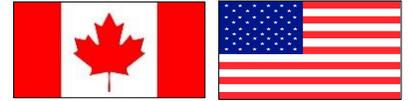
- A. I have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (administered by injection).
- B. I have no established medical history or clinical diagnosis of epilepsy.
- C. I have no impaired hearing, first perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by the use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to *American National Standard*.
- D. I did not obtain a class 1, 2, 3 or 4B license under the discretionary power of the Société de l'assurance automobile du Québec as per Quebec's Highway Safety Code paragraphs 83.1 and 191.1
- E. No W indication shown on my driver's license.

I also agree to inform the company, Transport Fortuna Inc., should my medical status change, and if any of the above impairments are subsequently diagnosed to the level of affecting my fitness to operate a commercial motor vehicle in Canada or the United States.

Driver's name: _____ Witness: _____

Driver's signature: _____

Date (YYYY-MM-DD): _____



25 – Candidate Agreement

TO BE READ AND SIGNED BY THE CANDIDATE

It is agreed and understood that if I make a false or misleading declaration in this application for employment process, or if I fail to provide information required on this form or its appendices, I will be liable to dismissal once the false declaration or omission is discovered, in accordance with the Bond requirements, internal regulations, labour conventions, and/or corporate policies and procedures.

Its is agreed and understood that the company, Transport Fortuna Inc., or its agents may investigate my previous history and record, including alcohol and controlled substance while driving a motor vehicle, to verify abilities and to ascertain the accuracy of my declarations. I have the right to review the information provided by previous employers, the right to have errors in the information corrected by the previous employer and the right to have a rebuttal statement attached to the alleged erroneous information as late as 30 days after being employed if there is any disagreement.

I agree to provide additional information and/or documents required to complete this form, and to take a medical examination conducted by a physician selected or appointed by the company. I hereby authorize the company to obtain from my previous employers and from any other source the company deems necessary, information that they may have recorded in my file.

It is agreed that if hired, I will be subject to a probation period which I may be dismissed without any recourse.

I hereby certify that I have completed this application for employment, and that all the entries and information it contains are accurate and complete to the best of my knowledge.

 Driver's name

 Driver's signature

 Date (YYYY-MM-DD)

RESERVED FOR HEAD OFFICE

A) INTERVIEW

Individual conducting interview	Date (YYYY-MM-DD)	Observations

B) TO BE USED BY THE TESTER

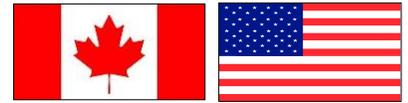
Administered by	Date (YYYY-MM-DD)	Result	Class	Observations and Interpretation

C) REFERENCE CONTROL

Previous positions	Results	Previous positions	Results
I		III	
II		IV	

D) DATE HIRED:

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26 – FMCSA Pre-Employment Screening

Transport Fortuna Inc. will conduct a search on the applicant in the Federal Motor Carrier Safety Administration's (FMCSA) Motor Carrier Management Information System (MCMIS) using the Pre-Employment Screening Program (PSP).

This program provides carriers, individual drivers, and industry service providers access to commercial drivers' safety records. A PSP record contains a driver's most recent 5 years of crash data and the most recent 3 years of roadside inspection data from the FMCSA MCMIS database.

A PSP record displays the motor carrier for which the driver was operating for at the time of the crash or inspection. It also shows the location and date that a crash or inspection occurred. Additional safety details about crashes such as injuries, fatalities, and towaways are included in a PSP record. Likewise, inspections show details like whether a vehicle was placed out of service.

Following a request for data review, a PSP record may be updated to reflect a determination that a crash was not preventable, or to note that a driver was convicted of a different charge.

This PSP will only be conducted during the hiring process.

The following page contains important disclosure information regarding the PSP as well as the authorization form for Transport Fortuna Inc. to conduct this PSP. Transport Fortuna Inc. cannot obtain background reports from the FMCSA without your authorization.

**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 Transport Fortuna 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 Transport Fortuna 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.

Date: _____

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