



JLINE TRUCKING INC.

YOUR DIRECT LINE TO TRANSPORT SOLUTIONS

DRIVER QUALIFICATION PACKET

The attached documents are provided to you to illustrate compliance with the USA laws that came into effect October 29, 2004, in the Federal Motor Carrier Safety Regulations (FMCSR).

This packet is not meant as an all-inclusive list of required items; consult Federal Motor Carrier Safety Regulations (FMCSRs) Parts 40, 382 and 391.

- **DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST:** (Revised 6/11) Form is used to document driver file requirements per FMCSR 391 and renewal dates for these items.
- **APPLICATION FOR QUALIFICATION:** (Revised 2011/06) Required by FMCSR 391.21. This application is suitable for independent owner/operators or company employees/drivers. NOW includes *Driver's Rights* under 391.23.
- **REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY:** (NEW 9/04) As required by FMCSR 391.21 for past employment investigation.
- **FOURTEEN-DAY PRIOR LOG FORM:** FMCSR 395.3. requirement is for previous 7 days, however, best practice in Canada is for previous 14 days.
- **DRIVER PERFORMANCE EVALUATION {Road Test}** (Revised 9/04) Should be used to summarize the evaluator's thoughts on driver performance, including skills performed particularly well, those needing improvement and why. Includes:
- **CERTIFICATION OF ROAD TEST** As required per FMCSR Subpart D 391.31.
- **VIOLATION AND ANNUAL REVIEW RECORD:** Allows review of driver's record as required by FMCSR 391.25 and 391.27.
- **DRIVER "INVESTIGATION HISTORY" FILE CHECK LIST** (NEW 9/04) FMCSR requires this form to be filed in a secure location, with limited access.

The following documents should be placed in the Personnel and/or Confidential File.

- **DRIVER APPLICANT AND ALCOHOL PRE-EMPLOYMENT STATEMENT:** (NEW) Form used to document an applicant applying for a safety sensitive function, as required per CFR 40.25(j).
- **CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/ CONSENT FORM:** (NEW 9/04) As required by FMCSR 382.301. [Page 1, drug & alcohol information, needs to be kept in Confidential File.]



DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST

DRIVER'S NAME: _____

DATE OF HIRE: _____

	✓
1. Application for Qualification should be fully completed and signed by the applicant – No gaps in employment history. a. Driver's Rights (to be given to the applicant prior to driver application) b. Driver Applicant Drug and Alcohol Pre-employment Statement c. Controlled Substance and Alcohol Testing Information Acknowledgement/Consent form d. Request for Driver's Safety Performance History	
2. Motor Vehicle Record (MVR) Province: _____ Date obtained: _____ (All licenses held by the driver in the last 3 years must be investigated.)	
3. Driver Performance Evaluation [Road Test] (Fully completed & signed by Examiner.)	
4. Receipt For Issuance of FMCSR Book	
5. Receipt for Driver's Manual/Policies	
6. Certificate for Completion of Orientation (if applicable)	
7. Fourteen-Day Prior Hours Statement or Copies of Log Sheets (To be placed with log files.)	
8. Copy Of Driver's License a) Expiration date: _____ b) Class: _____ c) Endorsements _____	
9. Annual Driver's Certification of Violations & Annual Review of Driving Record (MVR) (Must be completed at least once every 12 months from the date of hire.)	
10. Other documents:	
11. Notify your Insurance Broker of hiring decision.	



DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- a) (1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and (2) An investigation of the driver's employment record during the preceding three years.
- b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency, as required. This must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This is effective as of October 30, 2004.
- d) Prospective motor carriers must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for any accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and
3. The right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____ Date: _____

Driver's Name (Printed): _____



APPLICATION FOR QUALIFICATION

Company Name: J Line Trucking Inc.
 Address: 50 Commercial Rd
 City: Bolton Province: ON Postal Code: L7E 1K4

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions: 1. Please print clearly.
 2. Complete all sections. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None."

SECTION A - APPLICANT INFORMATION

Name (First, Middle, Last)	Date of birth (DD/MM/YYYY)	Telephone number ()
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Position applying for (check one) <input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Driver <input type="checkbox"/> Other _____ (please specify)	Alternative Telephone number ()	Name	Relation
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Residence history for the past three years, beginning with your current address.

Current Address (no., street)	From (DD/MM/YYYY):
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City	Province	Postal code	To (DD/MM/YYYY):
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Address (no., street)	From (DD/MM/YYYY):
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City	Province	Postal code	To (DD/MM/YYYY):
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Address (no., street)	From (DD/MM/YYYY):
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City	Province	Postal code	To (DD/MM/YYYY):
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Address (no., street)	From (DD/MM/YYYY):
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City	Province	Postal code	To (DD/MM/YYYY):
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Have you worked for this company before? Yes No

If yes, when? From: _____ To: _____

Reason for leaving?

Please circle the highest grade level completed.

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College/University: 1 2 3 4 post-graduate: 1 2 3 4

SECTION B – EMPLOYMENT HISTORY

Please provide a complete record of all employment (starting with the current or most recent) for the past five years, including any unemployment or self-employment. Please also provide all commercial driving experience for the past ten years.

Company name	Position held	Telephone number ()	Email
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Address (no., street)	From (DD/MM/YYYY):
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City	Province	Postal code	To (DD/MM/YYYY):
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Collision record for the past three years (attach an additional sheet, if required)				
Date of collision (DD/MM/YYYY)	Nature of Collision	Location	Number of fatalities	Number of injured people
Traffic convictions and forfeitures for the past three years (other than parking violations)				
Date (DD/MM/YYYY)	Location	Offence	Penalty	
Driver's License (List each driver's license held in the past three years.)				
Province	License number	Type	Endorsements	Expiration date
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		
Personal references – List three persons for references, other than family members, who have knowledge of your safety habits.				
Name	Address		Telephone number	
To Be Read and Signed by Applicant				
<p><i>This certifies that I completed this application form and that all entries on it and information in it are true and complete to the best of my knowledge. It is agreed and understood that any misrepresentation given on this application or interview(s) shall be considered an act of dishonesty and may result in a discharge. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.</i></p> <p><i>I agree to furnish such additional information and complete such examinations as may be required to complete my application file.</i></p> <p><i>It is agreed and understood that this Application for Qualification in no way obliges the motor carrier to employ or hire the applicant.</i></p> <p><i>It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.</i></p> <p><i>I understand that from time to time the company will furnish my personal information as necessary to third parties such as insurance companies and brokers. The company agrees to collect, use and disclose such information only in a manner that a reasonable person would consider appropriate in the circumstances, and that would be in compliance with the Protection of Personal Information and Electronic Documents Act (PIPEDA). The company further agrees to safeguard the security of such information in a manner appropriate to the sensitivity of such information, and in compliance with PIPEDA.</i></p> <p><i>I agree to supply the following information as part of this application.</i></p> <ul style="list-style-type: none"> o Driver's MVR Abstract (current to the past 30 days) o Driver's CVOR Abstract (Ontario only, current to the past 30 days) o Criminal Record Search (current to the past 90 days) 				
Signature of applicant			Date	
Remarks (For office use only)				



DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive function, until and unless, the potential employee provides documentation of successful completion of the return-to-duty process.
(See Section 40.25(b)(5) and (e).*

(Please Print)

Applicant Name _____ **ID Number:** _____

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No

- 2) If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

My signature below certifies that the information provided is true and correct.

Applicant's Signature: _____ Date: _____



CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with _____ (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment-controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303, Random – Section 382.305, Reasonable Suspicion – Section 382.307, Return to Duty – Section 382.309, Follow-up – Section 382.311

A driver who tests positive to a controlled substance and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety-sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professionals (SAP) evaluation, referral, and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

Name	Address	Phone #

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol.
(Print Name)

testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature) Date: _____

(Employer Representative) Date: _____

Original to be retained on file - Copy to Driver Applicant



DRIVER “INVESTIGATION HISTORY” FILE CHECKLIST

The Federal Motor Carrier Safety Regulations require motor carriers to maintain the Driver Investigation History File in a secure location with access to the files limited to those individuals with a need-to-know basis.

Driver’s Name: _____

FORM OR PROCESS	COMPLETED		Initials of Person verifying
	YES	NO	
1. Written notification of driver’s due process rights signed by the driver.			
2. Written consent form signed by the driver to obtain previous employment verifications, safety information, and alcohol & controlled substance history.			
3. Past employment verifications. (At least the previous three-year period. Additional verifications are recommended.)			
4. Documentation of good-faith efforts to obtain required information.			
5. Verification from previous employers of violations of alcohol and/or controlled substance prohibitions within the previous three-year period.			
6. Signed PSP Consent Form			
7. Verification of the driver’s failure to complete rehabilitation program, if required.			
8. Verification follow-up testing was completed after rehabilitation, if required.			
9. Verification of alcohol tests .04 or higher.			
10. Verification of positive drug tests, if required.			
11. Verification of refusals to be tested.			
12. Records of requests and responses to prospective employers.			
13. Reports to the Federal Motor Carrier Safety Administration pertaining to previous employers’ failure to respond to requests for information.			
14. Copies of responses to drivers about requests for correct information.			



Request for Driver's Safety Performance History & Information from DOT Regulated Previous Employer(s)

NOTES:

1. If this information is not available from the previous employer, you as a prospective employer must get this information from the Driver/Applicant.
2. Drug and Alcohol information must be kept in a separate Personnel and/or Confidential file.

Hiring company to complete this section				
Carrier name		Contact person		
Address			Telephone number	
City	Province	Postal code	Confidential fax number	
Driver to complete this section				
<p>As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, <i>within the past three years</i>, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.</p> <p>I _____, hereby authorize this Company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.</p>				
Previous Employer		Contact Person		
Address			Telephone number	
City	Province	Postal code	Fax number	
Dates of employment: From (DD/MM/YYYY):		To (DD/MM/YYYY):		
ID number		Date of birth		
Date		Signature		
DOT Regulated past employer to complete the following sections				
SECTION I – DRUG & ALCOHOL INFORMATION				
Please provide the following Drug and Alcohol information as required by FMCSR Part 391.23 & 40.25.				
If no Drug and Alcohol information is available on above named applicant check here. <input type="checkbox"/>				
			Yes	No
Any alcohol tests with a result of 0.04 or higher alcohol concentration?				
Any verified positive drug tests?				
Any refusals to be tested (including verified adulterated or substituted drug test results?)				
Any other violations of DOT agency drug & alcohol testing regulations (Part 382 or Part 40)?				
If this Driver did successfully complete an SAP rehabilitation referral and remained in your employ, did he/she has any subsequent violations for; an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result?)				
If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment, and return-to-duty requirements (including follow-up tests) if they remained in your employ.				



SECTION II – ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named Driver/Applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location City/town, Province/State	Any Vehicles Towed?	HazMat Spill?	Number of fatalities?	Number of injured?

SECTION III – WORK HISTORY INFORMATION

Position held (please check all that apply):

Driver Contractor Contractor's Driver Other _____ (please specify)

Dates of employment: From (DD/MM/YYYY):

To (DD/MM/YYYY)

If employed as a Driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other _____

Type of Trailer(s) pulled.

General area traveled.

Commodities transported.

While under your employment was, he/she:

- a. Bonded: Yes No
- b. Convicted of any traffic violations: Yes No
If yes, please list all, including date and type:

- c. License(s) suspended, revoked or denied: Yes No
If yes, please explain:

Reason for leaving

Would you re-employ this person: Yes No Upon Review
Please explain:

Additional comments

Name

Title

Signature

Date

Please remember to retain a copy for your records. Your timely response is appreciated.



FUEL PURCHASES – ONLY FOR OWNER OPERATORS

- **Responsibility for Fuel Purchases:** The Owner-Operator shall be solely responsible for the purchase of fuel required for the operation of the vehicle(s) used under this Agreement. The Owner-Operator agrees to purchase fuel at their discretion, in accordance with the operational needs of the vehicle(s) and will bear all costs associated with these fuel purchases.
- **Fuel Taxes:** The Owner-Operator acknowledges that they are solely responsible for the payment of any and all taxes, including but not limited to fuel taxes, fuel surcharge taxes, and any other related taxes or fees imposed by federal, state, or local authorities in connection with the fuel purchased for the operation of the vehicle(s). The Owner-Operator agrees to keep accurate records of all fuel purchases and taxes paid and will comply with all tax reporting and payment requirements.
- **Reimbursement of Fuel Taxes** (if applicable): Should any reimbursement or refund mechanism be available for fuel taxes, the Owner-Operator will be responsible for initiating and managing such claims. The Carrier will not be liable for any fuel tax refunds or reimbursements, but may assist in providing the necessary documentation, if requested.
- **Indemnification:** The Owner-Operator agrees to indemnify and hold harmless the Carrier from any claims, penalties, or legal actions related to the failure to pay fuel taxes or any other tax obligations associated with fuel purchases. The Owner-Operator will be solely liable for any penalties, interest, or other charges arising from non-compliance with applicable fuel tax laws.
- **Amendment and Modifications:** This Agreement may be amended or modified only by mutual written consent of both Parties.
- **Effective Date:** This Agreement shall become effective on [Effective Date] and will remain in effect until terminated by either Party in accordance with the terms of the underlying agreement between the Carrier and the Owner-Operator.

Signature	Date
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