



Application for Employment  
 Fax 506-325-2599

Date of Application: \_\_\_\_\_

Company: Quality Transportation Services(NB)Ltd Street Address: 43 Sewell Rd  
 City,Province,Postal Code: JacksonvilleNB E7M 3S1

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street

Address \_\_\_\_\_ How Long \_\_\_\_\_  
City Province Postal Code

Date of Birth \_\_\_\_\_ Social Ins. # \_\_\_\_\_  
Day,Month,Year

**EXPERIENCE AND QUALIFICATIONS-Driver**

Drivers License: \_\_\_\_\_  
Province License Number Class Expiration Date (D,M,Y)

Have you ever been denied a drivers license? Y  N  Ever been suspended or Revoked? Y  N

**Driving Experience:**

Class of Equipment	Type of Equipment <small>(van,Reefer,Flat,Ect)</small>	Date From	Date To	Approx Miles
Straight Truck	_____	_____	_____	_____
Tractor & Semi Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

Position applying For \_\_\_\_\_ Full Time  Part Time

Have you worked for this company Before ? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
(Month,Year) (Month,Year)

Are you Currently Employed ? \_\_\_\_\_ If not how long since last Employment ? \_\_\_\_\_

Have you ever been convicted of a felony ? \_\_\_\_\_ If Yes explain on a separate sheet of paper

Highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Post Secondary 1 2 3 4

Last School Attended \_\_\_\_\_ Address: \_\_\_\_\_

List the provinces and States operated in during the last 5Years \_\_\_\_\_

Courses or training that will help you as a driver \_\_\_\_\_

# EMPLOYMENT RECORD

(attach second sheet if more space is needed) (for dates use month/year)

DOT requires that Employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown

LAST EMPLOYER: \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

POSITION HELD \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES  NO

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES  NO

SECOND LAST EMPLOYER: \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

POSITION HELD \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES  NO

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES  NO

THIRD LAST EMPLOYER: \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

POSITION HELD \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES  NO

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES  NO

FOURTH LAST EMPLOYER: \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

POSITION HELD \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES  NO

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES  NO

## DRIVER APPLICANTS

Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391. 23 (d), (e), (i) (1) and (2)

The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years – via the application form or other written document prior to any hiring decision -- that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

- (i) The right to review information provided by previous employers;
- (ii) 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;
- (iii) 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.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-providing investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day's deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

I have read, understand and agree to the preceding statement

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
(day, month, year)

### ACCIDENT RECORD FOR PAST 3 YEARS

*(attach sheet if more space is needed)*

	Date <small>(d, m, y)</small>	Nature of Accident <small>(head on, rear-end, upset, etc)</small>	Fatalities	Injuries
Last Accident	_____	_____	□	□
Next Previous	_____	_____	□	□
Next Previous	_____	_____	□	□

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

*(other than parking violations)*

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(attach sheet if more space is needed)*

## Previous Employer Consent Form

I, \_\_\_\_\_ give my consent to perform a previous employer background check.

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

COMPANY BEING CONTACTED: \_\_\_\_\_

PERSON CONTACTED: \_\_\_\_\_

DATE: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

APPLICANT LISTS DATES OF EMPLOYMENT WITH YOUR FIRM FROM: \_\_\_\_\_  
TO: \_\_\_\_\_ IS THIS CORRECT? \_\_\_\_\_

HOW WAS THIS PERSONS ATTENDANCE RECORD: \_\_\_\_\_

WHAT TYPE OF EQUIPMENT WAS DRIVEN: \_\_\_\_\_

APPROXIMATELY HOW MANY MILES DRIVEN YEARLY: \_\_\_\_\_

WHAT TYPE OF PRODUCTS HAULED: \_\_\_\_\_

WAS THERE ANY PROBLEM WITH DELIVERY AND PICK UP TIME: \_\_\_\_\_

WAS THERE ANY SIGNIFICANT INCIDENTS OR ACCIDENTS (SPILLS, ARGUMENTS WITH  
CUSTOMERS, ETC.)? \_\_\_\_\_

PREVENTABLE OR NON-PREVENTABLE ACCIDENTS? \_\_\_\_\_

ANY ON THE JOB INJURIES? \_\_\_\_\_

GENERAL OPINION OF CONDUCT \_\_\_\_\_

WHY DID THIS PERSON LEAVE YOUR EMPLOY? \_\_\_\_\_

WOULD YOU REHIRE THIS PERSON? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

INQUIRY PERFORMED BY: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (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. I understand, also, that I am required to abide by all rules and regulations of the Company.

This application was completed by me, all entries are true and correct to the best of my knowledge

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(day, month, year)*

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**PROCESS RECORD FOR OFFICE USE ONLY**

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_

Hire Date \_\_\_\_\_ Classification/Dept \_\_\_\_\_  
*(day, month, year) (van, reefer, flat, tank, etc)*

Notes: \_\_\_\_\_

Company Rep \_\_\_\_\_ Date \_\_\_\_\_  
*(day, month, year)*

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**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_ Dismissed \_\_\_\_\_ Quit \_\_\_\_\_ Other \_\_\_\_\_  
*(day, month, year)*

Eligible for Rehire: Yes \_\_\_\_\_ No \_\_\_\_\_

Notes: \_\_\_\_\_

Company Rep \_\_\_\_\_ Date \_\_\_\_\_  
*(day, month, year)*

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Quality TRANSPORT ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Quality ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.