

# **RIDEWAY Transport Inc.**

859-A Courtland Ave. E., Kitchener, Ontario N2C 1K4  
Phone: 519-741-5991 Fax: 519-741-1883 www.rideway.com

## **Application for Qualification**

*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, write "No" or "None"			
<b>SECTION A - APPLICANT INFORMATION</b>			
Name (First, Middle, Last)		Date of Birth (DD/MM/YYYY)	Telephone Number ( )
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 ( )
<b>Residence history for the past three years, beginning with your current address</b>			
Current Address (number, street)		From (DD/MM/YYYY):	
City	Province	Postal Code	To (DD/MM/YYYY):
Current Address (number, street)		From (DD/MM/YYYY):	
City	Province	Postal Code	To (DD/MM/YYYY):
Current Address (number, street)		From (DD/MM/YYYY):	
City	Province	Postal Code	To (DD/MM/YYYY):
Current Address (number, street)		From (DD/MM/YYYY):	
City	Province	Postal Code	To (DD/MM/YYYY):
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> 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			
<b>SECTION B - EMPLOYMENT HISTORY</b>			
<i>Please provide a complete record of all employment (starting with the current or most recent) for the past three years, including any unemployment or self-employment. Please also provide all commercial driving experience for the past ten years.</i>			
Company Name		Position held	Telephone number ( )
Address (number, street)		From (DD/MM/YYYY):	
City	Province	Postal Code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name		Position held	Telephone number ( )
Address (number, street)		From (DD/MM/YYYY):	
City	Province	Postal Code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Company Name</b>	Position held		Telephone number ( )
Address (number, street)			From (DD/MM/YYYY):
City	Province	Postal Code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Company Name</b>	Position held		Telephone number ( )
Address (number, street)			From (DD/MM/YYYY):
City	Province	Postal Code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Company Name</b>	Position held		Telephone number ( )
Address (number, street)			From (DD/MM/YYYY):
City	Province	Postal Code	To (DD/MM/YYYY):
Reason for leaving?			
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more; (2) is designated or used to transport nine or more passengers; or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

**SECTION C - DRIVING HISTORY/EXPERIENCE**

Driving Experience	Dates		Approximate Miles
	From	To	
Straight Truck			
Tractor-trailer			
LCV's			
Other: (specify)			
List of provinces and states operated in for the last five years			
List special courses/training completed (PTD/DDC, Dangerous Goods, etc.)			
List any Safe Driving Awards you hold and from whom.			

**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	Offense	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**

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 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 agree to furnish such additional information and complete such examinations as may be required to complete my application file.**

**It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.**

**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 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 agree to supply the following information as part of this application*

- Driver's MVR Abstract (current to the past 30 days)
- Driver's CVOR Abstract (Ontario only, current to the past 30 days)
- Criminal Record Search (current to the past 90 days)

*Application can be sent*

By email: sdixon@rideway.com

By fax: 519-741-1883

**Attention: Steve Dixon**

Signature of Applicant	Date
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Remarks (for office use only)
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