



## **Requirements for Pre-Employment**

To avoid delays for Owner-Operators joining Steve's Livestock we require the following, a week prior to your start date:

- Copy of Previous registration and cab card
- Bill of Sale
- Copy of Lease Agreement
- Current Safety
- Legal copies if you are Ltd. or Incorporated company
- Highway Use Tax: if previously paid, bring proof of payment.
  
- Year of unit:: \_\_\_\_\_ Make: \_\_\_\_\_
  
- Wheel base: \_\_\_\_\_

### **All Applicants must give the following information:**

1. The application completed and listing all of your previous 10 years work, including references
2. A road test must be completed before one reports for orientation.
3. On the first day of orientation, Steve's Livestock requires the following information.
  - Original Application. (**Fully completed**)
  - Original Drivers Abstract, current within the last 30 days.
  - Original Police Search
  - Copy of Drivers License
  - Copy of Birth Certificate
  - Copy of F.A.S.T Card

**\*No application will be eligible until the drug test results are finalized.**

**Any applicant not following the above procedures will not be accepted into orientation in order to comply fully with U.S. DOT regulations.**

Contact person for employment:

Colin Van Den Driessche

Ph: 800-667-8869

Fax 204-326-7716

# Steve's Livestock Transport Ltd.

Box 164

Blumenort, MB R0A 0C0

## **DRIVER'S APPLICATION FOR EMPLOYMENT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

(Answer all questions - Please print)

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Last First Middle  
Date of Birth: \_\_\_\_\_ S.I.N. # \_\_\_\_\_  
(Required for Truck Drivers)  
Positions(s) Applied for: \_\_\_\_\_

### Current Address

Mailing: \_\_\_\_\_  
Box # \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_  
Physical: \_\_\_\_\_  
Street or Section \_\_\_\_\_ Postal Code \_\_\_\_\_  
Lived here from: \_\_\_\_\_ MM/YYYY

### If above address is less than 3 years, provide further addresses

Date:	_____		
From: _____	Street _____	City _____	Province & Postal Code _____
To: _____	Street _____	City _____	Province & Postal Code _____

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Spouses Name: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Do you have the legal right to drive a commercial vehicle in the United States? \_\_\_\_\_

Have you worked for this company before? Yes or No

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Are you now employed: \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay expected: \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicant to drive commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYER			DATE	
NAME:			From/To	
FULL ADDRESS:			Position Held	
CITY	PROVINCE	POSTAL CODE	Salary/Wage	
CONTACT PERSON		PHONE #	Reason for Leaving	
Were you subject to the Federal Motor Carrier Regulations while Employed?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
Was your job designated as a safety -sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirementsd of 49cfr part 40?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
EMPLOYER			DATE	
NAME:			From/To	
FULL ADDRESS:			Position Held	
CITY	PROVINCE	POSTAL CODE	Salary/Wage	
CONTACT PERSON		PHONE #	Reason for Leaving	
Were you subject to the Federal Motor Carrier Regulations while Employed?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
Was your job designated as a safety -sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirementsd of 49cfr part 40?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
EMPLOYER			DATE	
NAME:			From/To	
FULL ADDRESS:			Position Held	
CITY	PROVINCE	POSTAL CODE	Salary/Wage	
CONTACT PERSON		PHONE #	Reason for Leaving	
Were you subject to the Federal Motor Carrier Regulations while Employed?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
Was your job designated as a safety -sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirementsd of 49cfr part 40?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
EMPLOYER			DATE	
NAME:			From/To	
FULL ADDRESS:			Position Held	
CITY	PROVINCE	POSTAL CODE	Salary/Wage	
CONTACT PERSON		PHONE #	Reason for Leaving	
Were you subject to the Federal Motor Carrier Regulations while Employed?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
Was your job designated as a safety -sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirementsd of 49cfr part 40?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed

EMPLOYER			DATE
NAME:			From/To
FULL ADDRESS:			Position Held
CITY	PROVINCE	POSTAL CODE	Salary/Wage
CONTACT PERSON		PHONE #	Reason for Leaving
Were you subject to the Federal Motor Carrier Regulations while Employed?			<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 requirementsd of 49cfr part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER			DATE
NAME:			From/To
FULL ADDRESS:			Position Held
CITY	PROVINCE	POSTAL CODE	Salary/Wage
CONTACT PERSON		PHONE #	Reason for Leaving
Were you subject to the Federal Motor Carrier Regulations while Employed?			<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 requirementsd of 49cfr part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER			DATE
NAME:			From/To
FULL ADDRESS:			Position Held
CITY	PROVINCE	POSTAL CODE	Salary/Wage
CONTACT PERSON		PHONE #	Reason for Leaving
Were you subject to the Federal Motor Carrier Regulations while Employed?			<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 requirementsd of 49cfr part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER			DATE
Name:			From/To
FULL ADDRESS:			Position Held
CITY	PROVINCE	POSTAL CODE	Salary/Wage
CONTACT PERSON		PHONE #	Reason for Leaving
Were you subject to the Federal Motor Carrier Regulations while Employed?			<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 requirementsd of 49cfr part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT	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)

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED:    5   6   7   8                      HIGHSCHOOL: 1 2 3 4                      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_  
NAME CITY

## EXPERIENCES AND QUALIFICATIONS - DRIVER

DRIVER LICENCES	PROVINCE	LICENCE NO.	TYPE	EXP. DATE

Have you ever been denied a licence, permit or privilege to operate a motor vehicle?                      YES                      NO  
 Has any licence, permit or privilege ever been suspended or revoked?                      YES                      NO

**If the answer to either of these questions is yes, attach statement giving details.**

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		KM / miles driven (TOTAL)
		FROM	TO	
Straight Truck				
Tractor & Semi Trailer				
Tractor & Two Trailser				
Other				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?: \_\_\_\_\_

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCES THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH(Other than those already shown) \_\_\_\_\_

## Certification of Application

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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 Steve's Livestock Transport.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

I understand that information I provide regarding current and / or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR391.23(d) and (e). I understand that I have the right to:

Review Information provided by previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send the correct information to the prospective employer; and

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

\_\_\_\_\_  
Applicant's Signature


\_\_\_\_\_  
Date

# **Driver's Certification of Violations and Accidents**

I certify that the following is a true and complete list of convictions (other than parking violations) and accidents required to be reported under the Highway Traffic Act during the past 12 months.

DATE	OFFENSE/ ACCIDENT	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations or accidents are listed above, I certify that I have not been convicted or forfeited bond or collateral because of any violations required to be listed during the past 12 months.

_____	
Date of Certification	Driver Signature
Steve's Livestock Transport Ltd.	Box 164 Blumenort MB R0A 0C0
_____	_____
Reviewed by:	Title

# **DRIVER DISCLOSURE OF LICENCE**

DRIVER NAME: \_\_\_\_\_

CARRIER NAME: **Steve's Livestock Transport Ltd.**

## DECLARATION

Pursuant to Section 318.1 (1) of the Highway Traffic Act,

I, \_\_\_\_\_ hereby disclose the only jurisdiction in which I am Licence, the class of Licence held, whether or not the Licence is suspended, and the name in which the Licence is issued.

\_\_\_\_\_  
Jurisdiction

\_\_\_\_\_  
Class

\_\_\_\_\_  
Suspended

\_\_\_\_\_  
Name

I understand that I can possess only one driver's Licence.

I understand that I must inform my employer immediately of any convictions or accidents while operating a motor vehicle.

I understand that I must immediately inform my employer of any suspensions, restrictions, prohibitions or any other change in status to my driver's Licence.

Signed 

Date \_\_\_\_\_



# REQUEST FOR INFORMATION

## From Previous Employer

I hereby authorize you to release the following information to **Steve's Livestock Transport Inc.** for purposes of investigation as required by Sections 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date	Applicant's Signature
------	-----------------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir / Madam:

The below named individual has made application to this company for a position as Truck Driver. And states that he/she was employed by you as \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely,



Name of Applicant: \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_

2. Did he/she drive motor vehicle for you? \_\_\_\_\_

Straight Truck \_\_\_\_\_ Bus \_\_\_\_\_ Tractor – Semi-trailer \_\_\_\_\_ Other \_\_\_\_\_

3. Was he/she a safe and efficient driver? \_\_\_\_\_.

4. Reason for leaving your employ: \_\_\_\_\_.

5. Was his/her general conduct satisfactory? \_\_\_\_\_.

6. Was the applicant part of a Drug and Alcohol program with the company: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If applicant was on a Drug and alcohol program please fill out attached forms

7. Please advise history of past driving record if available for past 3 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective employee, 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 testing rules during the past three years.

Company Name: **Steve's Livestock Transport**

Address: 214 Center Ave Blumenort, Manitoba R0A 0C0

Prospective Employee Name: \_\_\_\_\_

Prospective Employee's SIN/ID number: \_\_\_\_\_

### To be answered by the employee:

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 three years?

Yes     No

*If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]*

\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By (Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By (Signature)

\_\_\_\_\_  
Title

**(1)** Was the applicant subject to drug and alcohol testing under DOT regulations?  Yes  No

**(2) For pre-employment testing exemption under 49 CFR 382.301:**

Date employee enrolled in program \_\_\_\_\_ (mm/dd/yy).  
Employee's ending date of participation to program \_\_\_\_\_ (mm/dd/yy).  
Program complies with DOT requirements?  Yes  No  
Date of last drug test \_\_\_\_\_ (mm/dd/yy)

**DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382 Subpart B** (last 6 months).

Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

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

**(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25**

**TESTING HISTORY**

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years?  
 Yes  No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?  
 Yes  No
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)?  
 Yes  No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)?  
 Yes  No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
  - a) Was the person referred to a SAP?  Yes  No  
If employment with your company continued:
  - b) Was the person evaluated by the SAP?  Yes  No
  - c) If yes, did the SAP recommend treatment and/or education?  
 Yes  No
  - d) Did the person complete the treatment and/or education as determined by the SAP?  
 Yes  No
  - e) Did the person undergo a return-to-duty test?  Yes  No
  - f) If yes, was the return-to-duty test negative?  Yes  No
  - g) Did the SAP recommend follow-up testing?  Yes  No
  - h) Did the person complete the follow-up testing?  Yes  No

**\*If applicable, please submit copy of documentation of completion of return-to-duty and follow-up testing records.**

I confirm that the above information is accurate.

\_\_\_\_\_  
Name of Company Rep (Print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**FORM 413 / 301**

**REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION**

**FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301(b)**

PURPOSE OF THIS FORM: (A) Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O. (B) (I) Under 49 CFR 382.301(b) a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (II) Under 49 CFR 382.301(c)(2) an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

Name (print) \_\_\_\_\_ (SIN) \_\_\_\_\_ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

**APPLICANT/DRIVER CONSENT**

TO: [Previous Employer] Date: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Designated Employer Representative: \_\_\_\_\_

In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.

FROM: [Prospective Employer]  
Company: Steve's Livestock Transport Phone: (204) 326- 6380 Fax: (204) 326- 7716  
Address: 214 Center Ave Blumenort, MB R0A 0C0  
Attention: Sharene Robidoux

I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.

Applicant Name (Print): \_\_\_\_\_ Applicant's SIN/Employee ID: \_\_\_\_\_

Applicant Signature «driver»: \_\_\_\_\_ Date: \_\_\_\_\_

**Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):**

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301.

Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

Please check off if sections (1) and (2) for the pre-employment exemption are not required.