

Broker/Driver Application

Applicant Only

Position applied for (check one):	Driving broker <input type="checkbox"/>	Non driving broker <input type="checkbox"/>	Driver for broker <input type="checkbox"/>	Company driver <input type="checkbox"/>
			Broker's name: _____	
Division of Day & Ross (check one):	Day & Ross Freight <input type="checkbox"/>	Sameday Worldwide <input type="checkbox"/>	Day & Ross Dedicated Logistics <input type="checkbox"/>	Ottaway <input type="checkbox"/>

Date of Application: dd/mm/yyyy **Hours looking for:** **Full Time** **Part Time**

Name:
(Last) (First) (Middle)

Date of Birth: dd/mm/yyyy **Social Insurance Number (US Applicants Only):**

Current Address:
Street (number & Name) City Province Postal Code How Long?

Previous Address:
(Last 3 years) Street (Number & Name) City Province Postal Code How Long?

Home Ph. #: **Cell#:** **Email:**

Emergency Contact #: **Name:** **Relationship:**

Have you worked for or provided services to Day & Ross before? No Yes **If Yes, which Division:**

Province: **Start Date:** dd/mm/yyyy **End Date:** dd/mm/yyyy **Position:**

Reason for Leaving:

Are you now employed? No Yes **If not, how long since leaving last employment?**
dd/mm/yyyy

Is there any reason you might be unable to perform the job you are applying for? No Yes
If yes, please explain:

Did anyone refer you? No Yes **If yes, who:**

EDUCATION

Name of Commercial Driving School you attended:
Name Province City

Certifications / Courses received for Driving / Safety:

QUALIFICATIONS - DRIVER

Applicant Only

Driver License	Province	License No.	Type	Expiration Date

dd/mm/yyyy

A. When did you first receive your Class 1 (AZ) license?

dd/mm/yyyy

What Province?

B. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

No Yes

C. Has any license, permit or privilege granted to you ever been suspended or revoked?

No Yes

D. 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 US DOT agency drug and alcohol testing rules during the past three years?

No Yes

E. Are you currently legally authorized to work in the country to which you are applying?

No Yes

IF THE ANSWER TO EITHER: B, C OR D IS YES, PLEASE GIVE DETAILS INCLUDING DATE.

Date:

dd/mm/yyyy

Date:

dd/mm/yyyy

ACCIDENT RECORD FOR PAST 5 YEARS. (Include all at-fault, not at-fault, personal vehicle & commercial vehicle, and minor accidents in Canada & U.S. or abroad which you were involved as a driver - attach an additional sheet if more space is needed).

	#1	#2	#3
Dates dd/mm/yyyy			
Nature of accident (Head-on, rear-end, upset, etc.)			
Fatalities			
Injuries			
Personal or Commercial vehicle			
Preventable or Non- preventable			
Road Conditions			
Damage Amount \$			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS. (Personal & commercial, other than parking).

Location	Date dd/mm/yyyy	Charge	Personal or Commercial	Penalty

DRIVING EXPERIENCE

Applicant Only

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT: (VAN, TANK, FLAT, ETC.)	DATES: dd/mm/yyyy FROM TO		APPROX. NUMBER OF MILES:
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR - LCV				
OTHER				

EMPLOYMENT HISTORY & REFERENCES

All driver applicants must provide the following information on all employers during the **preceding 10 years**. Please explain and fill in all gaps in employment. For example; (periods of unemployment or extended vacations).

****NOTE**** If your employer was a broker for another company, please provide the company where the truck was based and their phone number. If you were self-employed, please provide at least 2 customer references, a copy of your Carrier Profile & Safety Certificate. **(Please start with most recent employer.)**

EMPLOYER			DATE	
Company Name	Supervisor	Phone #	START DATE: Month/Year	END DATE: Month/Year
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT)? YES NO				

EMPLOYER			DATE	
Company Name	Supervisor	Phone #	START DATE: Month/Year	END DATE: Month/Year
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT)? YES NO				

EMPLOYER			DATE	
Company Name	Supervisor	Phone #	START DATE: Month/Year	END DATE: Month/Year
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT)? YES NO				

EMPLOYER**DATE**

Company Name	Supervisor	Phone #	START DATE: Month/Year	END DATE: Month/Year
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (U.S. DOT)? YES NO				

EMPLOYER**DATE**

Company Name	Supervisor	Phone #	START DATE: Month/Year	END DATE: Month/Year
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (U.S. DOT)? YES NO				

EMPLOYER**DATE**

Company Name	Supervisor	Phone #	START DATE: Month/Year	END DATE: Month/Year
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (U.S. DOT)? YES NO				

EMPLOYER**DATE**

Company Name	Supervisor	Phone #	START DATE: Month/Year	END DATE: Month/Year
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (U.S. DOT)? YES NO				

TO BE READ AND SIGNED BY APPLICANT

I authorize Day & Ross Inc. to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at a final decision to allow myself to become an approved broker/driver, including, retaining the Criminal Record Search that I have provided as a condition of becoming an approved broker / driver with Day & Ross. I hereby authorize employers, schools and other persons to respond to inquiries and release information in connection with my application. I agree to furnish such additional information and complete such examinations as may be required by the Company in order to complete the approval process.

*Information provided to Day & Ross will be held in accordance with **The Personal Information Protection and Electronic Document Act**. The Company will take appropriate steps to ensure the security of your information and will not provide information to another party except as approved by you, as may be required by law.*

If approved as a broker/driver, I understand that false or misleading information given in my application or interview(s) may result in immediate termination of my driving privileges and/or contract. I understand that I am required to abide by all rules and regulations of the Company.

By signing below, I verify that this application was completed by me, and that all entries and information contained in it are true and complete to the best of my knowledge.

Date: dd/mm/yyyy

Applicant's Name (Print)

Applicant's Signature (Please type your name if completed online)

APPLICANT'S STATEMENT OF HEALTH

Applicant Only

Name: Location:

Position Applying For:

NOTE: This statement of health is to be completed by the applicant. If answering "Yes" to any statement, please give details on the lines provided.

1. When did you have your last physical examination?
dd/mm/yyyy

2. Have you, in the past three (3) years, consulted a doctor, or sought advice for:

a) Dizzy spells, epilepsy, or nervous disorders? No Yes

b) Asthma, bronchitis, or lung problems? No Yes

c) High blood pressure, pain in chest, or difficulty with the heart or blood vessels? No Yes

d) Arthritis, rheumatism, back problem, disc disease, joint or bone disorder? No Yes

e) Urine, kidney, or bladder disorder? No Yes

f) Difficulty with eyes? No Yes

g) Difficulty with ears? No Yes

h) Do you have Diabetes? No Yes
If the answer **Yes** how is it controlled?

PLEASE READ BEFORE SIGNING:

I declare that, to the best of my knowledge and belief, the answers given in this Statement of Health are true and accurate.

Date: Signature:
dd/mm/yyyy

Name (print)

SIGN-OFF FORMS

Applicant Only

Alcohol and Drug Abuse Policy/Release

I understand that, in accordance with the policy of Day & Ross, as a prospective broker/driver, I will be required to submit to a Drug Screening urinalysis test as a pre-condition to entering any agreement with Day & Ross.

I understand and acknowledge that an unsatisfactory result (positive) of such a test shall preclude any further consideration my application with Day & Ross.

While on Day & Ross premises or while conducting business-related activities off Day & Ross premises, no contractor or employee of a contractor or driver, can have or may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted only if it does not impair an individual's ability to perform the essential functions of the work effectively and in a safe manner that does not endanger other individuals in the workplace or the public.

Should there be a violation of the above policy, it will serve as a basis for discipline up to and including termination of employment or termination of an applicable contract, even for a first offense.

I acknowledge that I have read the above Day & Ross Transportation Group policy statement respecting alcohol and drugs and I accept each of the provisions. I understand that, if my application is accepted for employment or as a contractor, a condition of my continued employment or contract is that I agree to submit to alcohol and drug tests on a random basis, post-accident basis or on the basis of reasonable suspicion. I also acknowledge and accept that refusal to submit to a test or a positive test result may bring about the termination of my employment or my contract.

I authorize the release of any alcohol and drug test results to Day & Ross and/or to its authorized representatives.

Criminal Record Search Document

Have you been charged, convicted or have any pending charges of a criminal offence? Yes No

If "Yes", please list below and include date:

NO CRIMINAL RECORD

I am unable to provide a current criminal record search to Day & Ross Inc. at this time. I have requested a copy of this report from the appropriate authorities and am awaiting receipt of the document. Attached is the receipt showing I've paid for this criminal record search. If approved as a driver in the Day & Ross Inc system, I agree to produce a current criminal record search to Day & Ross Inc. when received, but not more than **1 month** from today's date. If the information found on this criminal record search does not correspond with information stated below, I understand my driving privileges will be terminated immediately.

No criminal record exists

CRIMINAL RECORD EXISTS

I am unable to provide a current criminal record search to Day & Ross Inc. at this time. I have requested a copy of this report from the appropriate authorities and am awaiting receipt of the document. Attached is the receipt showing I've paid for this criminal record search. If approved as a driver in the Day & Ross Inc system, I agree to produce a current **detailed** criminal record search to Day & Ross Inc. when received, but not more than **4 months** from today's date. If the information found on this criminal record search does not correspond with information stated below, I understand my driving privileges will be terminated immediately.

Criminal record exists

Print:

Name:

Date:

dd/mm/yyyy

The signature on this page applies to the following sub-sections of the Day & Ross application a) Alcohol and Substance Abuse Policy / Release; b) Criminal Record Search Document

IMPORTANT DISCLOSURE

Applicant Only

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with **Day & Ross 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 ("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:	<input type="text"/>	Signature:	<input type="text"/>
	dd/mm/yyyy		
	Name (PLEASE PRINT)	<input type="text"/>	

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

U.S. Drug Testing History U.S. Applicants Only

Section 1: To be completed by DAY & ROSS INC., signed by the applicant, and transmitted to the previous employer:

Applicant Printed or Typed Name: SIN#:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer and or their service agent, listed in Section 1-B to DAY & ROSS INC., listed in Section 1-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section 11-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation.
6. Documentation, if any, of completion of the return-to-duty process following a rule violation;

Applicant Signature: Date:
dd/mm/yyyy

1-A:
Applying to drive for: Day & Ross Inc.
Address: 398 Main St. Hartland, NB, E7P 1C6
Phone #: (506) 375-5311 • Fax #: (506) 375-5282
Designated Day & Ross Representative: Rhonda Smith

Section 1-B: To be completed by DAY & ROSS

1-B:
Previous Employer Name: _____
Address: _____ Phone#: _____
FAX#: _____ Date: _____
Designated Employer Representative (if known): _____

1-C: The applicant was not subject to part 382 testing requirements while employed please **CHECK HERE:** _____ then sign below and return.

Section 11: To be completed by the previous employer and transmitted by mail or fax to DAY & ROSS INC:

11-A:
What dates did this employee participate in your DOT program? From: _____ to: _____. In the three years prior to the date of the employee's signature (in Section 1), for DOT-regulated testing.

- | | | |
|---|---------|----------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ | NO ___ |
| 2. Did the employee have any verified positive drug tests? | YES ___ | NO ___ |
| 3. Did the employee refuse to be tested? | YES ___ | NO ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ | NO ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ | NO ___ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | YES ___ | NO ___ N/A ___ |

NOTE: If you answered "YES" to item 5, you must provide the previous employer's report. If you answered "YES" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report (s), follow-up testing record, etc.)

11-B:
Name of person providing information in Section 1-C and/or 11-A:
Title: _____ Phone#: _____
Date: _____

CREDIT APPLICATION FOR BROKER – RELEASE

Broker Applicants Only

NAME:

ADDRESS:

STREET NUMBER AND NAME, AND APT. # OR P.O.BOX NUMBER

CITY AND PROVINCE

POSTAL CODE

DATE OF BIRTH:

dd/mm/yyyy

SOCIAL INSURANCE NUMBER:

1. By my signature below, I hereby authorize Day & Ross Inc. to obtain the credit references it deems to be reasonably required for this application.
2. The approval of my application will be based upon the information contained in the credit check.

Signed in the city of:

, in the province of:

on this date:

dd/mm/yyyy

Applicant signature

Witness signature

Day & Ross Inc. is an equal opportunity company. We are dedicated to a policy of non-discrimination on the basis of any ground protected by human rights legislation including: race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability or a conviction for which a pardon has been granted or record suspended. Day & Ross Inc. is committed to the principles of employment equity and encourages applicants from the four designated groups – Women, Aboriginals, Visible Minorities, and Persons with Disabilities to apply. Day & Ross Inc. respects the duty to accommodate and we have an accommodation policy.

I hereby authorize Day & Ross Inc. to verify the information contained in this application. I agree that any willful omission or misrepresentation shall be considered sufficient cause for denial of my application or termination of contract. I consent to Day & Ross Inc. making its usual inquiries.

By Clicking the "I AGREE" button below and placing my signature or printing my name below, I verify that this application was completed by me and that all entries on it and information in it are true and completed to the best of my knowledge.

I AGREE

Signature (if printed)