



24 CAIRNBURG DRIVE, BRAMPTON ON L6P 1X5

Application for Employment Checklist

- Application for Employment
- Employment Record
 - Past Three Employers
- Experience, Education & Qualification
- Accident Record & Traffic Convictions
 - Annual Review of Driver's Record
- Request from Previous Employer for the reference check
- Statement of On Duty Hours and other compensated work
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- Fair Credit Reporting Act Disclosure Statement
- Pre- Trip Inspection Memo, Logbook Memo, Trailer Handling Memo, Reefer Inspection
 - Load Securement Policy, Security Seal Policy
- Drug Test
 - Pre- Employment Statement
 - Employee Certified Receipt
- Medical Examination Report and certificate
- Road Test and Road Test Certificate
- Proof of Valid Driver's License
- Proof of CVOR & Driver's Abstract
- Proof of Canadian Citizenship, PR Card or a valid US VISA
- Proof of Fast Card or Police Clearance Report



24 CAIRNBURG DRIVE, BRAMPTON ON L6P 1X5

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

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, veteran status, non-job-related disability, or any other protected group status.

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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employer;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected 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.

Signature _____ Date _____

FOR COMPANY USE ONLY

PROCESS RECORDED

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntary _____ Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____



24 CAIRNBURG DRIVE, BRAMPTON ON L6P 1X5

APPLICATION FOR EMPLOYMENT

POSITION APPLIED: OWNER OPERATOR DRIVER

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____
(STREET) (CITY)

_____ **HOW LONG?**
(STATE & POSTAL CODE) (COUNTRY)

DATE OF BIRTH _____ SOCIAL INSURANCE NO. _____
(DDMMYYYY)

HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

_____ **HOW LONG?**
(STREET) (CITY) (STATE & ZIP CODE)

_____ **HOW LONG?**
(STREET) (CITY) (STATE & ZIP CODE)

_____ **HOW LONG?**
(STREET) (CITY) (STATE & ZIP CODE) (ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

(Section 383.21 FMCSR states No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below)

LICENSE NO.		CLASS TYPE	
EXPIRATION DATE		STATE OF ISSUE	

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, REEFER ETC.)	DATES FROM TO	APPROX. NO. MILES
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILOR			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD DATES FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO



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**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY <small>(FORFEITTED BON, COLLATERAL AND OR POINTS)</small>

- a. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO
 a. IF YES, EXPLAIN _____
- b. HAS ANY LICENSE, PERMIT OR PRIVELAGE EVER BEEM SEUSPENDED OR REVOKED? YES NO
 a. IF YES, EXPLAIN _____

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

(Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address, street number and name, city, state and zip code

LAST EMPLOYER:

NAME _____
 ADDRESS _____ PHONE _____
 POSITION HELD _____ FROM _____ TO _____
 SALARY _____ REASONS FOR LEAVING _____
 ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

- Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
- Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER:

NAME _____
 ADDRESS _____ PHONE _____
 POSITION HELD _____ FROM _____ TO _____
 SALARY _____ REASONS FOR LEAVING _____
 ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

- Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No



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- Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

- Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
- Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

FOURTH LAST EMPLOYER

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

- Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
- Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

FIFTH LAST EMPLOYER

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

- Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
- Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SIXTH LAST EMPLOYER

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

- Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
- Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No



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TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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.

“I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 39123(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected 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.”

DATE

APPLICANT'S SIGNATURE

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

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



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Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) -of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above, if the driver has not been convicted of, or forfeited bond or collateral on account of any 'violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME		SOCIAL SECURITY NO.	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)		DRIVERS LICENSE NUMBER	EXPIRY DATE
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. If you have had no violations, check the following box — <input type="checkbox"/> None.			
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

_____ Date of Certification

_____ Driver's Signature

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by:

_____ Signature

_____ Date

_____ Printed Name

_____ Title



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SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ Social Security Number _____

Date of Birth _____

Hereby authorize:

Previous Employer: _____ Email _____

Street _____ Telephone _____

City, State, Zip _____ Fax No _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____

(Employment application date)

To: Prospective Employer:
Attention _____ Telephone:
Street:
City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter

Prospective employer's fax number:

Prospective employer's email address:

Applicant's Signature

Date

This information is being requested in compliance with §40.25(g) and 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER
EMPLOYMENT VERIFICATION

The applicant named above was employed by us. Yes No

Employed as _____ from _____ to _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semi trailer
 Bus Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employment: Discharged Resignation Lay Off Military Duty .

Completed by:

Company _____

Address _____

City, State, Postal Code _____ Telephone _____

Signature _____ Date _____

If there is no safety performance history to report, check here , and return. Otherwise, Complete Section 3 and 4 on next page.



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PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the 'applicant in the 3 years prior to the application date shown above, or check 0 here if there is no accident register data for this driver.

Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies _____.

Any other remarks _____.

Signature Title Date

PART 4: TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ;

Applicant was subject to DOT Testing requirement from _____ to _____

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the last 3 years prior to the application date shown on page 1.

Within the past three years from the application date on page 1:

- Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including : YES NO
 - An alcohol test with the result of 0.04 or higher alcohol concentration.
 - A Controlled substance test results of positive, adulterated, or substituted.
 - A refusal to submit a random, post-accident, reasonable-suspicion, or follow up controlled substance or alcohol test
 - Alcohol use while performing or within 4 hours before performing safety sensitive functions
 - Alcohol use after an accident, in violation of §382.303
 - Controlled substances use while on duty, except as allowed under §382.303.
- If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employment, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES NO N/A
- For a driver who successfully completed a Sap's rehabilitation referral and remained in your employment, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES NO N/A

PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date _____

PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by _____ Method: Fax Mail Email Telephone

Date _____ Other _____



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DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.80(j)(2) Federal Motor Carrier Safety Regulations. **NOTE:** Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Name _____ Social Security Number _____
 Drivers License Number: _____ State _____ Class _____

DAY	1	2	3	4	5	6	7	Total Hours Worked
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief; and that I was last relieved from work at

_____ am pm ON _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations, includes time performing any other work in the capacity of; or in the employ or service of; a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

(Circle One)

- Are you currently working for another employer? Yes No
- At this time, do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature Date

Company Representative Date



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CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
3. **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Drivers License No. _____ State _____ Exp Date _____

Drivers Certification: I certify that I have read and understood the above requirements.

Driver's Name: _____

Driver's Signature: _____

Date: _____



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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Insurance Number



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Pre-Trip Inspection Procedure

Pre Trip Inspection Sequence

1. Drain the air tanks if they're still full; they should be drained daily at the end of the shift. Then open the hood and check oil, coolant level, power steering fluid level, belt tension, windshield washer fluid level, fluid leaks, loose wires and the general condition of the vehicle. Watch out for oil leaks on the engine and a dirty engine compartment as both indicate blown gaskets and lack of maintenance.
2. Pull on both front slack adjusters, and they should have only 2" to 34" of free play. It's better to have someone step on the brake pedal. The maximum stroke should be 1.5" or less. Tap the pitman arm, the drag link and the tie rod to check that they're secure. Whack the front tires to ensure they're properly inflated. It's better to use a tire pressure gauge. Check the oil in both front hubs and the tightness of the front wheel lug bolts.
3. Start the truck and the air pressure should build to 110 psi within five minutes. Check the oil pressure as well. Turn on the headlights and walk around to ensure all headlights, roof clearance lights and the taillights are all on. Put the left signal on and walk around the truck to ensure the front, middle and rear tractor and trailer signal lights are on. Then put the right signal on and do the same thing. Pull the spike or hold it down with a heavy bag and walk around the rig to ensure both the tractor and trailer brake lights are working. Check the defroster, windshield wipers, mirrors, air horn and electric horn to ensure they're all working. The first aid kit, reflective triangles and fire extinguisher should be present. The fire extinguisher should be securely latched and the little gauge's needle should be in the narrow green zone (fully charged).
4. Check the left side of the rig, starting with the fuel tank, battery, the drive tires, fifth wheel mounting bolts and slider, tractor suspension, and mud flaps. Leave the tractor park brake on with the trailer brake released. Listen for air leaks and ensure glad-hands and the trailer electrical cord are in good condition. Ensure the tires are properly inflated, that the lug bolts are secure, the frame isn't cracked, and that the suspension components are secure, with no cracked or worn components like spring leaves. Also check the exhaust pipe and flex pipe for any leaks. Check the trailer bogie to ensure the tires are properly inflated, the lug bolts are secure, the hub oil level is OK, and that the slider pins are locked. Ensure the trailer bogie on 53' trailers is set at the 41' mark if traveling through Canada. Get underneath and check the condition of the trailer suspension to ensure there's no cracks in the suspension trailing arms, etc. Whack on the torque rods to ensure they're sound. Pull on the trailer brake slack adjusters to ensure their free play is 1/2" to 3/4" and that their maximum travel is 2".
5. Check that the doors are properly closed and latched, and that the requisite (CTPAT) seal is in place. Check over the right side of the rig starting with the trailer tires. Ensure the right tires are properly inflated, the lug bolts are secure, the hub oil level is OK, and that the slider pins are locked and that the trailer air hoses are not drooping too low or dragging. The landing gear should be rolled all the way up and the crank securely stowed. The spare tire should be securely tied down. Check the right side of the tractor, starting with the mud flaps, the drive tires, fifth wheel, tractor suspension and fuel tank. Ensure the tractor tires are properly inflated, that the lug bolts are secure, the frame isn't cracked, and the suspension components are secure, with no cracked or worn components like spring leaves. Also check the exhaust pipe and flex pipe for any leaks. Get underneath and check the condition of the tractor suspension to ensure there's no cracks in the suspension trailing arms, etc. sound. Apply the trailer park brake and release the tractor park brake and pull on the tractor brake slack adjusters to ensure their free play is 1/2" to 3/4" and that their maximum travel is 2".
6. Get in the tractor and go through the permit book to ensure the ownership, IFTA, Cab Card, insurance, and the operating authorities are up-to-date. The tractor and trailer inspection stickers and the license plate sticker must be current. Watch out for trailers inspected in other jurisdictions like Illinois (front of the



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trailer) and Quebec (front right side of the trailer). Check the trailer ownership and inspection inside the round nose box on the front of the trailer.

7. Fill out your logbook page and the inspection page. Always write down the tractor and trailer unit numbers, license plate numbers and the license plate province, e.g. Ontario. Always indicate the Bill of Lading number and commodity or the Shipper and Commodity at the bottom of the logbook page.

LOGBOOK MEMO

1. Our drivers must drive according to US rules, especially since most of our loads are heading to the US and our exposure in the US is far greater than in Canada. If required they can drive for 13 hours if they've already hit 11 hours of driving at the border and need the extra two hours to get home.
2. The maximum on-duty time in the US is 14 hours with no driving after 11 hours. It's as if you punch a time clock to start work at 8:00 am and you must punch out by 10:00 pm. You must be parked for the night before the 11th hour of driving ends. Breaks and meal breaks during the day do not reduce the 10 hours' off-duty time in the US, unlike Canada.
3. US rules mandate 11 hours of driving with 10 hours of either off-duty or sleeper berth time. The 10 hours off must be taken in one block, unlike Canada.
4. If driving in Canada, the maximum driving time in a 24 hour period is 13 hours, with no driving after the 14th hour on-duty and at least 10 hours total off-duty time a day. The maximum working day in Canada is 16 hours, with two hours' worth of breaks, with breaks of at least 30 minutes or more duration in order to count. Fifteen minute breaks don't count. If you take two hours' worth of breaks during the day, you must be off-duty or in the sleeper berth for at least 8 hours
5. For US driving teams, the driver in the sleeper berth at the time of crossing the border can simply flag the border crossing on their logbook page, as in "Detroit, MI," if it's a line release. However, if the team has to go inside US Customs for immigration reasons, and it takes over 15 minutes, they must indicate that time as on-duty. The sleeping teammates' duty clock starts right then and there, and they are on-duty for the next 14 hours, even if that teammate continues sleeping in the bunk.
6. Always indicate the tractor and trailer unit numbers, plate numbers and province or state. Always indicate the city and the province or the city and the state on your logs. Never use abbreviations, such as "Miss" for Mississauga.
7. Ensure you record both the starting and ending odometer readings and the total kilometers driven when driving. Always ensure that your time/distance is less than 100 km/h, so a 700 km trip should take 7.5 hours or more.

I have read and understood the above rules regarding Pre- trip Inspection and Logbook memo will comply with them.

Drivers' Signature

Drivers' Signature

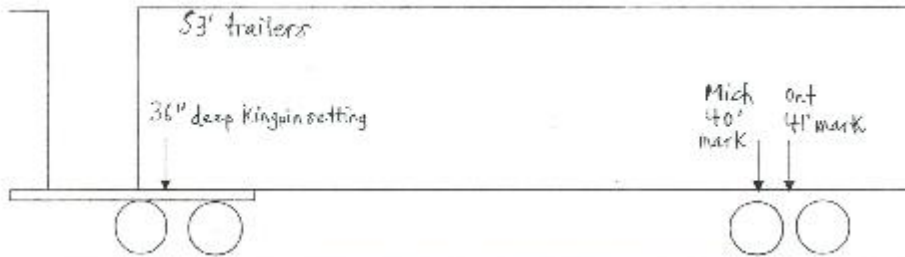
Date



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Trailer Handling Memo

1. Drivers must not turn their rigs around in their own radius (cut doughnuts) in the Globetrotter yard or any other yard or lot. The only exception to this rule is in an extremely tight yard, where it's necessary, such as to avoid blindside backing. Always back into an empty dock to turn around. Globetrotter recently had to replace the electrical boxes and glad-hands of a couple of trailers as a result of this practice.
2. Fifth wheels must be set 8" to 12" ahead of the centerline of the drive axles. Do not slide the fifth wheel to the rear of its travel in order to "cut doughnuts" in tight yards. Such a practice takes far too much weight off the front axle, especially when pulling a heavy trailer, which will cause serious handling issues. If it's necessary to slide the fifth wheel to the rear of its travel, due to weight laws, it must be slid ahead once you have left the US, as Ontario's weight laws are far more liberal.
3. Trailer bogies MUST be set with the centerline of the tandem bogie, or the center axle of the tridem bogie at the 41' wheelbase mark while traveling through Canada, and at the 40' mark while traveling through Michigan. The 41' wheelbase measurement is taken from the kingpin to the center of the rear bogies. On a typical trailer with a 36" kingpin setting, that would be 44' from the nose of the trailer. If it's necessary to slide the bogie all the way back at a customers' location, (auto parts plants require this), then it must be slid ahead to the 41' mark once the trailer has been unloaded.



4. Wheels must always be chocked when the trailer is at the dock, and both the tractor and trailer parking brakes must be applied. The tractor should be in gear as well. When pulling a trailer from a dock, first check with the shipper/receiver to ensure they've completed loading or unloading. Next, check to ensure that the dock plate is in the stored position and that the dock door is fully closed. Then remove the wheel chock and hang it up in its holder on the building wall. This ensures that snow plough operators do not accidentally drag it away when ploughing. Then you can drive away.
5. Do not back up quickly to hook up a trailer, especially in the winter, as it will damage or even rip the kingpin from the upper plate. Backup slowly to it, engage your differential lock, and dump the air bags if necessary. If there's ice under the trailer, shovel it out or throw salt or sand on the ground.

I acknowledge that I have read and understood this memo and will comply with all the points listed above.

Driver's Name

Date

Drivers' Signature



24 CAIRNBURG DRIVE, BRAMPTON ON L6P 1X5

REFRIGERATED TRAILER INSPECTION

Dated _____

POLICY STATEMENT

Food products and/or ingredients must be carried on clean, properly operating refrigerated semi-trailers to prevent possible contamination or quality deterioration.

PROCEDURE

INSPECTION: The first step in determining the suitability of a trailer for the safe, efficient transport of food products. Each trailer - inbound or outbound - shall be inspected for the following items:

1. Structural Conditions.

- a. There shall be no evidence of visible light through holes or cracks in the ceiling, corners, walls, or floor.
- b. There shall be no evidence of insulation exposure.
- c. There shall be no protruding nails, metal stubs/slivers, or other extraneous items attached to the walls or floor.

2. Debris

- a. Presence of spilled or exposed product or stains is unacceptable.
- b. Ice and/or dirt build-up on floor, door ledges, walls, compressor, etc. is not acceptable.

3. Odor

- a. Food products are very susceptible to the absorption of strong odors and will not be loaded on a trailer with apparent odor.

4. Insect or rodent contamination

- a. Adequate light will be used to check all corners, floor/wall junctures and any floor channels for the presence of rodent pellets and/or excessive numbers of insects (dead or alive).

5. Refrigeration System

- a. The refrigeration unit must be inspected to ensure it:
 1. Operates properly;
 2. Is completely fueled; and
 3. Set to proper holding temperature

SETTING TEMPERATURE:

The refrigeration unit must be checked to ensure it is running and set at the correct temperature according to paperwork in reference to the load. Once set the driver must have an employee from the dispatch office inspect and sign off on the driver's trip envelope that the trailer is ok for transit.

I, _____ (driver name) understand the importance of the above policy statement and will adhere to the required process. I also understand failing to follow process could result in my dismissal.

Drivers' Signature



24 CAIRNBURG DRIVE, BRAMPTON ON L6P 1X5

Load Securement Policy

1. Most of our trailers are equipped with slotted E —tracks to which load bars can be securely attached. Most of our trailers have load bars. Always use load bars to brace your toads. This is especially important for Dangerous Goods loads.
2. Load bars must be installed in a level position, behind the rearmost pallets, and securely locked into the rectangular slots on either side of the trailer wall. Pull on them to ensure they're positively locked in place.
3. If the load bars do not contact the rearmost pallets (if they're over 2 cm from the rearmost pallet), place old pallets in the upright position between the rearmost pallet and the load bar to brace the load. If you have more than one load bar, use 2, 3 or 4 load bars to brace the load.
4. Use ratcheting logistics straps to brace and secure odd-shaped objects such as drums, computer desks, furniture, etc. to prevent them from falling over.
5. Never dispose of or attempt to dispose of a leaking drum or container without the approval of dispatch. Do not offer a leaking container to anyone willing to take it.
6. Always use load bars when hauling Dangerous Goods, to prevent spills. Load bars are mandatory when hauling Dangerous Goods in the US. It's a violation to not to have load bars with Dangerous Goods loads.
7. Never drop a loaded trailer for any reason (such as for repairs) while reroute to your destination without prior approval from dispatch. If you ever have to drop a loaded trailer reroute to your destination, always pin lock it.

I hereby declare that I have read and understand the above procedures regarding load Securement policy and agree to comply with every requirement.

Driver's Name

Date

Drivers' Signature

Company Representative



24 CAIRNBURG DRIVE, BRAMPTON ON L6P 1X5

PROCEDURES REGARDING SECURITY SEALS

Only C-TPAT compliant ISO/PAS 17712 Security Seals are to be used to secure the trailer cargo doors. On every trip destined to the United States each driver will be given a supply of 5 seals in a sealed container. This container will be kept in the tractor cab, which is to be locked at all times for the duration of the trip. A Security Seals Log is kept on an Excel Spread Sheet. At the end of each trip all used & unused seals are documented on the spread sheet.

Only authorized personnel and drivers can affix Trailer Seals. The V.V.T.T. Inspection Process is used as follows:

- V - View seal & trailer locking mechanisms.
- V - Verify seal numbers for accuracy
- T - Tug on seal to make sure it is affixed properly.
- T - Twist & Turn seal to make sure it does not unscrew.

The seals are inspected at each stop along the route. If it exhibits evidence of tampering it must be immediately replaced and the second seal number documented and communicated to dispatch.

In the event that the seal is removed in-transit, a second seal must be placed on the trailer, and the seal change documented. The driver must immediately notify the dispatcher that the seal was broken, by whom, and the number of the second seal that is placed on the trailer. In turn, dispatch must make immediate notification to the shipper, the customs broker and/or the importer, of the placement of the second seal.

LTL pick up that is not consolidated prior to crossing the U.S. border must be re-sealed at each stop. The time and location of each change in seals must be logged and the new numbers communicated to dispatch. All used/broken seals must be kept and turned in at the end of each trip. Any discrepancies must be fully documented.

DECLARATION

I hereby declare that I have read and understand the above procedures and agree to comply with every requirement. I agree to keep a copy of this document in the container containing the seals which will be locked at all times.

Driver's Name

Date

Drivers' Signature

Company Representative



24 CAIRNBURG DRIVE, BRAMPTON ON L6P 1X5

DRIVER APPLICANT DRUG AND ALCOHOL PRE- EMPLOYMENT STATEMENT

CFR Part 40.25(i) 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 functions, 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).

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 Signature _____ Date _____

