

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

Date Convicted (month/year)	Violation	Province or State of Violation Location	Penalty (forfeited bond, collateral and/or points)

(Attach sheet if more space is needed)

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
 If yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
 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 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total of 10 years employment record).

Must list the complete mailing address: street number and name, city, province and postal code.

Last Employer: Name _____

Address _____

Position Held _____ From _____ To _____ Phone _____

Reason for Leaving _____

Any gaps in employment and/or unemployment must be explained. Includes 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 _____

Position Held _____ From _____ To _____ Phone _____

Reason for Leaving _____

Any gaps in employment and/or unemployment must be explained. Includes 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

Third Last Employer: Name _____

Address _____

Position Held _____ **From** _____ **To** _____ **Phone** _____

Reason for Leaving _____

Any gaps in employment and/or unemployment must be explained. Includes 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

Please check any medical conditions that apply:

Insulin dependent diabetes

Established medical history or clinical diagnosis of epilepsy

Do not meet the minimum hearing requirements to transport dangerous goods

Currently operating under a medical waiver

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 391.23(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 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.

Safety Performance History Records Request
Part 1: TO BE COMPLETED BY **PROSPECTIVE EMPLOYEE**

I, _____
First Middle Initial Last Date of Birth

Hereby Authorize:
Previous Employer: _____ Email: _____

Street: _____ Phone: _____

City, province, postal code: _____ Fax #: _____

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

To: Prospective Employer: **Roadex Services Ltd.**
Attention: **Safety Compliance**
Address: **237 Melville St, Saskatoon, SK, S7J 5H7**
Phone: **306-249-6475**

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 #: **306-249-5088**
Prospective Employer's Email Address: safety@roadexservices.com

Applicants Signature **Date**

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

Part 2: TO BE COMPLETED BY **PREVIOUS EMPLOYER**

1. The applicant named above was employed by us. YES / No
2. Employed as _____ from (m/y) _____ to (m/y) _____
3. Did he/she drive motor vehicle for you? YES / NO If yes, what type (specify)? _____
4. Reason for leaving your employ (please circle one): Discharged / Resignation / Lay Off / Military Duty
If there is no safety performance history to report, check here , sign below, and return.

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 here if there is no accident register data for this driver.

Date	Location	# Injuries	# Fatalities	Hazmat Spill

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: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Part 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

Drug and Alcohol History

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete the bottom of part 3, sign below, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

- 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES / NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES / NO
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up alcohol or controlled substance test? YES / NO
4. Has this person committed other violations of Subpart B of Part 382 or Part 40? YES / NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow up tests? If yes, please send documentation back with this form. YES / NO
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, 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

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

Name: _____ Company: _____

Address: _____ Phone #: _____

Part 3 Completed by (Signature): _____ Date: _____

Part 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (circle one): Faxed / Mailed / Emailed / Other to previous employer.

By: _____ Date: _____

Part 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received from: _____

Recorded by: _____ Method: Fax / Mail / Email / Telephone

Date: _____ Other: _____

Instructions to complete the Safety Performance History Records Request

- Page 1 Part 1: Prospective Employee
• Complete the information required in this section
• Sign and date
• Submit to prospective employer
Page 2 Part 4a: Prospective Employer
• Complete the information
• Send to previous employer

- Page 1 Part 2: Previous Employer
• Complete the information required in this section
• Sign and date
Page 2 Part 3: Previous Employer
• Complete the information required in this section
• Sign and date and return to prospective employer
Page 2 Part 4b: Prospective Employer
• Record receipt of the information
• Retain form