

NEW DRIVER APPLICATION CHECKLIST

Please do not leave any space empty. Mark "NA" if not applicable

Company Name: LUBANA LOGISTICS

Driver Name: _____ **Date:** _____

FOR COMPANY USE ONLY

Documents Requirement	Documents Received	Documents Not Received	General Comments
N Print Driver's Abstract (Must be within 10 days from the date of application)			
Claim History for last 5 years			
Write complete employment history going back to 5 years. Please provide all addresses, phone numbers, postal codes and supervisor names.			
Social Insurance No			
Clear copy of Driver's license (both sides)			
Care card			
Passport/Work permit/ PR			
Reference Check : attempt 1			
Reference Check : attempt 2			
Reference Check : attempt 3			

DATE OF DRIVER HIRED _____ DATE OF DRIVER TERMINATED _____

APPLICATION COMPLETED BY _____

DRIVER APPLICATION FOR EMPLOYMENT

DRIVER NAME: _____ **APPLICATION DATE:** _____

COMPANY: _____

In compliance with Federal and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non -job related medical condition or handicap.

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 termination. 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 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.

Signature: _____ **Date:** _____

DRIVER APPLICATION FOR EMPLOYMENT -- APPLICANT TO COMPLETE

(Answer all questions – please print Clearly)

Name: _____
 First name Middle Name Last name

Position applied for: Driver Owner operator (circle one)

Class 1 Since year _____

Email: _____

Ph. No. _____
(YYYYMMDD)

DOB

--	--	--	--	--	--	--	--	--	--

SIN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Emergency contact Ph : _____

Name & Relation _____

List your address of residency for past 3 years:

Street _____ City _____

Province _____ Postal _____ How long _____

Previous addresses:

Street _____ City _____

Province _____ Postal _____ How long _____

Street _____ City _____

Province _____ Postal _____ How long _____

Street _____ City _____

Province _____ Postal _____ How long _____

DRIVER APPLICATION FOR EMPLOYMENT -- APPLICANT TO COMPLETE

(Answer all questions – please print Clearly)

The following license is the only one I will possess:

Driver License: Province____ License No: _____ Expiration Date: _____

- Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes__ No __
- Has any license, permit or privilege ever been suspended or revoked? Yes __ No ____

If the Answer to above statement is **YES** than provide statement giving details :

Motor Vehicle Driver’s Certification of Compliance with Driver License Requirements

REVOCATION OR CANCELLATION: As per the Section 392.42 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 license. In addition, Section 383.31 require that any time you violate a state or local traffic law (other than parking), you must report 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 the state must be in writing.

DRIVER CERTIFICATION: I certify that I have read and understood to above requirements.

Driver’s Signature: _____

Date: _____

DRIVER'S EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 5 years. List complete mailing address, street number, city, province, and postal code.

Name of Employer:	Contact Person:
Address:	Position Held:
Date: From _____ Month Year To _____ Month Year	Reason for Leaving:
Phone Number:	Email:

Name of Employer:	Contact Person:
Address:	Position Held:
Date: From _____ Month Year To _____ Month Year	Reason for Leaving:
Phone Number:	Email:

Name of Employer:	Contact Person:
Address:	Position Held:
Date: From _____ Month Year To _____ Month Year	Reason for Leaving:
Phone Number:	Email:

(Continued _____)

Name of Employer:	Contact Person:
Address:	Position Held:
Date: From _____ Month Year To _____ Month Year	Reason for Leaving:
Phone Number:	Email:

Name of Employer:	Contact Person:
Address:	Position Held:
Date: From _____ Month Year To _____ Month Year	Reason for Leaving:
Phone Number:	Email:

DRIVER'S APPLICATION FOR EMPLOYMENT

Accident Record for Past 3 Years or More (Attach sheet if more space is needed). If none, write None

DATES	NATURE IF ACCIDENT (HEAD ON, REAR-END, UPSET ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

Driving Experience: Check Yes or No (Circle anyone)

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT
STRAIGHT TRUCK	YES	NO	VAN, TANK, FLAT, DUMP, REEFER
TRACTOR AND SEMI- TRAILERS	YES	NO	VAN, TANK, FLAT, DUMP, REEFER
TRACTOR- TWO TRAILERS	YES	NO	VAN, TANK, FLAT, DUMP, REEFER
TRACTOR- THREE TRAILERS	YES	NO	VAN, TANK, FLAT, DUMP, REEFER
OTHER			

REQUEST AND CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

I, (Driver Name) _____, hereby authorize that:
Previous Employer: _____ **Telephone:** _____
May release and forward information of this document concerning my past employment record and Alcohol/ controlled substances testing records to my prospective employer.

Applicant Signature: _____ **Date:** _____

Reference Check Questions:

- Number of Tickets? _____ of Accidents? _____
- Reason for Leaving your company? _____
- How would your company rate overall performance be including safety records? Satisfactory or Unsatisfactory _____
- Would you re- hire? Yes or No _____
- General Remarks _____

DOT Alcohol and Drug Policy (If Applicable)

Driver did not travel to USA

- a) Has this applicant had an alcohol test with a result of 0.04 or higher alcohol concentration **Yes No**
- b) Has this applicant ever verified positive controlled substances test results **Yes No**
- c) Has this applicant violated DOT agency drug and alcohol testing regulations with respect to violated DOT drug and alcohol regulation, documentation of the employees successful or failure to completion of DOT return to duty requirements(including follow up tests) and the name and phone number of any substance abuse professional who evaluated me over the past three years **Yes No**
- d) Has this applicant ever refused to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test **Yes No**
- e) Has this applicant used alcohol while performing or within 4 hours before performing safety sensitive functions? **Yes No**
- f) Has this applicant used controlled substance use while on duty **Yes No**
- g) If you answered "yes" to any of the above items, did the employee complete a return to duty process? **Yes No**

If "Yes" to point (d) you must provide the previous employer's report. If yes to point (g) you must transmit the return to duty documentation.

Name & Signature: _____ **Date Stamp:** _____

***Thank you for your time to complete this reference check. Please email this form back to : admin@safety-gurus.com or fax at 1844-700-9834.**

DRIVER REQUIREMENTS

Rules

In order to ensure safe operation of the company's fleet vehicles, all drivers must be aware of and comply with all regulations governing their conduct.

Licensing	Initials
a) I know that I must have a valid commercial driver's license.	
b) I agree to report all traffic violations to my employer in writing.	
c) I understand that I must not operate a vehicle while under the influence of drug and alcohol	

Hours of Work	Initials
a) I have been informed of and understand the hours of work regulations.	
b) I am aware that I must arrange my work schedule to comply with these	
c) I agree to submit a record of all on-duty hours accumulated while working	

Pre-trip Inspections	Initials
I am aware of the pre-trip inspection requirements and understand them.	

Load Security	Initials
I have been informed of and understand the load security regulations. (i.e. Ensure that the load is tarped as required)	

Driver's Signature _____

Date: _____

EMPLOYEE NON-DISCLOSURE AGREEMENT

This Employee Non-Disclosure Agreement (the "Agreement") is made and effective this [DATE],

In consideration of employment by Company and disclosure by Company of confidential and trade secret information, the undersigned Employee hereby covenants and agrees as follows:

1. CONFIDENTIALITY

Employee acknowledges that during Employee's employment by Company, Employee will be exposed to valuable confidential information of Company. Employee agrees to treat all such information as confidential and to take all necessary precautions against disclosure of such information to third parties during and after the term of this Agreement.

Employee acknowledges that trade secrets of the Company will consist of but will not be necessarily limited to:

- a) Business information: Customer lists, pricing data, sources of supply, financial data and marketing, production, or merchandising systems or plans.

Employee understands that this Agreement does not and will not prevent him/her from working for any other Company subsequent to the termination of his/her employment with the Company as long as the Employee does not use or disclose any such confidential and proprietary information.

2. USE

Employee shall not use Company's confidential and trade secret information, except to the extent necessary to provide services or goods requested by Company.

3. ENFORCEMENT

The Employee agrees that if he/she commits a breach of any of the provisions of this Agreement, the Company shall have the right to enforce this Agreement in any court having equity jurisdiction. Employee acknowledges and agrees that any such breach of this Agreement will cause irreparable injury to the Company and that money damages will not provide an adequate remedy to the Company. In addition, the Company shall have any other rights and remedies available at law or in equity.

4. TERMINATION

All materials furnished to Employee by Company, and all materials prepared by Employee in connection with Employee's employment by Company, shall be returned promptly to Company upon termination of Employee's employment by Company.

5. OWNERSHIP

Employee agrees that all developments made and works created by Employee or under Employee's direction in connection with Company assignments shall be the sole and complete property of Company, that any and all copyrights and other proprietary interests therein shall belong to Company, and that the other provisions of this Agreement shall fully apply to all such developments and works.

6. GOVERNING LAW

This Agreement shall be construed in accordance with the laws of the state of BC.

7. BINDING AGREEMENT

If any part of these promises is void for any reason, the undersigned accepts that it may be severed without affecting the validity or enforceability of the balance of the promises.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives.

EMPLOYEE

Authorized Signature

Print Name and Title

PROGRESSIVE DISCIPLINARY POLICY

Disciplinary actions will be administered to driver that are found to be in violation of the safety rules and regulations established by our company. Our company recognizes progressive discipline with regards to repetitive errors in 2 categories:

1. CRITICAL ERRORS (MAJOR)

Ex. False logs, exceeding Hours of Service, major maintenance defects causing an out of service, accidents where driver is at fault, unsafe driving etc.

Disciplinary Action to be taken:

- | | |
|---------------------------|---|
| 1. First Offense- | Verbal Counseling |
| 2. Second Offense- | Written Warning with copy included in drivers file |
| 3. Third Offense- | 1- Day Suspension & Training |
| 4. Fourth Offense- | 3- Day Suspension & Training |
| 5. Fifth Offense- | Termination |

2. MINOR ERRORS

Ex. False logs, exceeding Hours of Service, major maintenance defects causing an out of service, accidents where driver is at fault, unsafe driving etc.

Disciplinary Action to be taken:

- | | |
|----------------------------|---|
| 1. First Offense- | Verbal Counseling |
| 2. Second Offense- | 2nd Verbal Counseling |
| 3. Third Offense- | Written Warning with copy included in drivers file |
| 4. Fourth Offense- | 1- Day suspension & Training if applicable |
| 5. Fifth Offense- | 2- Day suspension & Training if applicable |
| 6. Sixth Offense- | 3- Day suspension & Training if applicable |
| 7. Seventh Offense- | Termination |

As per Division 37 of the motor Vehicle Act, a carrier that determines there has been non-compliance by a driver must take immediate remedial action. Drivers will progress in the steps above if they repeat the same violation.

Driver may achieve a "Step- Back" (driver moves back 1 step in that category) in the progressive disciplinary policy if they have been violation free in that category for 3 months. Example: Driver was at step 3 of critical error but was violation free for 3 months, he will step- back to step 2.

All drivers must sign this page to acknowledge that they have been made aware of the Disciplinary policy.

Date: _____

Driver Print Name: _____

Signature: _____

POLICY HANDOUT

Paperwork

- Hand in paperwork immediately upon returning from your trip (within 24 hours). If papers are not handed in on time you will not be paid for those loads on time.
Paperwork = Paycheck
- Paperwork includes Bill of Ladings, Manifest (s), Logbooks, Fuel Receipts, Tolls or Weight Tickets.
- Ensure all paperwork is properly completed and signatures of the receiver are clearing signed on all copies of the shipping documents. These documents include all papers from the shipper and our own house bill of lading. If name is not legible, please get receiver to print his/her name.
- If you are unsure of filling out paperwork please ask somebody in our office or dispatch.
- You must read all the paperwork given by shippers prior to departure from shipping location. If there are any discrepancies or problems, please notify dispatch immediately.

Initial

Loading

- Wear your safety vest and closed toe shoes. No sandals allowed.
- Call dispatch upon arrival at shipping location
- Read all paperwork and count the pieces that are loaded on your trailer. If the shipper does not allow you to count the pieces, you must make a note on the Bill of Lading. If the trailer is sealed, please note on the bills **“Shippers Load and Count”**.
- You will be held accountable if you sign for an incorrect piece count.
- Keep all load locks or anything of value with you are dropping off your trailer. Items occasionally do go missing; unfortunately, we cannot so much to retrieve these items. If you do decide to leave your load locks, please get it signed on your Bill of Lading.
- Read all the paperwork and set reefer temperature accordingly if required. Any problems please call dispatch immediately.
- Scale you truck! Make sure weights are correct before shipper closes. Always ensure that the shipper will remain open in case you may have to adjust the weight on your shipment.

Initial

In Transit

- Call Dispatch twice daily during regular business hours. If you have a satellite on your truck this is not necessary.
- Do not speed. You will pay double the fine of caught speeding.
- Check the cargo daily unless cargo is sealed. If load is a refrigerated load check to ensure the reefer is running properly and you check the reefer at least 4 times a day and note it on your Perishable Report Form. Also if trailer is sealed on a temperature controlled load

make sure you check with your own thermometer through the back vent door to verify temperature.

- If any delays occur, please contact dispatch immediately.
- Make sure you know when and where you are delivering. If you do not have the proper information please ask dispatch during regular business hours, preferably when you are loading.

Initial

Logbooks

- Logbooks must be handled in upon arrival to home terminal.
- Logbooks need to include the name of the driver and co-driver, signatures if each driver, date, unit and trailer numbers, complete name and address of home terminal, total mileage, odometer readings, shipping documents (hipper, commodity and purchase order or Billing of lading number), total hours and the graph should be completely filled out indicating cities, towns, and states in which you have travelled. There must be an entry made every time you have changed your record of duty status. Pre-trip and post trip inspections are also mandatory. Report any citations or warnings you may have received or if there are any deficiencies in the tractor or trailer.

Initial

Liabilities

- Every owner operator must have WCB for themselves and their co-drivers. All company drivers will be covered under company WCB Coverage.
- Cargo Insurance does not cover mistakes made by the driver. Any negligence on the part of the driver will void any insurance we may have. Ex's if a driver doesn't set the temperature properly on the trailer, poor loading, driving while intoxicated by drugs or alcohol, fuel runs out in the reefer unit etc.
- If you damage any property of the company while backing up, the driver will be responsible for taking the liability cost of that company.

Initial

Violations/Tickets

- Dispatch must be made aware of all personal and company violations or tickets given to drivers. Even if there is an inspection on the vehicle and there are no violations detected, we still require the inspection paper.
- Copies must be given to the office upon arrival to home terminal.
- Failure to hand in these tickets or inspections will result in disciplinary actions and possible fines.

Initial

Maintenance

- All motor vehicles of company are required to keep monthly maintenance records on their vehicles. These records at the end of each month must be forwarded to the office.
- The maintenance record must include general service, tire repairs/replacements, and any work that may be done to the tractor or trailer.
- All invoices must be attached. Photocopies are acceptable.
- If there is any maintenance issue, driver should inform the company on time otherwise roadside breakdown expenses will be covered by the driver.

Initial

Alcohol in Your Truck/ Duty Free

- Remember there is a Zero tolerance policy on any alcohol in your truck. This includes stock from Duty Free.
- It is illegal to possess any alcohol in the Canada/United States in a commercial vehicle. Whether the alcohol is enclosed or packed as a gift. It is Strictly ZERO TOLERANCE.
- Immediate dismissal will be done for anyone who is caught with alcohol in the truck or even in the truck yard.

Initial

I (print name) _____, declare I have read ad understood the following rules and policies on all the three pages of the company handout. I agree to follow these rules and policies to the best of my ability and to work cooperatively with the staff of the company.

(Driver Signature)

(Date- MM/DD/YYYY)

SCHEDULE "A"

DRUG AND ALCOHOL TESTING CONSENT FORM

(TO BE EXECUTED BY ALL EMPLOYEES AND APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. I understand that as a condition of employment, or continued employment, with the company I must be part of, and I consent to, drug and alcohol testing which is required by the American Department of Transportation.
2. I confirm and acknowledge that I have been informed that Drug and Alcohol testing includes Pre-Employment, Post Accident, Random, Return to Duty, Follow Up and Reasonable Suspicion tests as set out in the DOT Standard Drug and Alcohol Policy, ("the Policy") of which a true copy has been provided to me.
3. I confirm and acknowledge that my breach of the Policy by me may result in disciplinary action against me, up to and including termination.
4. As an applicant, (if applicable) I acknowledge that I cannot commence safety sensitive work for the Company until I have submitted a urine sample for testing and the sample has been confirmed as negative for controlled substances.

My signature below confirms that I have read and understood the above terms and that I agree to abide by them.

Dated this _____ day of _____ (month) 20__ (year) at _____ (location).

Employee Signatures

Supervisor

Name

Print Name

SCHEDULE "B" "1"

DISCLOSURE FORM

(TO BE EXECUTED BY APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. Have you ever, in the past two years, applied for but did not actually obtain, safety-sensitive transportation work with a company covered by DOT drug and alcohol testing rules?

Yes ___ No ___

2. If the answer to question number "1" above was "yes", then did you take a pre-employment drug test for this company that you applied to, but did not actually work for?

Yes ___ No ___ Not applicable ___

3. If the answer to question number "2" above was "yes", then did you test positive for drugs on this pre-employment drug test that was taken for a company that you applied to, but did not actually work for?

Yes ___ No ___ Not applicable ___

4. If the answer to question number "2" above was "no", then did you ever refuse to take a pre-employment drug test for a company that you applied to, but did not actually work for?

Yes ___ No ___ Not applicable ___

My signature below confirms that I have truthfully answered the questions on this Disclosure Form.

I acknowledge that, if I answered "yes" to question number "3" or question number "4", I cannot perform safety-sensitive work with the Company until I have successfully completed the return-to-work process.

I acknowledge that I will be removed from the Company should they become aware that I have not truthfully answered the questions on this Disclosure Form.

Dated this _____ day of _____ (month) 20__ (year) at _____ (location).

Employee Signature

Supervisor Signature

SCHEDULE "C"
LAST CHANCE AGREEMENT

(TO BE EXECUTED BY EMPLOYEES ENGAGING IN PROHIBITED CONDUCT)

My signature below confirms that I have read and agree to the terms set out in this last chance agreement

1. I acknowledge that I engaged in Prohibited Conduct as defined by the Company's DOT Standard Drug and Alcohol Policy ("the policy") and that a condition of my employment or contract with the company requires that I execute this last Chance Agreement and abide by its terms in order to be considered for continued employment.
2. I agree to meet with a Substance Abuse Professional (SAP) as directed by the company and to adhere to any conditions of treatment determined by the SAP.
3. I acknowledge and agree that I will be terminated immediately, without further notice or compensation if I:
 - I. engage in prohibited conduct within five years of the date indicated below; or
 - II. fail to meet with SAP; or
 - III. do not comply with the treatment program determined by the SAP; or
 - IV. refuse to test for alcohol or drugs as set out in the Policy; or
 - V. refuse to test for alcohol or drugs as determined necessary by the SAP.
4. I understand that I will not be considered for reinstatement until the company has received written confirmation from the SAP that I am fit for duty.
5. I give permission to the company to speak and correspond with the SAP with regard to my treatment, my compliance to treatment, and the length of time that I will be off work. I recognize that this is necessary as the company has to plan its affairs.

Dated this _____ day of _____ (month) 20____ (year) at _____ (location).

Employee signature

Name

Supervisor

print name

SCHEDULE "D"
ACKNOWLEDGEMENT OF RECEIPT OF
THE DOT STANDARD
DRUGS AND ALCOHOL POLICY
(TO BE EXECUTED BY ALL COVERED EMPLOYEES)

MY SIGNATURE BELOW CONFIRMS THAT I HAVE RECEIVED A COPY OF THE DOT STANDARD DRUG AND ALCOHOL POLICY ("the policy")

1. I understand that I must abed by the terms of the policy to ensure my Safety, the Safety to my fellow workers and the safety of the public. I further recognize that adherence to the policy is critical to the maintenance of the Company's reputation.

2. I Understand that as an employee of the company, I may be required to take an alcohol and/or controlled substance test. I also understand that if I refuse to submit to such a test, or testes or otherwise engage in prohibited Conduct, the company will remove me from service and that I will be suspended without pay subject to my execution of and adherence to the terms of, The Last Chance Agreement a copy of which is attached as Schedule "C".

3. I understand that this policy may be changed from time to tome with the only notification being the posting of changes on the employee bulletin board.

4. I acknowledge receipt of the materials contained in the policy including information concerning the effects of alcohol and drugs on a individual's health, work, and personal life, including signs and symptoms and where to get help for myself or a co-workers.

Dated this _____ day of _____ (Month) 20__ (Year) at _____ (location).

Employee Signature

Supervisor

Name

Print Name

SCHEDULE "A" "1"

THE COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE CONSENT FORM

(TO BE EXECUTED BY ALL EMPLOYEES AND APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. To understand that as a condition of employment, or continued employment, with the company, I must register with the Commercial Driver's License Drug and Alcohol Clearinghouse at Clearinghouse.fmcsa.dot.gov and I must grant electronic consent for the company to run a full Pre-Employment Query on my record with the Clearinghouse.

2. I Understand that a full Pre-Employment Query includes assessing the following specific records:
 - a. A verified positive, adulterated or substituted controlled substances test result;
 - b. An alcohol confirmation test with a concentration of 0.04 or higher;
 - c. An employer's report of actual knowledge, meaning that the employer directly observed the employee's use of alcohol or controlled substances while on duty;
 - d. On duty alcohol use, meaning an employer has actual knowledge that an employee has used alcohol while performing safety sensitive functions;
 - e. Pre-duty alcohol use, meaning that an employer has actual knowledge that an employee has used alcohol within 4 hours of performing safety sensitive functions;
 - f. Alcohol use following an accident, unless 8 hours have passed following the accident or until a post-accident alcohol test is conducted, whichever occurs first;
 - g. Controlled substance use, meaning that no driver shall use a controlled substance while performing a safety sensitive function unless a licensed medical practitioner who is familiar with the driver's medical history has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle;
 - h. A SAP report of the successful completion of the return-to-duty process;
 - i. A negative return-to-duty; and
 - j. A SAP report of the successful completion of follow-up testing.

3. I understand that I cannot perform a safety sensitive function for the company if my clearinghouse record indicates a violation as listed in Part 2 above unless/until I have completed the SAP evaluation, referral and education/treatment process as described in this policy.

My signature below confirms that I have read and understood the above terms and that I agree to abide by them.

Dated this _____ day of 20____ at _____ B.C.

Printed Name of Employee as it appears on DL: _____

Driver's License#: _____ **Province:** _____

Employee Date of Birth (Month-day-year): _____

Employee Signature: _____

Supervisor Signature: _____

SCHEDULE "A" "2"

THE COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE ANNUAL CONSENT FORM FOR LIMITED QUERIES

(TO BE EXECUTED BY ALL CURRENT EMPLOYEES AND ALL APPLICANTS WHO ARE OFFERED EMPLOYMENT)

My signature below confirms that I agree to allow the Company or their representative; Denning Health Group, to conduct an Annual Limited Query on my record with the Commercial Driver's License (CDL) Drug and Alcohol Clearinghouse.

I understand that a Limited Query will not reveal any of the details of my record with the Clearinghouse.

Furthermore, I understand that, if the limited Query reveals that the Clearinghouse has information on me indicating that I have been in violation, I must immediately register with the Clearinghouse at clearinghouse.fmcsa.dot.gov and grant permission for the Company or their representative to run a Full Query on my record with the Clearinghouse. I understand that the Company or their representative must run the Full Query within 24 hours of receiving the results of the Limited Query indicating a violation on my part.

I agree that, if I fail to register with the Clearinghouse within 24 hours, I will be removed from safety sensitive functions until the Company or their representative is able to conduct the Query and the results confirm that my record contains no violations as outlined in this Policy.

I agree that, if my record with the Clearinghouse reveals that I have engaged in prohibited conduct {i.e. a violation) as outlined in this Policy or the DOT rules, I will be removed from safety sensitive functions until/unless I have completed the SAP evaluation, referral and education/treatment process as described in this Policy.

I understand that, if any information is added to my Clearinghouse record within the 30-day period immediately following the Company's or their representative's Query on me, the Company will be notified by the Federal Motor Carrier Safety Administration {FMCSA}.

My signature below confirms that I have read and understood the above terms and that I grant permission for an Annual Limited Query on my record with the Commercial Driver's License Drug and Alcohol Clearinghouse for the duration of my employment with the Company.

Dated this _____ day of 20__ at _____

Printed Name of Employee as it appears on DL : _____

Driver License Number: _____ Province: _____

Employee DOB (Month-day-year): _____

Employee Signature: _____ Supervisor Signature: _____

LOG BOOK EXAM #USALONG1

DRIVER NAME: _____ DATE: _____ SCORE: _____ (Pass is 12/15)

SELECT THE BEST ANSWER FOR EACH QUESTION. ONLY 1 ANSWER PER QUESTION.

1. The legal driving hours in a day in Canada are:
 - a) 11 hours
 - b) 16 hours
 - c) 14 hours
 - d) 13 hours

2. Drivers must keep log copy of the previous _____ days with them at all times in Canada.

3. Cycle 1 in Canada consists of:
 - a) 60 hours' drive / 8 days
 - b) 70 hours' drive / 7 days
 - c) 70 hours on duty / 7 days
 - d) 120 hours on duty / 14 days

4. The following is considered on duty time:
 - a) Loading/unloading/waiting time
 - b) Maintenance
 - c) Roadside inspections & Contraventions
 - d) All of the above

5. The legal total on duty time in USA is:
 - a) 11 hours
 - b) 12 hours
 - c) 14 hours
 - d) 13 hours

6. A driver must have how many total hours off duty in a day:
 - a) 8 hours
 - b) 10 hours
 - c) 12 hours
 - d) None of the above

7. To reset a work shift (not cycle) in CANADA, a driver must take off how many consecutive hours?
 - a) 10 hours
 - b) 24 hours
 - c) 36 hours
 - d) 8 hours

LOG BOOK EXAM #USALONG1

DRIVER NAME: _____ DATE: _____ SCORE: _____ (Pass is 12/15)

8. If a driver starts his day at 6am, at what time is his **work shift** over in the **USA**?
- a) 10 pm
 - b) 5pm
 - c) 8pm
 - d) 6am following day
9. US drivers must make a note on their log book when they cross the USA/Canada border and this time must be accurate?
- a) Yes always
 - b) Yes only if there is a border wait
 - c) No border cross does not need to be marked
10. On a log book the time of loading and unloading must match (bill of lading must match log book grid)?
- a) Yes
 - b) No
11. To reset Cycle 1 in Canada, how many hours off duty does the driver need to take?
- a) 72 hours
 - b) 34 hours
 - c) 24 hours
 - d) 36 hours
12. Does a driver have to make a log page for his off duty days? A) YES b) NO
13. Cycle 1 in the USA consists of:
- a) 70 hours on duty / 7 days
 - b) 70 hours on duty / 8 days
 - c) 60 hours on duty / 8 days
 - d) 120 hours on duty / 14 days
14. If a driver who lives in BC purchased fuel in Calgary, AB at 8:05am, he would mark what on his log book:
- a) 8:00 – 8:15am on duty
 - b) 7:45 – 8:00am on duty
 - c) 6:45 – 7:00am on duty
 - d) Nothing needs to be flagged
15. According to new rules published in USA in 2020 :
- a) Driver need to take 30 minutes break every 8 hours in off duty or sleeper only
 - b) Driver does not need to take any break in 8 hours on duty.
 - c) Required 30 minutes break in 8 hours driving. Break may be satisfied by any non-driving period (on duty / off duty / sleeper)
 - d) Driver required to take 30 minute break anywhere in his 14 hour shift.