DRIVER'S APPLICATION FOR EMPLOYMENT

HOLMES FREIGHT LINES INC. BRAMPTON, ONTARIO

Date of Application:			Preferred Position:		
	Month/Day/Yo	tar		Please describe	
Name:	:		Social Insurance N	lumber:	
Last	First	Middle			
Address:					
Num	iber - Street		City Pro	rince Pastal Code	
Phone Number: () -		Date of Birtl	ı [.]	
arca	code prefix	number		Month/Day/Year	
Driver's License Numi	ber:		Class	Expiry Date:	
	Cop	y required		Month/Day/Year	
Can you legally cross t	the H.S. Border	Vec/No 1	Graine Data of II C A	fadical Paran	
(A criminal search record o	un v.s. bulla. Fracioni is require		Expiry Date of U.S. M. A copy of the long form is r	legical Exam:	
	· Jessport a reduite	aye reade circle	n copy of the tong form is r	equired Month/Day/Year	
Are you presently emp	oloyed? Yes/No	If no, how lo	ong since leaving last e	mployment:	
_					
Date you would be ava	ailable for employ	ment:			
List any restrictions you	u would have wo	rking an irregul	lar schedule:		
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F 44.7	··*.	PHYSIC	AL HISTORY		
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37 41 4 ***					
Would you be willing to	o submit to a pre-	employment m	edical examination:	res / No	
Would you be willing to	o submit to a pre-	employment ur	inalysis (substance abi	ise) test: Yes/No	
Would you be willing to	o submit to a pre-	employment ur	inalysis (substance abi		
Would you be willing to	o submit to a pre-	employment ur	inalysis (substance abi	ise) test: Yes/No	
Would you be willing to	o submit to a pre-	employment ur	inalysis (substance abi	ise) test: Yes/No	
Would you be willing to	o submit to a pre-	employment ur	inalysis (substance abo our ability to perform	ise) test: Yes/No	
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Would you be willing to Do you have any physic Are you physically capa	o submit to a pre- cal limitations, wh ble of performing	employment ur nich may limit y g heavy manual	inalysis (substance abo our ability to perform labour? Yes / No	the job applied for?	

	DATE		
NAME		FROM TO	
ADDRESS		POSITION HELD	
СПУ	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FI	MCSRs [†] WHILE EMPLOYED? TYES TO NO		
WAS YOUR JOB DESIGNATED A TESTING REQUIREMENTS OF 4	S A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MOD 9 CFR PART 40? ☐ YES ☐ NO	DE SUBJECT TO THE DRUG AND ALCOH	
<u> </u>	DATE		
NAME		FROM TO MO. YR.	
Address		POSITION HELD	
CITY	STATE ZIP	SALARYWAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
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ADDRESS			
XITY	STATE ZIP	SALARYMAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING.	
VERE YOU SUBJECT TO THE FM	CSRs [†] WHILE EMPLOYED? TYES NO		
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CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
	CSRs [†] WHILE EMPLOYED? TYES TO NO		
	A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE	SUBJECT TO THE DRUG AND ALCOHOL	
	EMPLOYER	DATE	
KAME .		FROM TO MO. YR. MO. YR.	
DORESS	1.001	POSITION HELD	
ATY .	STATE ZIP	SALARYMAGE	
ONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
	CSRs† WHILE EMPLOYED? TYES DO		
AS YOUR JOB DESIGNATED AS	A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE	SUBJECT TO THE DRUG AND ALCOHOL	
	CFR PART 40? ☐YES ☐NO GVWR of 26,001 lbs. or more, vehicles designed to lize vehicle used to transport hazardous materials in a qu		

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Holmes Freight Lines Inc. - Employment Application Form

	EXPERIENCE, EDUCATION A	ND QUALIFICAT	IONS		
Have you ever been o	denied a license, permit or privilege to oper	ate a motor vehicle?	YES/NO		
Has any license, permit or privilege to drive ever been suspended or revoked? YES / NO					
Which safe driving av	vards do you hold?				
How many accident-	free driving years do you currently have? _				
List any motor vehicl	e accidents you have been involved in durit	ng the past 5 years			
Dates	Nature of Accident	Fatalities	Injuries		
	,				
Which special courses	s, training or background do you possess?		<u> </u>		
List your Educational	Background beginning with the school mo	st recently attended			
Date School		Courses Taken			
California, Colorado, Louisiana, Maine, M Nevada, New Hamps Oregon, Pennsylvania Washington, West Vi Circle Provinces you	Connecticut, Delaware, Florida, Georgia Maryland, Massachusetts, Michigan, Mindhire, New Jersey, New Medico, New Yora, Rhode Island, South Carolina, South Diginia, Wisconsin, Wyoming thave operated a commercial vehicle in swick, Newfoundland, Nova Scotia, Ontari	Idaho, Illinois, Indiana nesota, Mississippi, Mis k, North Carolina, North akota, Tennessee, Texas during the past 5 years.	, Iowa, Kansas, Kentuck souri, Montana, Nebrask n Dakota, Ohio, Oklahom n, Utah, Vermont, Virgini Alberta, British Columbi		
Are there any provinc	es or states that you will not or cannot ope	rate in? List:			
The second secon	rou would route a trip to Cincinnati, Ohio f		oad of hazardous		
materials.					
	lete a log book properly? YES / NO if no				
Are you able to come	lete an inward manifest and clear a load at	U.S. or Canada Customs?	YES/NO		

Holmes Freight Lines Inc. - Employment Application Form

Have you ever been trained to transport hazardous materials? YES / NO if yes where: Which classes of Hazmat have you transported? For each employer listed on page 2, please list the type of equipment operated. eg: flatbed, van, tanker, etc. EMPLOYER TYPE OF EQUIPMENT LENGTH OF TIME In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, ex, 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 histor regarding médical history will be made only if and after a conditional ofter of employment has been extended, inquiries and releasing information in connection with my application. In the event of employment, understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that false or misleading information given in my applications 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. Review information provided by previous employers;		EX	PERIENCE, EDUCATION AND	QUALIFICATIONS	
For each employer listed on page 2, please list the type of equipment operated. eg: flatbed, van, tanker, etc. EMPLOYER TYPE OF EQUIPMENT LENGTH OF TIME 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 decision. (Generally, inquirier regarding medical history will be made only if and after a conditional offer of employment has been extended, 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. Lunderstand 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 Review information provided by previous employers;	4	Have you ever been trained	to transport hazardous materials? YES	NO if yes where:	
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A House proper in the 1-to- 11	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 er correcte 	rrors in the information c ed information to the pro	orrected by previous employers and spective employer; and	for those previous employers to re	e-send the
 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. 	 Have a cannot a 	rebuttal statement atta agree on the accuracy of	ched to the alleged erroneous info the information.	rmation, if the previous employe	er(s) and I
Signature Date	Signature		•	Date	