

INDEPENDENT CONTRACTOR PRE - QUALIFICATION APPLICATION INSTRUCTIONS

Arnold Bros. Transport Ltd. is committed to maintaining the confidentiality of the information you provide. We collect this information in order to qualify you as an applicant for a driving position, or as an independent contractor and for purposes of employment should your application be successful. The information you provide as part of, and to support, this application will not be provided to any other individual or business entity without your permission except as required by regulation or for legitimate business purposes. We are a federally regulated motor carrier that operates principally in Canada and the United States of America, therefore we are required to ensure all applicants meet all aspects of the Federal Motor Carrier Safety Regulations to be eligible for employment or contract with our organization, therefore the information and documentation requested herein, are requested for that purpose.

Read and follow all instructions carefully.

1. Please answer ALL questions on the application form. Note: If the answer to any question is “no” or “none,” do not leave the item blank, indicate “no” or “none.” This application will not be considered unless complete.
2. For **hard copies** please print clearly in ink and in your own handwriting
3. On line applicants, by submitting this application, authorize Arnold Bros. Transport Ltd. to verify all information communicated in the application, however applicants will still be required to sign the application prior to assuming a safety sensitive position.

*To speed up the application process, please submit **COPIES**, not originals, of the following documents, however bring the originals with you when you attend orientation for verification*

1. Class 1 (AZ) driver’s license, including photo portion.
 2. Commercial driver’s abstract.
 3. Proof of citizenship (birth certificate, passport, Cdn citizenship card, landed immigrant certificate)
 4. Criminal record search.
 5. Proof of ownership (bill of sale)
 6. N.V.I.S. or C.V.O.R.
 7. Valid safety certificate
 8. Certified scale ticket/receipt (fully equipped/fully fuelled/driver on board)
- Note** All applicants are required to supply a current driver abstract & criminal record search. Both items must be attained 30 days prior to the application date.

INDEPENDENT CONTRACTOR QUALIFICATION APPLICATION

ARNOLD BROS. TRANSPORT LTD.

(and associated companies)

- | | | | |
|----------------------------------------|----------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Coquitlam, BC | <input type="checkbox"/> Regina, SK | <input type="checkbox"/> Winnipeg, MB | <input type="checkbox"/> Dorval, PQ |
| <input type="checkbox"/> Calgary, AB | <input type="checkbox"/> Saskatoon, SK | <input type="checkbox"/> London, ON | |
| <input type="checkbox"/> Edmonton, AB | <input type="checkbox"/> Brandon, MB | <input type="checkbox"/> Milton, ON | |

Check nearest location to your residence address

Driving preference:

- Long haul
 Regional
 Team
 Single

Applicant's name: Last: _____ First _____ Middle _____
 Address _____ City _____ Prov _____ Postal Code _____

Phone Number(s): (res) (_____) _____ -- _____ E-mail address: _____
 (bus) (_____) _____ -- _____ Name of Business(o/o applicants) _____
 (cell) (_____) _____ -- _____ Ph (_____) _____ - _____

Do you possess a CDRP card? YES NO Do you possess a FAST card? YES NO Number: _____
 Present Address: Street _____ City _____ Prov _____ Postal Code _____

How long there? Years _____ Months _____

Emergency contact: Name _____ Phone No. (_____) _____ - _____

Emergency physician: Name _____ Phone No. (_____) _____ - _____

For Office Use Only S.I.N.: _____

Where did you see, hear or read about Arnold Bros. Transport Ltd that encouraged you to apply?

- Equipment Friend Magazine Ad Newspaper Ad
 Website Relative ABT Driver (name): _____
 Other driver (company?) _____

Which factor encouraged you to chose Arnold Bros. Transport Ltd., over other companies?

- Stability Home time Safety record Facilities
 Pay Benefits Areas of service Know someone at Arnold Bros
 Other: _____

GENERAL INFORMATION

Driver's license number: _____ Class: _____ Prov of issue: _____

Air Brake endorsement? YES NO "S" endorsement ? YES NO Expiry date: _____

You must be 21 or over to enter and drive in the United States. Do you meet that criteria? YES NO

Are you a Canadian citizen? YES NO Are you a landed immigrant? YES NO

Are you legally entitled to work in Canada? YES NO

Have you ever applied to be qualified as a driver by Arnold Bros. Transport Ltd and associated companies? YES NO If "YES", when (from) _____ (to) _____

Have you ever been employed by, or under contract to, Arnold Bros. Transport Ltd and associated companies? YES NO If "YES", when (from) _____ (to) _____

Terminal _____ Unit No. _____ Position _____

Reason for leaving: _____

Are you a member of any trade union? YES NO If YES, which one?: _____

Active member? Yes NO If NO, on withdrawal card?: YES NO



Are you physically capable of heavy manual work? YES NO
 If "NO" what physical limitations do you have that would affect the job applied for?

Date of last physical examination: ___/___/___ CDN USA

Have you ever been injured on the job? YES NO

If "YES", give nature and degree of injury: _____

Have you ever received worker's compensation benefits? YES NO

If "YES", from: _____ to: _____

PLEASE READ CAREFULLY

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
2. Has your driver's license, permit, or privilege been suspended or revoked? YES NO
3. Have you ever been disqualified from driving a motor vehicle under the D.O.T. regulations? YES NO
4. Have you ever been convicted for driving under the influence of alcohol or drugs? YES NO
5. Have you ever been convicted for possession, sale, or use of narcotic drugs, amphetamines, or a derivative? YES NO
6. Have you ever been convicted of a serious traffic violation, such as careless or reckless driving? YES NO
7. Have you been convicted of a criminal offence for which no pardon has been granted ? YES NO
 If "YES", Date: _____ Location: _____
 Charge: _____ Penalty: _____
8. Are you wanted or under indictment for a criminal offence? YES NO
9. Have you, within the two (2) years preceding the date of this application:
 - A. Undergone an alcohol test in which a concentration of 0.04 or greater was indicated? YES NO
 - B. Undergone a controlled substance test in which a positive result has been verified? YES NO
 - C. Refused to undergo either an alcohol or drug test or had a drug test verified? YES NO
 - D. Had any other violations of Federal Motor Carrier Safety Administration drug or alcohol testing regulations? YES NO
 - E. Successfully completed return-to-duty requirements following violation of a D.O.T. drug or alcohol regulation? YES NO

*Prior to employment or affiliation, you will be required to successfully pass a D.O.T. drug screen test.

Accident Record (Past 3 Years) NONE

	Date	Type of Accident	Were you convicted?
Last Accident			
Previous			
Previous			

List all accidents regardless of fault, severity, or motor vehicle type, be it personal vehicle of business vehicle. We will verify against your abstract, so please be accurate.

Moving Violations (Convictions for past 3 years) NONE

Location	Date	Charge	Penalty
Last Accident			
Previous			
Previous			

EDUCATION / TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 High school: 9 10 11 12 13
 University or college 1 2 3 4 5

Last school attended: _____

List any additional training or driver schools attended:

1. _____
2. _____
3. _____

EXPERIENCE		
PRIMARY EXPERIENCE	YEARS	MONTHS
City / local		
Regional (shorthaul)		
Highway (longhaul)		
Running double		
Mountainous regions		
TYPES OF FREIGHT HAULED	YEARS	MONTHS
OPEN DECK:		
Low bed (heavy equipment)		
High boy (machinery, bldg mat)		
Overdimensional		
GENERAL FREIGHT:		
Refrigerated Vans		
Dry Vans		
Heated Vans		
Meat Railers		
A, B, or C trains/pup trailers		
Dry bulk / dump		
Other:		

APPLICANT'S STATEMENT

1. It is agreed and understood that the company or his/her agent may investigate the applicant's background to ascertain any and all information of concern to applicant's record, where same is of record or not, and applicant releases the company and persons named herein from all liability for any damages on account of his/her furnishing such information.
2. The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her application.
3. It is agreed and understood that this application in no way obligates the company to enter into contract with the applicant.
4. As a condition of contract I understand that I will be contracted in a safety sensitive position. I further understand that I will be subject to drug and alcohol testing which may include pre-contract, random, post accident, reasonable suspicion, return to work and follow-up testing. This testing will include a complete urine specimen collection for controlled substance abuse testing and evidential breath testing for alcohol abuse testing.
5. I understand a positive test for controlled substances based on the Urinalysis Test or a positive test on the Evidential Breath Test will medically disqualify me from the operation of a commercial motor vehicle owned by or under contractual agreement with this company.
6. I further understand that as an Independent Contractor, I will be responsible for the cost of the pre-contractual test for myself. I authorize Arnold Bros Transport Ltd to deduct the cost of pre-contractual controlled substance testing from my owner operator settlement.
7. I further understand that as an Independent Contractor, I will be responsible for the cost of these tests for myself and my employees.
8. I understand that corporate operational requirements illustrate that I must operate in the USA and if I am unwilling or unable to do so, I will be subject to immediate termination of the contractual agreement, at the sole discretion of the company.
9. On March 30, 1999, an agreement between Canada and the U.S.A., to recognize each other's medical certification of commercial drivers, will come into effect. Canadian drivers will not have to possess a U.S. medical fitness certificate to drive a commercial vehicle in the U.S. A valid Canadian commercial drivers license will be proof of medical compliance. The agreement identifies exceptions for Canadian drivers, as follows:
 - Drivers who are insulin-using diabetics will not be qualified to operate a commercial motor vehicle in the U.S.A.;
 - Drivers who do not meet the hearing requirements of Federal Motor Carrier safety regulations will not be qualified to operate a commercial vehicle in the U.S.A.;
 - Drivers who have clinical diagnosis of epilepsy, even if the driver has been seizure free for more than ten (10) years, will not be qualified to operate a commercial vehicle in the U.S.A.;
 - A driver who does not meet the medical provisions of the National Safety Code, but has been granted a waiver or has been granted grandfather rights, will not be qualified to operate a commercial vehicle in the U.S.A.;To the best of my knowledge, I have no medical condition that would disqualify me to drive a commercial motor vehicle in the U.S. I agree to immediately advise Arnold Bros. Transport Ltd., Safety Department, of any change in my medical status that would disqualify me from operating a commercial vehicle in the U.S.A.
As a condition of /contract, this statement will be reviewed and signed by each driver every two (2) years.
I agree to comply with the Arnold Bros. Transport Ltd. Drug and Alcohol policy as a condition of contract agreement.

➤ *This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge and I understand that any false or misleading information in this application will be sufficient cause for rejection of my application if the "Company" has not already qualified me as a driver, and for immediate disqualification if it has qualified me as a driver. I have read and understand the above conditions and agree to comply with them.*



Applicant Name: _____ Signature: _____
(print)

Witness Name: _____ Signature _____
(print)

Date: _____

REQUEST FOR EMPLOYMENT INFORMATION

PLEASE NOTE: Under part 382-413 (b) of the U.S Federal Motor Carriers Safety Regulations, previous employers must provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of .04 or greater, any verified positive drug test results and any refusal to be tested, as well as information on whether the employee completed the required assessment and re-qualification provisions under the regulations (in accordance with Parts 382.605 and 382.311)

RELEASE AUTHORIZATION

With my signature below, I am authorizing you to release all information in regards to any alcohol and/or controlled substance program and/or testing to which I participated in while in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding two years from the date listed below. This request is specific and to be released only to the company whose name appears below. Authorization for this release will expire once the requested information has been sent to the company named below. This authorization may not be used to provide information to any other persons.

Name of Company: **ARNOLD BROS. TRANSPORT LTD.**

Date: _____

Name of Applicant: _____

Applicant's Signature: _____

Witness Name: _____

Witness Signature: _____

To be completed by independent contractor applicants only!

INDEPENDENT CONTRACTOR – WORKER’S COMPENSATION SURVEY

1) Your business ownership is recognized as a:

Please only check one of the following:

- Sole Proprietorship (Non-incorporated) – When you conduct business alone, without other people except may or may not employ workers.
- Partnership (Non-incorporated) – When you and two or more persons conduct business together and may or may not employ workers.
- Corporation – A limited company where you are an active principle.
- Other? _____

2) Do you employ workers at anytime? Yes No

If Yes,

- a) Are they all working for Arnold Bros. Transport Ltd.? Yes No
(Include Spousal Split Income)
- b) What province(s) do they reside in?
 BC AB SK MB ON
 PQ NB NS YK NT PE

3) Does your business own more than one truck? Yes No

If Yes,

- a) Are they all under contract with Arnold Bros. Transport Ltd.? Yes No
- b) Are they all under the same company name? Yes No

4) Please list your ABT unit number(s) and corresponding company name(s):

5) Is your business registered with any province(s) for WCB? Yes No

If Yes,

a) Which Province(s)? Please indicate your account/firm # below:

<input type="checkbox"/> BC _____	<input type="checkbox"/> AB _____	<input type="checkbox"/> SK _____	<input type="checkbox"/> MB _____
<input type="checkbox"/> ON _____	<input type="checkbox"/> PQ _____	<input type="checkbox"/> NB _____	<input type="checkbox"/> NS _____
<input type="checkbox"/> YK _____	<input type="checkbox"/> NT _____	<input type="checkbox"/> PE _____	

b) Do you carry special/optional coverage on your account? Yes No

If Yes,

Which Province(s)?

<input type="checkbox"/> BC	<input type="checkbox"/> AB	<input type="checkbox"/> SK	<input type="checkbox"/> MB	<input type="checkbox"/> ON
<input type="checkbox"/> PQ	<input type="checkbox"/> NB	<input type="checkbox"/> NS	<input type="checkbox"/> YK	<input type="checkbox"/> NT <input type="checkbox"/> PE

