

**GENERAL INFORMATION**

**How did you hear about Arnold Bros. Transport?**

- Equipment   
  Website   
  Trade Show   
  Social Media   
  Referral Name \_\_\_\_\_

**Which factor encouraged you to choose Arnold Bros. Transport?**

- Stability   
  Benefits   
  Safety   
  Facilities   
  Home Time   
  Pay
- Other (please specify): \_\_\_\_\_

**Have you ever applied with Arnold Bros. Transport before?**

- Yes     No    If Yes, when? \_\_\_\_\_

**Have you ever been employed with Arnold Bros. Transport?**

- Yes     No    If Yes, when? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

**Check the applicable box for valid Travel Documents you currently hold**

- FAST   
  Passport   
  U.S. Visa   
  U.S. Waiver   
  Work Permit   
  PR Card

Are you qualified to operate in United States?     Yes     No

Are you legally entitled to work in Canada?     Yes     No

Have you ever been denied entry into the U.S.?     Yes     No

Are you physically capable of heavy work?     Yes     No

If No, list limits \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?     Yes     No

Has your driver's license, permit or privilege ever been suspended or revoked?     Yes     No

Have you even been convicted of a serious traffic violation?     Yes     No

**List all Accidents and Violations regardless of fault, severity, or motor vehicle type**

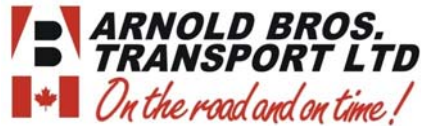
**Accidents** (past 3 years)     Yes     No   
 **Violations** (past 3 years)     Yes     No

Date	Type of Accident	Convicted?	Date	Charge	Penalty

**Owner Operators only**

**Equipment Information** \*Eligible truck age: Max 5 years old \*Eligible truck weight: Max 19,800lbs full of fuel and gear

Year	Make	Model	Weight	Mileage	Monthly Payment



## EMPLOYMENT HISTORY – PAST 10 YEARS

The information requested herein as per Federal Motor Carrier Safety Regulations (383.35)(c) may be used for the purpose of investigating applicant's previous work history, including contacting applicant's previous employers for verification purposes. Begin with your current or most recent job and work backwards in order, listing your employers for the last 10 years including all full and part-time employment. All time must be accounted for, including military service, self-employment, and periods of unemployment. Use supplementary sheets if necessary.

**Current / Most Recent Employer:** May we contact this Employer?  Yes  No

Employer Name \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Position Held \_\_\_\_\_ Experience  CDA  US

Employer Contact: \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Second Last Employer:**

Employer Name \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Position Held \_\_\_\_\_ Experience  CDA  US

Employer Contact: \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Third Last Employer:**

Employer Name \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Position Held \_\_\_\_\_ Experience  CDA  US

Employer Contact: \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Fourth Last Employer:**

Employer Name \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Position Held \_\_\_\_\_ Experience  CDA  US

Employer Contact: \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Fifth Last Employer:**

Employer Name \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Position Held \_\_\_\_\_ Experience  CDA  US

Employer Contact: \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

## EDUCATION / TRAINING / EXPERIENCE

List any other additional training or driving schools: \_\_\_\_\_

Primary Exp	Yrs	Mos	Primary Exp	Yrs	Mos	Types of Freight Hauled		
City / Local			Long Haul			<input type="checkbox"/> Reefer/Heater	<input type="checkbox"/> Dry Van	<input type="checkbox"/> Dump
Short Haul			Mountains			<input type="checkbox"/> A,B,C Trains	<input type="checkbox"/> Deck	<input type="checkbox"/> Other

**DRIVER EXPECTATION**

This information is intended to enable ABT to understand and exceed your expectations. Please fill out accurately.

1. If single, are you willing to run team on an exception basis?  Yes  No  
 If team, are you willing to run single on an exception basis?  Yes  No
2. Are you willing to participate in switches/relays? (ex. Swap loads to keep moving)  Yes  No
3. What is your normal monthly mileage expectations? \_\_\_\_\_
4. What is your normal days out / days off expectations? Days out \_\_\_\_\_ Days Off \_\_\_\_\_
5. Are you willing to switch into another truck temporarily, if your assigned truck requires repairs?  Yes  No
6. Are you willing to be flexible with the company to achieve your mileage/income expectations, in the event that a scheduled lane or departure day/time has changed for reasons beyond our control?  Yes  No
7. Some customers of ABT require security application and approval that could include finger printing. Are you willing to provide fingerprints to qualified agencies if required as part of a security screening protocol?  Yes  No
8. Due to the nature of the position you may...  Agree  Disagree
  - a. Be required to work weekends
  - b. Be required to make extra pick-ups, deliveries or empty trailer shunts
  - c. Need to assist shippers and receivers when required
  - d. Be required to drive through the night
  - e. Experience trip related delays as a result of operational needs / customer demands
  - f. Be required to run open board, which includes Ontario
  - g. Be required to lift up to 50lbs
9. Are there any other specific concerns that you would like to identify, which could have an impact on our partnership? (ex. Upcoming vacations, restrictions hauling certain commodities)

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Recruiter Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Statement and Authorization**

I authorize Arnold Bros. Transport Ltd. to make such investigations and inquiries of my personal, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from any and all liability that may potentially result from the release and/or use of such information in connection with my application.

Information provided to Arnold Bros. Transport Ltd. will be held in accordance with The Personal Information Protection and Electronic Document Act. The Company will take appropriate steps to ensure the security of your information and will not provide to another party except as approved by you, as may be required by law In the event of employment.

As a condition of employment I understand that I will be employed in a safety sensitive position. I further understand that I will be subject to drug and alcohol testing including pre-employment and random testing.

I understand that I am required to abide to all rules and regulations of the company.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in discharge.

Full Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*