



OWNER OPERATORS

QUALIFICATION FILE

CHECKLIST

1. _____ *DRIVER APPLICATION FOR EMPLOYMENT* *pg.2*

2. _____ *INQUIRY TO PREVIOUS EMPLOYERS (3 YEARS)* *pg.8*

3. _____ *DRIVER'S ROAD TEST* *pg.9*

4. _____ *CERTIFICATE OF ROAD TEST* *pg.10*

5. _____ *LICENSE REQUIREMENTS* *pg.11*

6. _____ *ANNUAL REVIEW OF DRIVER'S CERTIFICATE OF VIOLATIONS* *pg.12*

7. _____ *DRIVER DATA SHEET* *pg.13*

8. _____ *EMERGENCY RESPONSE FORM (DRIVER FILE)* *pg.14*

Instructions: *Download the PDF File, Print and Fill it out manually, Scan and email*

to administration@cbintlfreight.com



OWNER OPERATORS APPLICATION

Date of Application: _____ Preferred Position: _____
Month/Day/Year *Please Describe*

Name: _____ SIN# _____
Last *First* *Middle*

Address: _____
Number-Street *City* *Province* *Postal Code*

Phone Number: _____ Date of Birth: _____
Month/Day/Year

Driver's License Number: _____ Class: _____ Expiry Date: _____
Copy Required *Month/Day/Year*

First Day Worked:	Mileage Pay:
Last Day Worked:	

Direct Deposit Information: (Void Cheque)



Can you legally cross the U.S. Border: Yes / No
(A criminal search record, I-94 Card or Passport is required) Please Circle one of the above

Are you presently employed? Yes / No If no, how long since leaving last employment: _____

Date you would be available for employment: _____

List any restrictions you would have working an irregular schedule: _____

Physical History

Would you be willing to submit to a pre-employment medical examination: Yes / No

Would you be willing to submit to a pre-employment urinalysis (substance abuse) test: Yes / No

Do you have any physical limitations, which may limit your ability to perform the job applied for? _____

Are you physically capable of performing heavy manual labour? Yes / No

If NO to above, Explain: _____

How much lost time due to injury have you suffered in the past three years? _____



EMPLOYMENT HISTORY

All Driver applicants to drive commercial motor vehicle in interstate commerce must provide information on all employers during the preceding 10 years.

Please list all employers in reverse order starting with the most recent.

EMPLOYER				DATE			
Name:				From:		To:	
Address:				Position Held:			
City:				Salary/Wage:			
Contact Person:		Phone Num.#		Reason for Leaving:			
EMPLOYER				DATE			
Name:				From:		To:	
Address:				Position Held:			
City:				Salary/Wage:			
Contact Person:		Phone Num.#		Reason for Leaving:			
EMPLOYER				DATE			
Name:				From:		To:	
Address:				Position Held:			
City:				Salary/Wage:			
Contact Person:		Phone Num.#		Reason for Leaving:			
EMPLOYER				DATE			
Name:				From:		To:	
Address:				Position Held:			
City:				Salary/Wage:			
Contact Person:		Phone Num.#		Reason for Leaving:			
EMPLOYER				DATE			
Name:				From:		To:	
Address:				Position Held:			
City:				Salary/Wage:			
Contact Person:		Phone Num.#		Reason for Leaving:			
EMPLOYER				DATE			
Name:				From:		To:	
Address:				Position Held:			
City:				Salary/Wage:			
Contact Person:		Phone Num.#		Reason for Leaving:			



EXPERIENCE, EDUCATION AND QUALIFICATIONS

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES / NO

Has any license, permit or privilege to drive ever been suspended or revoked? YES / NO

What safe driving awards do you hold? _____

How many accident-free driving years do you currently have? _____

List any motor vehicle accidents you have been involved in during the past 5 years

DATES	Nature of Accident	Fatalities	Injuries

List any special courses, training or background you might possess? _____

List your Educational Background beginning with the school most recently attended

DATES	School	Courses Taken

List States & Provinces you have operated a commercial vehicle in during the past 5 years:

Are there any provinces or states that you will not or cannot operate in? List:



TO BE READ AND SIGNED BY APPLICANT

- This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.
- I authorize (C & B International). To make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.
- In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my being discharged. I understand, also, that I am required to abide by all rules and regulations of (C & B International), as permitted by Law.

Date: Month/Day/Year

Applicant's Signature

PROCESS RECORD

	<i>Superior</i>	<i>Good</i>	<i>Fair</i>	<i>Below Average</i>	<i>Poor</i>	<i>Unacceptable</i>
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Past Experience						
Attitude						

Applicant Hired: _____
Date & Name of Representative

Unacceptable: _____
Date & Name of Representative

Date Employed: _____
First date employed for payroll

Training Required: _____
Date entered on training roster

Date Terminated: _____ Reason: _____

Dismissed: _____ Voluntarily Quit: _____ Other: _____

Notes: _____



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I, hereby authorize you to release the following information to **C & B International** for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

_____ *Date*

_____ *Applicant's Signature*

Dear Sir/Madam:

The below named individual has made an application to this company for a position as

_____ And states that he/she was employed by you as
_____ from _____ to _____

We appreciate your time in completing in confidence the information requested below. We ask that you return this form by fax to my attention at the number listed below. I hope that I may be of the same assistance to you some time in the future.

Sincerely Yours, _____ Position: _____

Fax Number: _____

Name of Applicant: _____

Employed from: _____ to _____ as a: _____

Did he/she drive motor vehicle for you? YES / NO

What Type of vehicle: _____

Was he/she a safe and efficient driver? YES / NO Comments: _____

Reason for leaving your employ: Discharged _____ Resignation _____ Lay-off _____

Was his/her general conduct satisfactory? YES / NO

Please advise history of past driving record if available for three years



DRIVER'S ROAD TEST EXAMINATION

Driver's Name: _____

Driver's Address: _____

City: _____ Province: _____ Postal Code: _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- _____ *The pre-trip inspection (as required by 49 CFR 392.7).*
- _____ *Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.*
- _____ *Placing the equipment in operation.*
- _____ *Use of vehicle's controls and emergency equipment.*
- _____ *Operating the vehicle in traffic and while passing other vehicles.*
- _____ *Turning the vehicle.*
- _____ *Braking and slowing the vehicle by means other than braking.*
- _____ *Backing and parking the vehicle.*
- _____ *Other, explain: _____*

Type of equipment used in giving the test: _____

Examiner's Signature: _____ Date: _____

Remarks:

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.



CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examines. (49 CFR 391.31 (e)(f)(g))

CERTIFICATION OF ROAD TEST

Driver's Name: _____

Social Security Number: _____

Operator's or Chauffeur's License Number: _____

Province: _____

Type of Power Unit: _____

Type of Trailer(s): _____

If passenger carrier, type of bus: _____

This is to certify that the above-named driver
was given a road test under my supervision on
_____, 20 ____, consisting of

It is my considered opinion that this driver possesses
sufficient driving skill to operate safely the type of
commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

(Organization and Address of Examiner)



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in Intrastate. Interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in Interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Part 392.42 and Part 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 driver’s license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employer motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements:

The following license is the only one that I possess:

Driver’s License No: _____ State/Prov. _____ Expiry Date: _____
Year/mm/dd

Driver’s Signature: _____ Print Name: _____

Attach a photocopy of driver’s license and photo identification



MOTOR VEHICLE DRIVER'S CERTIFICATE OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, they shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

<i>DATE</i>	<i>OFFENSE</i>	<i>LOCATION</i>	<i>TYPE OF VEHICLE OPERATED</i>

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's License No: _____ Prov: ON Expiry Date: _____
Year/mm/dd

Date of Certification

Driver's Signature

C & B International Freight System Inc.
Motor Carrier's Name

6000 TELFER ROAD, SARNIA, ON N7T 7H2
Motor Carrier's Address

Reviewed by: Signature

Title



DRIVER DATA SHEET

For Casual, New Hires & Temporary Employees

Name (Print): _____

Driver's License No: _____ Prov: _____

Class: _____ Expiration Date: _____

Instructions: Motor Carriers, when using a driver for the first time or intermittently, shall obtain from the driver, a signed statement giving the total time on duty during the immediately preceding 14 days, and the time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

<i>Day</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
<i>Date</i>														
<i>Hours Worked</i>														

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was last relieved from work at _____ on _____ / _____ / _____
Time Day Month Year

Signature: _____

Witness: _____ Date: _____

EMPLOYMENT CHECK LIST FOR INTERMITTENT, CASUAL OR OCCASIONAL DRIVER

The qualification file for an intermittent, casual or occasional driver employed under the rules in Sec. 391.63 must include the following forms as per Section 391.51(d) Federal Motor Carrier Safety Regulations.

Certificate of Driver's Road Test – The certificate of driver's road test issued to the driver pursuant to Sec.391.31(e). or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Sec. 391.31.



EMERGENCY RESPONSE

Name: _____ Date: _____

Whom should we contact in case of emergency? _____

Telephone Number: _____ Relationship: _____

Do you have any medical conditions we should be aware of? _____

If unable to contact the above person may we contact your personal doctor? YES / NO

Name: _____ Telephone Number: _____

BENEFITS SECTION

As we are a Transborder Carrier we require all of our drivers to be covered by out of province medical coverage. As well, after a three-month probationary period, all drivers qualify for a full benefits program. It is for this reason that we require the information listed below.

Name: _____ (**Please Circle**): Single / Married / Other

Number of Dependents: _____ Are you a: Smoker / Non-Smoker

Does your spouse have a medical program? YES / NO

Please specify name of Insurance Company: _____

Does this program cover out of province medical emergencies? YES / NO

Do you presently have out of province medical emergency insurance? YES / NO

Please specify name of Insurance Company: _____

Do you presently have disability insurance? YES / NO

Please specify name of Insurance Company: _____