





Phone: 1 (855) 564-8029 – Fax: 1 (800) 376-0010

[www.slh.ca](http://www.slh.ca) • [slhrecruiting@slh.ca](mailto:slhrecruiting@slh.ca)

## EMPLOYMENT HISTORY

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

If this is your current employer, may we contact them? Yes ☐ No ☐

Employer Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? Yes ☐ No ☐

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ☐ No ☐

Employer Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? Yes ☐ No ☐

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ☐ No ☐

Employer Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? Yes ☐ No ☐

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ☐ No ☐

Employer Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? Yes ☐ No ☐

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ☐ No ☐

\* FMCSRs Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a U.S. highway with a GVWR or weighs 10,001 lbs or more



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### DRIVING QUALIFICATION

DRIVER LICENCE	Province / State	Licence Number	Type	Expiration Date

1. Have you ever been denied a permit, privilege or licence to operate a motor vehicle? Yes ☐ No ☐

2. Has any licence, permit or privilege ever been suspended or revoked? Yes ☐ No ☐

If the answer to 1 or 2 is "Yes", give details \_\_\_\_\_

Record **ALL** accidents in which you were involved, **for the past 5 years, including** non-commercial vehicles

Dates day/month/year	Nature of Accident (Head-on, rear end, etc.)	Fatalities?	Injuries?

If you have had No Accidents in the past 5 years, please check here ☐

### DRIVING EXPERIENCE

Class of Equipment Operated (e.g. Straight Truck, Tractor Trailer, Combinations)	Type of Equipment (Van, Tank, Flat, etc.)	Dates From	Dates To	Approx. No. of Miles (total)

Do you have commercial cross-border experience between Canada and the United States? Provide details.

List any safe driving awards you have received and from whom?

List any other trucking / transportation related experience, seminars or courses that may help in your work for this company.

**TO BE READ AND SIGNED BY APPLICANT**

SLH Transport is committed to providing a safe and healthy environment for their employees, Owner-Operators, and the motoring public. Such an environment must necessarily be free from drug and alcohol abuse. As such, all applicants for safety sensitive positions will be subject to pre-hire drug testing. Negative test results will be one of the conditions of a contractor agreement.

I understand that successful completion of a road test in the type of equipment to be operated will be a condition of a contractor agreement.

I hereby fully acknowledge and understand that a contractor agreement with SLH Transport constitutes solely and entirely, a fully independent contractor business relationship in all respects.

I authorize you to make such investigations and inquiries of my personal employment or medical history as may be necessary in arriving at a decision with my application. I hereby release employers, school or person from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or interview(s) may result in an immediate termination of a contract between me and SLH Transport. I understand also that I am required to abide by all rules and regulations of the company, as permitted by law.

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.

SIGN  
HERE

\_\_\_\_\_  
**Driver Signature**

\_\_\_\_\_  
**Date**

**TO BE READ AND SIGNED BY APPLICANT**

**CDVS - Canadian Driver Verification Services**

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 authorize CDVS, hereinafter referred to as "agent", to make such investigations and inquiries of my personal, employment, criminal search, driving abstracts, PSP reports, drug results from previous employers or their consortium or any other related matters as may be necessary in arriving at an employment decision. If hired or contracted, this authorization shall remain on file and shall service as ongoing authorization to re-check or report as deemed necessary at any time throughout my employment or contract period or after such period. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release all 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 discharge. Furthermore, I understand that the Company and/or their agent may keep any information on file including work performance as related to my employment period and make it available to any second party only with my verbal or written consent.

I understand, also, that I am required to abide by all rules and regulations of the Company. For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

List all previous driver licenses used for the past 5 years:

**Driver License Number:** \_\_\_\_\_

**Issued by Prov/State:** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_

**Issued by Prov/State:** \_\_\_\_\_

**Date of Birth(MM/DD/YYYY):** \_\_\_\_\_

**Social Insurance #** \_\_\_\_\_

**DRIVER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

SIGN  
HERE

**MANDATORY USE FOR ALL ACCOUNT HOLDERS****IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

1. In connection with your application for employment with **SLH Transport Inc.** ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

**2. I authorize SLH Transport Inc. ("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 consenting to 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.**

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

.....  
I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

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

Name (Please Print): \_\_\_\_\_

NOTICE: This form is made available to monthly account holders by NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

Form M110 – revised – June 5, 2009

**Request/Consent for Information from Millennium Compliance  
on Alcohol & Controlled Substances Testing***Please fax both pages to Millennium once information is received from previous employer.***Section 1: To Be Completed By Prospective Employee**

\_\_\_\_\_ identified by \_\_\_\_\_, has  
First, M.I., Last, Please Print Donor's ID Number

applied to our company for a safety sensitive position as outlined in 49 CFR 382.107. In accordance with DOT regulations 49 CFR 382.413 and 391.23, we are hereby requesting information regarding this individual's involvement and participation in your company's drug and alcohol testing program. This request for drug and alcohol testing information is directed to the attention of:

Previous Employer: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_ Fax No: \_\_\_\_\_

In accordance with 49 CFR 382.405(f), by my signature below, I authorize you to release any and all information regarding drug and alcohol testing done on myself while in your employ, acting as your agent, under contract to you, or acting as your representative in any capacity during the preceding three years from the below date. This information is to be released to:

Previous Employer: **SLH Transport Inc.** **ATTN: RECRUITING DEPARTMENT**Street: **1585 Centennial Drive** Telephone: **855-564-8029**City, Province, Postal Code: **Kingston, ON K7L 4V2** Fax No: **800-376-0010**

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

**Section 2: To Be Completed By Previous Employer**

Please complete to determine pre-employment qualification under 49 CFR 382.301:

1. Was the applicant subject to drug and alcohol testing under DOT regulations? Yes ☐ No ☐
2. Did the company drug & alcohol program comply with DOT regulation Part 40? Yes ☐ No ☐
3. Was the applicant qualified to drive as set forth in Part 382? Yes ☐ No ☐
4. Name and Address of Consortium (TPA): \_\_\_\_\_

5. Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

6. Date of Last Test: \_\_\_\_\_ Type of Test: \_\_\_\_\_ Result: \_\_\_\_\_

7. Any other violation of 49 CFR 382? Yes ☐ explain: \_\_\_\_\_ No ☐