



1074 Thorndale Ave  
 Bensenville, IL  
 60106

## Application for Qualification

*The purpose of this application is to determine whether or not the applicant is qualified to operate Commercial Motor Vehicles under the authority of AirTime Express Inc, and according to the Ontario Highway Traffic Act (Canada) and the Federal Motor Carrier Safety Regulations (US).*

**Applying as:**  Owner Operator       Driver for \_\_\_\_\_       Company Driver

**INSTRUCTIONS TO APPLICANT:** Please PRINT, in ink, using your own handwriting. Incomplete information will delay the process. Please record your name as it appears on your driver's licence.

Surname	First Name	Middle Name
Address (street)		Apt#
City	State/Province	Zip or Postal Code
Home Phone Number	Cell Phone Number	Email Address
How long at above address?		
Previous Address		Apt#
City	State/Province	Zip or Postal Code
How long at above address		
Previous Address		Apt#
City	State/Province	Postal Code
Are you legally permitted to work in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over the age of 21?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
Are you permitted to drive in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EDUCATION</b>		
Please circle highest grade completed		College
Commercial driving school attended.		When did you attend?
		_____ mm / yy _____.

<b>DRIVING RECORD</b>					
Do you have a valid driver's licence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Class of licence _____ Endorsement _____	
Issued by _____	Expiry Date _____		Medical due date _____		
Driver's licence number			Issue date of original licence.		
			_____ mm / ____ yy .		
Section 383.2 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which listed above.					
Do you hold any awards for safe driving?					
A. Have you ever been denied a licence, permit or privilege to operate a motor vehicle?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B. Has any licence, permit or privilege ever been revoked or suspended?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C. Have you ever been convicted of a felony?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answer Yes to A., B. or C., give details:					
State any collisions over the past three (3) years. Use separate sheets if necessary					
	Dates	Nature of collision		Fatalities	Injuries
Last					
Previous					
Previous					
Previous					
Class of equipment driven		Dates		Approximate number of miles	
		From	To	(Total)	
Straight truck					
Tractor and semi-trailer					
Tractor and two trailers					
Other					
List States and Provinces operated in last five (5) years: (abbreviated, ex. ON, MI, QC)					
<b>PERSONAL REFERENCES</b>					
Name		Address		Phone Number	

**EMPLOYMENT HISTORY**

*Please provide **ALL** employment history for the past three years. (All driving employment for an additional seven years.) Show employment gaps for the past three years. All time must be accounted for. **A total of 10 years of employment history should be shown.***

Are you presently Unemployed?  Yes  No Unemployment began      mm /      yy.

Name of Previous Employer	Address	Company Phone #	Company Fax #	Contact Name

Dates Employed (mm/yy)	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Reason for leaving:
From      To			

Name of Previous Employer	Address	Company Phone #	Company Fax #	Contact Name

Dates Employed (mm/yy)	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Reason for leaving:
From      To			

Name of Previous Employer	Address	Company Phone #	Company Fax #	Contact Name

Dates Employed (mm/yy)	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Reason for leaving:
From      To			

Name of Previous Employer	Address	Company Phone #	Company Fax #	Contact Name

Dates Employed (mm/yy)	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Reason for leaving:
From      To			

**TO BE READ AND SIGNED BY APPLICANT**

*This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of acceptance by Airtime Express USA Inc, I understand that any false information or consequential omission in this application is cause for my immediate discharge. I authorize you to make such investigations and inquiries 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. I understand, also, that I am required to abide by all rules and regulations of the company, as permitted by law.*

Driver's signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Newspaper Ad      | <input type="checkbox"/> Job Fair    |
| <input type="checkbox"/> Referral / Friend | <input type="checkbox"/> Other _____ |

*We are an equal opportunity employer.*



## Request/Consent for Information on Alcohol & Controlled Substances Testing

**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:

Prospective Employer: AirTime Express USA Inc

Attention: Safety and Compliance

Street: 1074 Thorndale Ave

Telephone: 630-238-5795

City, Province, Postal Code/Zip: Bensenville IL 60106

Fax No: \_\_\_\_\_

\_\_\_\_\_  
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

## Drug & Alcohol Testing Information Request

For verification of driver's participation in a compliant testing program under 49 CFR, 382.413 & Par 40.25:

Driver's Name: \_\_\_\_\_

1. Has the applicant ever tested positive, as verified by an MRO, for a controlled substance test covered under Part 40 in the last 3 years? Yes  No
2. Has the applicant ever had an alcohol test with a Breath Alcohol Concentration 0.040 or greater in the last three years? Yes  No
3. Has the applicant ever refused a DOT required drug or alcohol test in the last three years? (including verified adulterated or substituted drug test results) Yes  No
4. To the best of your knowledge, has the applicant ever violated any other DOT drug & alcohol testing regulations other than questions 1-3 above in the last three years? Yes  No
5. If yes to any of the above, did the applicant comply with the referral rehabilitation requirements of the Substance Abuse Professional (SAP)? Yes  No

a. Was the person referred to a SAP? Yes  No

If employment with your company continued: Yes  No

- I. Was the applicant evaluated by the SAP? Yes  No
- II. If yes, did the SAP recommend treatment and/or education? Yes  No
- III. Did the applicant complete the treatment and/or education determined by the SAP? Yes  No
- IV. Did the applicant undergo a return to duty test? Yes  No
- V. If yes, was the return to duty test negative? Yes  No
- VI. Did the SAP recommend follow-up testing? Yes  No
- VII. Did the applicant complete the follow-up testing? Yes  No

**If applicable, please submit a copy of the documentation to show completion of return to duty and follow-up testing.**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**I confirm the above information is accurate:**

Print Name: \_\_\_\_\_

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

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

Company: \_\_\_\_\_