

# **NORTH 67 TRANSPORT INC**

*216 - 2257 Premier Way, Sherwood Park, AB T8H 2M8*

*Bus: (780) 695-4036 Fax: (888) 600-2136*



## **PROFESSIONAL HIGHWAY DRIVER**

### **Application for Employment**

**With this application, please supply the following:**

- **Current Driver License**
- **Current Police Criminal Search Report**
- **Valid PR Card / Work Permit Copy**
- **Valid Passport/ US Visa Copy**
- **Owner Operator / Sub-Contractor - WCB Account Info.**
- **Driver Abstract (5 Year Commercial)**
- **Direct Deposit Form**
- **Corporation Documents for Owner Operators / Sub Contractors**

All attached forms listed below **MUST** be completed in **FULL**

(Including dates and signatures)

**\*\* ALL ORIGINALS ARE REQUIRED \*\***

# RULES...

- ❖ If employee wants to quit the job, we would require 4 weeks' notice and resignation letter explaining reason and quit date. If employee will not provide notice, Company will have full Legal right to not pay employee for last 4 weeks.
- ❖ Drug charges (89.25\$) will be paid by Company only if Employee works more than three months but if Employee quit the Job in less than 3 months, we will charge back drug test charges.
- ❖ After every Pickup & Delivery, Employee needs to email Paperwork to [north67transport@gmail.com](mailto:north67transport@gmail.com), if the Company will not receive paperwork on time, Company will not be responsible for Border Crossing Delays.
- ❖ If employee receives any ticket and Inspection Reports, he needs to email to [north67transport@gmail.com](mailto:north67transport@gmail.com) with in an hour of the Inspection. (any violations or tickets received by the employee due to their fault, employee shall be liable to pay for the full amount of the Citation & Ticket)
- ❖ Pre and post trip are required.
- ❖ Please make sure that you follow all the Keep trucking rules and Keep your Logs violation free. Please mention Border Crossing, Pre and Post trip, Pickup and Drop, Break, Fuel on Log Books.
- ❖ If any employee will not follow the rules, Company will issue Violation Letter.
  - First. Warning
  - Second. Warning
  - Third. Fine (up to \$1000)
  - Last. Termination

Signature

Date

# **PAY STRUCTURE**

---

**OWNER OPERATOR WITH TRUCK: 82% of Revenue**

**OWNER OPERATOR WITH TRUCK & TRAILER: 88% of Revenue**

**SINGLE DRIVER: 25% of Revenue**

**TEAM DRIVER: 12.50% of Revenue**

**NEW DRIVER: 10% of Revenue on team (Note. After each 30 days we will increase your % to 11, 12 & 12.50% based on your driving & your Co-Driver Comments)**

**LOCAL DRIVER or CANADA WIDE DRIVER: 0.55 cents per mile (Single Driver) or 0.26 cents per mile (Team Driver) or 0.22 cents per mile (New Driver)**

**OWNER OPERATOR DRIVER: If you are hired as an Owner Operator Driver, The Owner Operator will be responsible for your pay Structure & payments.**

**OWNER OPERATOR NAME.**

**OWNER OPERATOR SIGNATURE**

---

**NOTE. One month payment is on hold (For example. if an employee starts work in the month of January, First pay cheque will be deposit on March 05). Payroll Deposit is on every 5th of month.**

TO BE READ AND SIGNED BY APPLICANT:                      SIGNATURE

DATE

---

**PLEASE ONLY PROCEED TO FILL THE APPLICATION, IF YOU ARE SATISFIED WITH OUR PAYMENT TERMS & RULES.**

**SIGNATURE**

# Application-North 67 Transport Inc.

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the Canada?  YES  NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

*Attach additional sheet if more space is needed. Check this box if none*

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

*Attach additional sheet if more space is needed. Check this box if none*

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

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

If yes, explain

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

If yes, explain

**EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**SECOND (MOST RECENT) EMPLOYER**

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES <input type="checkbox"/> NO

**THIRD (MOST RECENT) EMPLOYER**

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES <input type="checkbox"/> NO

**EDUCATION**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER QUALIFICATIONS**

Please list any other qualifications that you have and which you believe should be considered.

--

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release 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. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			



**Please answer the following additional questions:**

1. Are you eligible to cross the border into the United States? Yes [ ] No [ ]
2. Do you have the correct required travel documents for cross border work? Yes [ ] No [ ]
3. If so, please indicate which document Passport [ ] FAST Card
4. Do you understand both the US and Canadian 'Hours of Service' Regulations? Yes [ ] No [ ]
5. Are you familiar with Electronic log books? Yes [ ] No [ ]
6. Are you willing to operate legally within the regulated hours of service regulations? Yes [ ] No [ ]
7. Are you familiar with weight and length regulations in both Canada & US? Yes [ ] No [ ]
8. Do you agree to drive as team - driver? Yes [ ] No [ ]
9. Are you physically able to perform manual labour (chains, straps, tarping)? Yes [ ] No [ ]
10. Do you have any flat-bed, curtain-side or drop deck experience? Yes [ ] No [ ]
11. Do you have any experience hauling B-Trains ? Yes [ ] No [ ]
12. Do you have any drug or alcohol driving convictions or charges currently pending? Yes [ ] No [ ]
13. If yes, what charges and where? \_\_\_\_\_
14. Are you willing to do everything possible to promote a safe work environment? Yes [ ] No [ ]

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature; \_\_\_\_\_

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



# ACCIDENT AND DAMAGE LOSS POLICY

In order to encourage safe driving habit and keep our accident history low, As of July 20, 2018. we have started policy of not filing any cargo or equipment damage loss for less than \$1,000.00. In any instance where company at its sole discretion determines the damage was caused because of driver fault , company will deduct up to \$1,000.00. This amount will be deducted from driver next paycheck.

In the event, driver does not have final amount due up to damage amount, driver will be personally responsible for clearing the debt. The case will be send to credit collection agency and report to credit bureau in case of non-payment. All damage loss payments are due immediately.

By Signing below, driver understand and agree to the above said policy.

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

Driver Name : \_\_\_\_\_

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

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

Witness Name : \_\_\_\_\_

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

Signed at \_\_\_\_\_ ( City Name )



## **Load Paperwork Policy**

### **Load Pickup :**

1. Customer Bill of Lading ( BOL ). You are responsible to make sure the information on load matches with the information provided by Dispatch. Please take note of Pickup and delivery cities, type and count of freight. If you pickup wrong load, you are responsible for any charges incurred due to this.
2. Customs Invoice and related documents. Every load that is crossing border must accompany with customs invoice and all related documents. No load can cross border without customs invoice. Dispatch will not verify with you on each move if you had picked up customs paperwork. You are responsible for it.
3. Weigh Ticket. Upon picking up load, you must go to nearest scale and have your truck and trailer weighed. This must be done immediately upon loading and securing the load. Do not delay. You will be responsible for charges going back and forth if you fail to do so.
4. Send scanned copy of all paperwork back to office. Every truck is equipped with Wifi scanner. You must immediately scan the paperwork and send it to office. Office is open 24/7. We will assign the paperwork pro number and forward to customs agent and have the load cleared for border entry.

### **US/ Canada Border :**

1. ACE / ACI Manifest Sheet : You will need ACE / ACI Manifest sheet. This is prepared by office and emailed it to you. You will need to print this sheet and present it to border agent alongwith all other load paperwork. Failure to do, US and Canada border agent can put penalties on you and bar you from entering the country. Notify office immediately if you are unable to print this document for any reason BEFORE approaching the border.
2. Present the paperwork. You and co-driver must sit in the front of cab of truck and present all the paperwork to border agent. You must answer all questions to border agent honestly and truthfully.
3. Stamped Manifest sheet. If everything is clear, the border agent will stamp the manifest sheet and give it back to you. You must keep this sheet safe and give it back to office. DO NOT give this sheet to receiver. This is for customer as this is only valid proof of legal entry of freight into the country. Handover the sheet back to Office.

### **Load Delivery:**

1. Signed BOL. Every load that is delivered must have signed BOL. This is only proof of freight delivered and work done. Notify Office immediately if receiver is refusing to sign the bill of lading. It MUST contains at minimum (Receiving person name, Signature and date ). If you leave the receiver without getting the BOL signed, you are personally responsible for LOAD PAY, TRUCK CHARGES and FREIGHT VALUE.
2. Damage / Shortage: Notify the office IMMEDIATELY WHILE AT RECIEVER of any damage or shortage of freight. You must take evidence ( PICTURES ) of it and send to office IMMEDIATELY. Do not leave receiver without notifying the office.
3. Be courteous : You must respect and be courteous to reviever employees and agents while loading and unloading.

4. Safety Equipment : You must have all safety equipment with you while loading / Unloading and must wear all safety gear ( Hard hat, REFLECTIVE safety vest, Glasses, long sleeve shirt, full pants and Gloves ). Receiver / Shipper will refuse to load / Unload without safety gear.

## MISSING / LOST / DAMAGED PAPERWORK CHARGES

		Signature for consent of Driver
Bill of Lading	Freight Charges, Truck Charges, No Driver Pay, Company Fine \$100	
Customs Invoice	No Detention pay	
Weigh Ticket	Truck Charges if Overweight, Freight Charges, Truck Charges, Crane loading / Unloading, DOT Tickets, Company Fine \$100	
Wrong Load Pickup	Freight Charges, Truck Charges, Crane loading / Unloading, Customer Charges, Company Fine \$100	
Leave Customer without notifying Office of Damage / Loss	Company Fine \$100, Customer Charges if any	

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

**Name** \_\_\_\_\_



## Skills & Training Assessment

Skill	Applicant Response	Company Assessment
US hours of Service	Yes [ ] No [ ]	
Canadian Hours of Service	Yes [ ] No [ ]	
Vehicle dimensions / Weight Regulations	Yes [ ] No [ ]	
Pre and Post Trip Inspection / Tire & Brake Inspection	Yes [ ] No [ ]	
Load Securement	Yes [ ] No [ ]	
Driving / Backup	Yes [ ] No [ ]	
Customers Paperwork Handling	Yes [ ] No [ ]	
Customs Paperwork	Yes [ ] No [ ]	
Load on-time Pickup / Delivery Policy	Yes [ ] No [ ]	
Safety Wear Policy	Yes [ ] No [ ]	
Accident Reporting	Yes [ ] No [ ]	
Breakdown Handling	Yes [ ] No [ ]	
Scanning / Printing Documents	Yes [ ] No [ ]	
Fuel card Use	Yes [ ] No [ ]	
Brake Adjustment	Yes [ ] No [ ]	
DEF Handling	Yes [ ] No [ ]	
Ticket / DOT Road Inspection	Yes [ ] No [ ]	
Yard Car/ Truck / Trailer Parking Policy	Yes [ ] No [ ]	
Trip Sheet / BOL handling back to Office.	Yes [ ] No [ ]	

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

Name \_\_\_\_\_

Assessment Done by ( Company Employee Name ) \_\_\_\_\_