

DRIVER/OWNER OPERATOR APPLICATION REQUIREMENTS

Thank you for your interest in Coastal Pacific Xpress. Our success begins with our people. We invest heavily in recruitment, training and retention of top-quality professional drivers, and providing a work environment in which they can excel.

Hiring the best drivers is a priority at CPX. All potential applicants must meet or exceed the following requirements:

- No 24 hour suspensions in the last 2 years.
- No DUI in the last five years.
- No other motor vehicle related Criminal Code convictions in the past 5 years.
- No more than three tickets than carry penalty points in the past two years.
- Driver's status on abstract must be listed as normal.
- Minimum two years' experience commercial driving experience for principal drivers. Exception to be granted to second drivers on a case by case basis by the driver manager.
- Minimum age for Canadian drivers is 19.
- Minimum age for US drivers is 21.
- For operation in the United States all drivers must be able to meet the United States requirement for ability to communicate in English.

Upon returning this application with original driver's abstract dated within the past 7 days and an ICBC 6 year claim history, please bring your driver's license and an additional two pieces of government issued identification in the form of:

- Social Insurance Card
- Passport
- Citizenship Card
- Permanent Resident Card

The recruitment team is here to support you. If you have any questions, please do not hesitate to contact us at 604-575-4200 ext. 524.

Thank you,

Driver Recruiting
Coastal Pacific Xpress

SECTION A: PERSONAL INFORMATION

DATE: _____ <small>MM/DD/YY</small>	NAME: _____ <small>LAST, FIRST</small>
ADDRESS: _____ <small>STREET/CITY/PROVINCE/POSTAL CODE</small> _____	
HOME PHONE: _____ CELL PHONE: _____	
EMAIL: _____ BIRTHDATE: _____	
EMERGENCY CONTACT: _____ <small>NAME / CONTACT NUMBER</small> _____ <small>RELATIONSHIP</small>	
LICENSE: _____ <small>CLASS NO. PROV. EXPIRY DATE</small>	
SIN NO: _____ Do you speak fluent English: YES ___ NO ___	
List all prescribed medications you currently take: _____	
Are you legally allowed to cross the United States border? YES ___ NO ___	
Are you a new driver? Yes ___ No ___	
List all types of equipment you have operated:	
Trucks: _____ <small>LIST YEARS OF EXPERIENCE</small>	
Engines: _____ <small>LIST YEARS OF EXPERIENCE</small>	
Transmissions: _____ <small>LIST YEARS OF EXPERIENCE</small>	
Trailers: _____ <small>(TYPES/# AXLES/LENGTHS) YEARS OF EXPERIENCE</small>	
Trucks: _____ <small>YEARS OF EXPERIENCE</small>	

SECTION B: PERSONAL HISTORY

IF YOU REQUIRE MORE SPACE, CONTINUE ON PAGE 5/6.

List all occurrences when you have received WCB:

WCB ACCT #: _____

Injury Date	Describe Injury	How much time off work

List previous addresses for the past five (5) years if different than current:

Date (From – To)	Full Address

SECTION C: EMPLOYMENT HISTORY

IF YOU REQUIRE MORE SPACE, CONTINUE ON PAGE 5/6.

List all your employer(s) for the past ten (10) years beginning with most recent.

Date (From – To)	Company	Position	City	Contact

Crossed USA Border: YES ___ NO ___

Reason for leaving: _____

Date (From – To)	Company	Position	City	Contact

Crossed USA Border: YES ___ NO ___

Reason for leaving: _____

Date (From – To)	Company	Position	City	Contact

Crossed USA Border: YES ___ NO ___

Reason for leaving: _____

Date (From – To)	Company	Position	City	Contact

Crossed USA Border: YES ___ NO ___

Reason for leaving: _____

Date (From – To)	Company	Position	City	Contact

Crossed USA Border: YES ___ NO ___

Reason for leaving: _____

SECTION D: PREVIOUS EXPERIENCE

IF YOU REQUIRE MORE SPACE, CONTINUE ON PAGE 5/6.

Driver Requirement: each driver shall furnish the list as required by the motor carrier. If the driver has not been convicted or, forfeited bond or collateral on account of any violation, which must be listed, he shall so certify (s391.27). Please list all violation tickets, both for commercial motor vehicle as well as private use.

List all MV tickets in the last three (3) years.

Date	Offense	Location	Vehicle Operated

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

Driver's License #: _____ Prov. _____ Expiry: M: ____ D: ____ Y: ____

Driver's Signature: _____ Date: _____

List all Motor Vehicle Accidents in the last three (3) years.

Date	City	Describe	At Fault?	Injury	Death
			YES: ____ NO: ____	YES: ____ NO: ____	YES: ____ NO: ____
			YES: ____ NO: ____	YES: ____ NO: ____	YES: ____ NO: ____
			YES: ____ NO: ____	YES: ____ NO: ____	YES: ____ NO: ____

Only applicants with an original Drivers Abstract (dated within the last 7 days of submission) and a copy of a Driver's License will be accepted.

Consent to Disclose Personal Information

This certifies that this application was completed by me and that all entries and information are true and complete to the best of my knowledge. I authorize Coastal Pacific Xpress Inc. hereinafter known as "The Company" and Canadian Driver Verification Services hereinafter known as the "Agent" to make such investigations and inquires of my personal employment, financial (credit bureau), criminal record search, driving abstracts, drug results from previous employers or their consortium or their Insurance Carrier or Agent for my driving record, insurance history, and other related matters as may be necessary in arriving at an employment decision. If hired or contracted, this authorization shall remain on file and serve as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment or contract period or after such period. I hereby release employers, schools, 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 agents 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 with all the rules and regulations of the Company.

For the 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. This information will be kept confidential and will not be distributed or used for any other purpose than to check qualifications for employment.

DECLARATIONS:

Initial

- _____ I certify that this application was completed by me and that all information is true and completed to the best of my knowledge.

- _____ Should the information that I have provided prove to be false, my contract may be terminated at any time.

- _____ I understand that the company reserves the right to contact my previous employers and use the information received to evaluate my application.

Consent to Disclose Personal Information – Cont'd

_____ I confirm that I do not possess more than one valid driver's license.

_____ I confirm that I have been notified of my due process as specified in (391.23i) regarding the information received as part of the background investigation:

- The right to review information provided by previous employers (391.23(i)(2));
- The right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer (391.23(j)(1); and
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information (391.23(j)(3)).

Have you ever been denied or have privileges revoked or suspended for a license, permit or privilege to operate a motor vehicle? YES ___ NO ___

Date of Birth (MM/DD/YYYY): _____
Print any other names or aliases used: _____
Driver's License #: _____ Issued by Province: _____
Print Name: _____
Signature: _____
Date: _____ MM/DD/YYYY

APPLICANT SCREENING PROCESS
Consent to Disclosure of Person Information

Applicant Information

Surname:		Given Name(s):	
Maiden Name or Other Names Used (if applicable):			
Date of Birth: DD/MM/YY	Place of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Driver's License:
Current Address:			
Reason For Requested Applicant Screening: Criminal Record Verification			
Position Applied For:		Organization:	

Previous addresses for the last five (5) years:

Number	Street	Apt.	Town/City	Postal Code

I hereby consent to a search of the National Criminal Records repository maintained by the RCMP, which will be conducted using my name(s) and date of birth as provided above.

I further consent to full disclosure, by the Owen Sound Police Service to the persons listed below, of all record information. This consent includes the release of records of criminal convictions for which a pardon has not been granted, records of discharges that have not been removed from the CPIC system in accordance with the Criminal Records Act, or any conviction registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent is given pursuant to s. 42(b) of the Freedom of Information and Protection of Privacy Act.

RELEASE & DISCHARGE

I hereby release and forever discharge Her Majesty in right of Ontario, the Owen Sound Police Service and all members and employees of the Owen Sound Police Service, the Royal Canadian Mounted Police and all members and employees of the RCMP, from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Owen Sound Police Service to the above named organization.

..... Signature of Applicant Date
..... Signature of Organization Witness Date
..... Identification Verified by Date

This record and the information contained therein is being provided in confidence and shall not be disclosed to any person with the exception of the person(s) named above without the express written consent of the Chief of Police.

The information provided is based on a name check only, and having a birth date as provided above.

**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 Coastal Pacific Xpress 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.

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.

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

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

AUTHORIZATION

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

I authorize Coastal Pacific Xpress 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 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.

LAST UPDATED 12/22/2015

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: _____

Driver License Number: _____ Issued by Prov/State: _____

Date of Birth: _____

Social Insurance/Security #: _____

DRIVER SIGNATURE: _____ **DATE:** _____

