



Thank you for applying to work with us!
We value the time you have taken to complete this process and look forward to the end result!
Please verify and complete your profile.

APPLICANT CONTACT INFO

First Name: _____ Last Name: _____ Position: _____
 Street: _____ City: _____ Domicile: _____
 Province: _____ Postal: _____
 Phone: _____ Email: _____

OWNER OPERATOR DETAILS

Incorporated Name (if applicable): _____ Make/Model: _____
 Do you own or lease your vehicle? _____ Year: _____
 When did you acquire this vehicle? _____ Mileage: _____
 Major Repairs in the past 3 Years? If so, please list: _____ Type of Engine: _____
 Are Driver and O/O one and the same? If no, Driver Full Name: _____
 Driver Phone: _____ Driver Email: _____

DRIVING EXPERIENCE

How many years of AZ License experience do you have? _____
 Have you ever worked for Wolverine Freight System? _____ if so, when? _____
 Do you have experience pulling containers? _____ if so, where? _____
 Other type of Experience? Flat Bed Dump Vans Trains All

QUALIFYING QUESTIONS

- Yes No Are you legally entitled to work in Canada?
- Yes No Have you ever been refused entry into the United States?
- Yes No Do you have restrictions placed on you by U.S. Immigration?
- Yes No Are you bond-able?
- Yes No Have you ever been convicted of a criminal offence for which a pardon has not been granted?
- Yes No Do you consent to the Employer conducting periodic Criminal Record Searches, Police Clearance Searches, and RCMP Border Clearance Searches in order to ensure that you are capable of carrying out the requirements of the job of truck driver?
- Yes No During the past three years have you ever tested positive or refused to test on any pre-employment Drug or Alcohol test administered by an Employer to which you applied for, but did not obtain employment?

DECLARATION

I hereby declare that the foregoing and subsequent information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature: _____ **Printed:** _____
Date: _____

The information collected on this application is reviewed by Human Resources and Operational personnel only. The information is collected for assessing potential employment opportunities. This document is maintained in a secure manner in accordance with Legislative and Corporate prescribed regulations.

EMPLOYMENT RECORD

We are required to collect the last 10 years of employment history from applicants. Please list the names and dates of those employers in order of the most recent.

Please also note that in order to process your application we are required to contact employers from the last 3 years

Job Title: _____	Start Date: _____	End Date: _____
Employer Name: _____	Contact Name: _____	
Street: _____	City: _____	
Province: _____	Postal: _____	
Phone: _____	Email: _____	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title: _____	Start Date: _____	End Date: _____
Employer Name: _____	Contact Name: _____	
Street: _____	City: _____	
Province: _____	Postal: _____	
Phone: _____	Email: _____	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title: _____	Start Date: _____	End Date: _____
Employer Name: _____	Contact Name: _____	
Street: _____	City: _____	
Province: _____	Postal: _____	
Phone: _____	Email: _____	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title: _____	Start Date: _____	End Date: _____
Employer Name: _____	Contact Name: _____	
Street: _____	City: _____	
Province: _____	Postal: _____	
Phone: _____	Email: _____	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title: _____	Start Date: _____	End Date: _____
Employer Name: _____	Contact Name: _____	
Street: _____	City: _____	
Province: _____	Postal: _____	
Phone: _____	Email: _____	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**PROSPECTIVE EMPLOYEE'S
DRUG & ALCOHOL STATEMENT**



In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective employee, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years.

Company Name: WOLVERINE FREIGHT SYSTEMS

Address: 2500 AIRPORT RD., WINDSOR, ONTARIO N8W 5E7

Prospective Employee Name: _____

Prospective Employee's SIN/ID number: _____

To be answered by the employee:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years? **Yes** **No**

If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

Prospective Employee Signature

Date

Witnessed By (Print Name)

Date

Witnessed By (Signature)

Date

CONSENT TO CONTACT

This sheet will be sent to employers that you have given us permission to contact.
Please date and authorize this form. (Page 1 of 2)



EMPLOYER NAME _____ DESIGNATED CONTACT _____
ADDRESS _____
CONTACT INFO _____

I, _____ hereby authorize the above named employer to release the following two parts of information to Wolverine Freight System (prospective employer) for the purpose of investigation as required by Section 391.23, 382.413, 40.25 & 382.301 of the Motor Carrier Regulations. You are released from any liability, which may result from supplying such information.

Date: _____ Print Name: _____ Signature X _____

TO BE FILLED OUT BY AUTHORIZED EMPLOYER MENTIONED ABOVE

Dear Sir or Madam,

The above named individual has made application to Wolverine Freight System for a position as a driver and states the he / she was employed by you as a driver from _____ to _____.
We appreciate your time in completing the information requested.

Sincerely, Joanna Markiewicz

Actual dates employed from

_____ to _____
(mm/dd/yy) (mm/dd/yy)

Position:

Driver Owner Operator Driver for O/O Other _____

Equipment:

Tractor/Trailer Straight Truck Flatbed Other _____

Commodities Hauled:

General Freight Produce Auto Parts Other _____

Areas of Travel:

Local Only Canada Only Canada/USA

Cargo Claims:

Yes No Details _____

Any reportable accidents? Yes No Preventable Charged

Date _____ Location _____ Description _____

Date _____ Location _____ Description _____

Convictions CVOR/MCMIS? Yes No If Yes, Please explain _____

Was his/her conduct satisfactory? Yes No

Eligible for rehire? Yes Upon Review No, If so please explain _____

Safety Habits:

Good Average Poor

Driving Skills:

Good Average Poor

Ability to get along with others:

Good Average Poor

Off any length of time because of a work related accident or injury? Yes No

Reason for leaving:

Discharged Layoff

Resigned with notice

Resigned without notice

This above section to be completed by Previous Employer:

Name (print): _____ Date: _____

Signature : _____ Title: _____

CONSENT TO CONTACT

This sheet will be sent to employers that you have given us permission to contact (Page 2 of 2)



(1) Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No

(2) For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program _____ (mm/dd/yy).
Employee's ending date of participation to program _____ (mm/dd/yy)
Program complies with DOT requirements? Yes No
Date of last drug test _____ (mm/dd/yy)

DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382 Subpart B (last 6 months).

Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Comments: _____			

(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25

TESTING HISTORY

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years?
 Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?
 Yes No
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)?
 Yes No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)?
 Yes No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
 - A. Was the person referred to a SAP?
If employment with your company continued: Yes No
 - B. Was the person evaluated by the SAP? Yes No
 - C. If yes, did the SAP recommend treatment and/or education? Yes No
 - D. Did the person complete the treatment and/or education as determined by the SAP? Yes No
 - E. Did the person undergo a return-to-duty test? Yes No
 - F. If yes, was the return-to-duty test negative? Yes No
 - G. Did the SAP recommend follow-up testing? Yes No
 - H. Did the person complete the follow-up testing? Yes No

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

I confirm that the above information is accurate.

Name of Company Rep (print)

Company

Signature

Date

**PROSPECTIVE EMPLOYEE DRUG & ALCOHOL
TEST NOTIFICATION**



COMPANY NAME: WOLVERINE FREIGHT SYSTEM

EMPLOYEE NAME: _____

EMPLOYER NAME: SAFETY & COMPLIANCE DEPARTMENT

NOTIFICATION DATE: TO BE DETERMINED AFTER SUCCESSFUL COMPLETION OF ROAD TEST (mm/dd/yy)

You are required to undergo: drug test
 alcohol test
 drug and alcohol test

for the purpose of: random
 pre-employment
 post-accident
 reasonable suspicion
 return-to-duty (must be observed if test is DOT)
 follow-up (must be observed if test is DOT)

Failure to report to the collection site at the specified date and time may be considered a refusal to test as stated in 40.191 and 40.261. A refusal to test is a violation of the DOT regulations (40.191 c and 40.261 (b)) and individuals who refuse to test are required to undergo the return-to-duty process.

NOTE: EMPLOYEE MUST HAVE PHOTO IDENTIFICATION AND A FULL BLADDER

Time of appointment: _____ : _____ a.m. / p.m.

Name of collection site: _____ Address: _____

I have read and understand the above statement.

DATE: _____ (mm/dd/yy)

EMPLOYEE SIGNATURE: _____

Keep the original notification and give a copy to the employee