



RADO TRANSPORT GROUP LTD.

WINNIPEG, MB. R2G4H5
Phone: 1-204 583 3033
Email: Radotrp@gmail.com

Date: _____

Included are my: Driver License PR Card:
FAST Card Passport: Country: _____ # _____
Drivers Abstract US Visa: Interview set for: _____
Criminal Record Search Citizen Card:

Applying for: Owner-Operator: (or) Driver for Owner/Operator: (or) Company Driver:

Truck Details Year: _____ Leased: (or) Own:
Make: _____ Registered Owner of truck: _____
Model: _____ VIN #: _____
Weight: _____ (fully fueled)

Willing to run: United States: Canada: City/Regional: Mountains:

Prefer: Single: Team: If applying for team, Co-Driver Name: _____

Are you legally approved to operate in the US? Yes No

Name: _____ (First) _____ (Middle) _____ (Last)

Address: _____ (Apt/House#) _____ (Street Name) _____ (City/Town) _____ (Prov.) _____ (Postal Code) _____ (How Long?)

Complete 5 year address history:

Address: _____ (Apt/House#) _____ (Street Name) _____ (City/Town) _____ (Prov.) _____ (Postal Code) _____ (How Long?)

Address: _____ (Apt/House#) _____ (Street Name) _____ (City/Town) _____ (Prov.) _____ (Postal Code) _____ (How Long?)

E-mail address: _____ @ _____

Cell Phone: (____) - _____ - _____ Home Phone: (____) - _____ - _____

Social Insurance Number: _____

| DRIVER LICENSE # | ISSUED IN PROVINCE | CLASS: | EXPIRATION DATE: |
|------------------|--------------------|--------|------------------|
| | | | |

- 1-When did you first receive your class 1(AZ) license? (Day/Month/Year)= ____/____/____ From what Province? _____
- 2-Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes: No:
- 3-Has any license, permit or privilege ever been suspended or revoked? Yes: No:
- 4-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 US DOT agency drug and alcohol testing rules during the past three years? Yes: No:
- 5-Are you currently legally authorized to work in the country to which you are applying? Yes: No:

WORK HISTORY: Provide a complete history with no gap in employment. * 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

Current employer, may we contact them? Yes: No: I am still employed there: Yes: No:

Start Date (Month/Year): ____/____/____ End Date (Month/Year): ____/____/____

Company Name: _____ Contact/Supervisor: _____

Address: _____ Phone #: (____) _____ - _____

City: _____ Prov. _____ Postal Code _____

Position: _____

Were you subject to FMCSR and was your job designated as a safety sensitive function subject to Alcohol and Drug Testing Requirements of 49CFR Part 40 (US Dot)? Yes: _____ No:

Previous employer: Start Date (Month/Year) : ____/____/____ End Date (Month/Year): ____/____/____

Company Name: _____ Contact/Supervisor: _____

Address: _____ Phone #: (____) _____ - _____

City: _____ Prov. _____ Postal Code _____

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City: _____ Prov. _____ Postal Code _____

Position: _____

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Are there any gaps in employment? And periods you were unemployed? Please list below including dates and reason

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Company Name: _____ Contact/Supervisor: _____

Address: _____ Phone #: (____) ____ - _____

City: _____ Prov. _____ Postal Code _____

Position: _____

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Company Name: _____ Contact/Supervisor: _____

Address: _____ Phone #: (____) _____ - _____

City: _____ Prov. _____ Postal Code _____

Position: _____

Were you subject to FMCSR and was your job designated as a safety sensitive function subject to Alcohol and Drug Testing Requirements of 49CFR Part 40 (US Dot)? Yes: No:

Are there any gaps in employment? And periods you were unemployed? Please list below including dates and reason

PROFESSIONAL DRIVING HISTORY/RECORD:

Has any license, permit or privilege ever been suspended or revoked?

Yes: No:

If yes, give details: _____

Accidents: If you've had no accidents (personal or commercial)-check here and skip to next question:

List ALL accidents in the past 5 years while driving personal or commercial vehicles in which you were involved. (All minor/major accidents with amount of damage) Failure to disclose will end application process.

| DATE (month/day/year) | Describe ACCIDENT: (Head-on/Rear end/Hit Ditch/side swiped etc and what occurred. | Fatality/ Injury? | Road condition At time of accident: | Damage/Claim Amount \$ |
|--------------------------|---|----------------------|--|---------------------------|
| | | | | |
| | | | | |
| | | | | |

Traffic Convictions/Tickets/Fines (except parking): Report all tickets received in the past 5years while driving personal and commercial vehicles. Failure to disclose will result in end of application process.

| DATE Received: (month/day/year) | Ticket was received for Speeding/Failing to Stop/Illegal turn etc. If speeding, provided posted speed and speed you were travelling. | Fine amount \$: |
|------------------------------------|---|-----------------|
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|---|--|
| List Types of equipment hauled: (Dry Van, Reefer, Flatbed, LCV etc.): | |
| List experience in border crossing between Canada/US (areas driven): | |
| List safety courses-upgrades, PDIC/LCV courses you've taken | |
| List any safe driving awards you've received and from which company: | |

TO BE READ AND SIGNED BY APPLICANT:

- a) I authorize **Rado Transport Group Ltd.** and CDVS-Canadian Driver Verification Services, to make such investigations and inquiries of my; personal, employment, financial, and other related matters as may be necessary in arriving at a final decision to become an approved broker/driver, including, retaining the Criminal Record Search that I have provided as a condition of becoming an approved broker/driver within Rado Transport Group Ltd. I hereby release employers, schools and other persons from all liability in responding to inquiries and releasing information in connection with my application. I agree to furnish such additional information and complete such examinations as may be required by the Company in order to complete the approval process.
- b) Information provided to Rado Transport Group Ltd. will be held in accordance with The Personal Information Protection and Electronic Document Act. The Company will take appropriate steps to ensure the security of your information and will not provide information to another party except as approved by you, or to meet legal or legislated requirements.
- c) If approved as a broker/driver, I understand that false or misleading information given in my application or interview(s) may result in termination of my driving privileges and/or contract now or in the future. I understand that I am required to abide by all rules and regulations of the Company.

Probationary Period; I understand that during my initial 90 days of driving/operating, it is critical that an accident and violation free driving record be maintained. If I am involved in a preventable accident, receive a fine or violation during that time period, fail to follow standard operating procedures, or my behavior is below company standard, I may have my driving privileges immediately removed. Following the probationary period, if I have a preventable accident, receive a fine or violation, or fail to perform duties in a fully satisfactory manner, I will be subject to disciplinary action up to and including termination of my driving privileges.

Alcohol and Substance Abuse Policy: I understand that in accordance with company policy, as a prospective broker/driver, I will be required to submit to Drug Screening urinalysis as a condition of my employment or contract and I agree to that condition. I understand and acknowledge that an unsatisfactory result of such a test shall terminate any further consideration of employment or of a contract with Rado Transport Group Ltd. I understand that I cannot; have, use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs while employed with Rado Transport Group LTD. The use of prescribed drugs is permitted if it does not impair my ability to perform the essential functions effectively and in a safe manner. I further understand that should I violate this policy, it will serve as a basis for discipline, including termination of employment or termination of an applicable contract, even if for a first offense. I understand that, if accepted for employment or as a contractor, a condition of my continued employment or contract is that I agree to submit to alcohol and drug tests on a random basis, post-accident or on the basis of reasonable suspicion. I also acknowledge and accept that refusal to submit to a test or a positive test result may bring about the termination of my employment or my contract. I authorize the release of any alcohol and drug test results to Rado Transport Group Ltd. and to its authorized representatives.

Criminal Record: I have a pending charge of a criminal offence and awaiting court settlement? Yes: No:

Please provide conviction and details: _____

PLEASE CHECK ONE OF THE FOLLOWING WITH REGARDS TO CRIMINAL RECORD DOCUMENT:

- I do not have a CRIMINAL RECORD:** I have requested a copy of this report from the appropriate authorities and am awaiting receipt of the document. Attached is the receipt showing I've paid for this criminal record search. If approved, I agree to produce a current criminal record search when received in not more than one month from today's date. If the information found on this criminal record search does not correspond with information stated below, I understand my driving privileges will be terminated immediately.

- I have a CRIMINAL RECORD:** I have requested a copy of a detailed criminal report "Fingerprints required" from the appropriate authorities and awaiting receipt of said document. Attached is the receipt showing I've paid for a detailed criminal history and if approved, agree to produce the search when received, at no more than four months from today's date. If the information found on this criminal record search does not correspond with information stated below, I understand my driving privileges will be terminated immediately.

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 # _____

I have read and understand all the above policies:

Printed Name: _____ Signature: _____

Date: _____

Witness Printed Name: _____ Signature: _____

Request of Drug and Alcohol Testing Information from Previous Employers:

In accordance with 49 CFR 382.413 and 49 CFR 40.25 and the Pre-employment test exemption in accordance with 49 CFR 382.301(b); I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer and or their service agent, listed in *Section 1-B to RADO TRANSPORT GROUP LTD.*, listed in *Section 1-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section 11-A* by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
- 2. Verified positive drug tests;
- 3. Refusals to be tested;
- 4. Other violations of DOT agency drug and alcohol testing regulations;
- 5. Information obtained from previous employers of a drug and alcohol rule violation.
- 6. Documentation, if any, of completion of the return-to-duty process following a rule violation;

SIN# _____ Name (printed): _____

Date: _____ Signature: _____

APPLICANT TO PRINT, SIGN, AND DATE ABOVE ONLY (do not write below this line)

The above applicant has applied to Rado Transport Group Ltd. for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulation 49 CFR 382.413.49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual’s involvement with your company drug and alcohol testing program, and provided consent form for the release for the information follows:

TO: Previous Employer/Company: _____ Date: _____

Address: _____ Phone: _____ Fax : _____

In accordance with 49 CFR 382.405 (f) by my agreement above I authorize you and / or your Third party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and / or to their Third Party Administrator

TESTING HISTORY:

- a-Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years? Yes No
- b-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
- c-Has this person ever refused to a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results? Yes No
- d-Do you have knowledge of any violations by this driver, under 49 CFR Subpart B or any other DOT agency drug and alcohol testing regulations within the last 3 years (including all information you received from a previous employ Yes No

- If YES to any of the above: A) Was the person referred to a SAP? 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) Was treatment completed 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

Signature of Person Providing Information: _____ Print: _____

Date: _____

Federal Motor Carrier Safety Administration (FMCSA) CONSENT FORM

1. In connection with your application for employment with Prospective Employer **RADO TRANSPORT GROUP LTD**, 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).

2. 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.

3. 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.

- a) The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.
- b) If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

4. I authorize (“Prospective Employer”) **RADO TRANSPORT GROUP LTD**. 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.

5. 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 Data Qs system to the appropriate State for adjudication.

6. 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 agree to 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: _____

Applicant Name (printed): _____