

**DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER
INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of motor carrier for a continuous period which began before January 1, 1971.

*(a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years.

*(a)(2) an investigation of the driver's employment record during the preceding three years.

*(b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.

*(c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.

*(d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of employment application and any accidents the previous employer may wish to provide.

*(e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application on a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
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.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within 5 business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available. The prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understood the contents of the document.

Driver's Signature _____ Date _____

Driver Name (printed) _____



25 Picasso Drive
Brampton ON L6P 3L6
Tel. 416-881-3700
Fax. 905-915-7009
info@bagatransport.com

Application Form

In Compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disabilities. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, write "No" or "None".

Position(s) Applied for: Driver Owner-Operator Date of Application _____

Name _____ S.I.N Number _____
Last First MI

License Number: _____ Expiry Date: _____

Current & Three years previous addresses

From _____ To _____

From _____ To _____

From _____ To _____

Phone: Home _____ Cell _____ Emergency _____

Person to be contacted in an emergency (PRINT): _____

Date of Birth ____/____/____ Can you provide proof of age? _____
Day Month Year

Do you have the legal right to work in Canada? Yes No

Have you ever worked for this company? Yes No. If yes, where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you currently employed? _____ Who referred you to us? _____ Rate of pay expected _____

Are you available for trips to Western Canada? YES NO _____

Do you have a FAST Card? NO YES. If yes, Card No. _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? If yes, please explain below -



25 Picasso Drive
Brampton ON L6P 3L6
Tel. 416-881-3700
Fax. 905-915-7009
info@bagatransport.com

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (____) _____
Were you subject to the FMCSRs* while employed here? Yes No
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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (____) _____
Were you subject to the FMCSRs* while employed here? Yes No
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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (____) _____
Were you subject to the FMCSRs* while employed here? Yes No
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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (____) _____
Were you subject to the FMCSRs* while employed here? Yes No
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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (____) _____
Were you subject to the FMCSRs* while employed here? Yes No
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? Yes No

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs*



25 Picasso Drive
 Brampton ON L6P 3L6
 Tel. 416-881-3700
 Fax. 905-915-7009
info@bagatransport.com

10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORDS FOR THE PAST 3 YEARS OR MORE.

Date	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries

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

Date	Location	Charge	Penalty

Education

the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

License Information - Driver

Driver Licenses	State	License No.	Type	Exp. Date

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

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

If answer is yes to either 1 or 2, please attach a separate sheet giving detailed explanation.

Driving Experience

Class of Equipment	Type of Equipment (van, tank, etc.)	Date		Approx. Total Miles
		From	To	

List the States operated in for the last five years _____

List special courses or training that will help you as a driver:



25 Picasso Drive
 Brampton ON L6P 3L6
 Tel. 416-881-3700
 Fax. 905-915-7009
info@bagatransport.com

Which safe driving awards do you hold and from whom?

Personal References:

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I _____ completed this application and that all entries on it and information in it is true and completed to the best of my knowledge.

I authorize you to make such investigations and inquiries on my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing 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 BAGA TRANSPORT INC..

Date

Signature

Process Record

Applicant Hired _____ Rejected _____

Date Employed _____ Position Employed _____

Department _____ Classification _____

If rejected summary report should be placed in file

(Please mark from 1-10: 1-poor, 10-excellent)

Application		Written Exam	
Interview		Road Test	
Past Employment		Criminal and Traffic Convictions	

Termination of Employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntary Quit _____ Other _____

Termination Report placed in file _____ Supervisor _____



25 Picasso Drive
Brampton ON L6P 3L6
Tel. 416-881-3700
Fax. 905-915-7009
info@bagatransport.com

**Acknowledgment of the Drug and Alcohol Policy
Of
BAGA TRANSPORT INC.**

I hereby acknowledge, by my signature below, that I have reviewed and understand the company's Drug and Alcohol misuse policy and agree to abide by the terms and conditions as set forth within the policy.

I understand that these conditions constitute part of my essential job duties and are mandated by the company for my own safety, that of my coworkers, as well as that of the general public. I further understand that the drivers must also comply with the U.S. Department of Transportation regulations pertaining to drug and alcohol testing for the company to be allowed to perform transportation duties inside the U.S. The policy is being administered to the employees in an unbiased manner. I further understand that my compliance with the policy and procedures are a condition of my new or continuing employment or contract with the company.

My signature is being given below on this document of my own free will without undue duress and with the understanding that the provisions of this policy do not in any capacity constitute a contract of employment or contract of services.

Name (Please Print)

Signature

Date

Company Witness (Please Print)

Signature

Date



25 Picasso Drive
Brampton ON L6P 3L6
Tel. 416-881-3700
Fax. 905-915-7009
info@bagatransport.com

**Acknowledgment of the Rules and Regulations Policy
Of
BAGA TRANSPORT INC.**

I acknowledge receipt of the RULES & REGULATIONS contract. In addition, I agree to familiarize myself with all the rules and regulations as part of my employment with this company.

Driver's Name _____

Driver's Signature _____

Company Supervisor's Signature _____

Date _____



25 Picasso Drive
Brampton ON L6P 3L6
Tel. 416-881-3700
Fax. 905-915-7009
info@bagatransport.com

Pre-Employment Urinalysis Notification

The Federal Motor Carrier Safety Regulations, Sections 391.103 – pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of a urine sample under section 391.07 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (please print)

Applicant's Signature

Date

Witnessed By:

Company Rep. Signature

Date

*January 1, 1995, Section 391.103 use of this form terminates for motor carriers with fifty drivers or more.

**January 1, 1996, Section 391.103 use of this form terminates for motor carriers with fewer than fifty drivers

PREVIOUS EMPLOYER REFERRAL CHECK REQUEST FORM
SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, Middle, Last Social Insurance Number _____

hereby authorize that:

Previous Employer: _____
Street: _____ Telephone: _____
City, Province, Postal Code: _____ Fax No.: _____

may release and forward information requested by section 2 (below) of this document concerning my personal performance to:

Prospective Employer: Baga Transport Inc.
Street: 25 Picasso Drive Telephone: (416) 881-3700
City, Province, Postal Code: Brampton ON L6P 3L6 Fax No: (905) 915-7009
E-mail address: bagatransport@gmail.com
Release of this information may be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Applicant's Signature

Date

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Dear Sir/Madam,

The above named individual has made an application to this company for the position of AZ driver.

We appreciate your time in completing the information requested below. Please fax the completed form to (416)213-8533.

Sincerely,
Safety and Compliance.

1. Employed From _____ To _____ as AZ Driver
2. Motor Vehicle Driven Straight truck Tractor-Trailer Other (Specify) _____
3. Was s/he a safe and efficient driver? _____
4. Was his/her general conduct satisfactory? _____
5. Any WSIB or other reported injuries? _____
6. Any Tickets/Citations (Please describe) _____
7. Log violations (Please describe) _____
8. U.S. Experience (# of Years) _____
9. Reason for Leaving _____
10. Is he eligible for re-hiring? _____

Other Comments:

Representative Name _____ Representative Signature _____

Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to Previous Employer Mailed Date: _____
 Verified over Telephone E-mailed

Complete below when information is obtained.

Information Received from: _____

Recorded By: _____ Method: Fax Mail E-mail Phone

Date: _____

FORM 413 / 301

REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION

FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25

AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301(b)

PURPOSE OF THIS FORM: (A) Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O. (B) (I) Under 49 CFR 382.301(b) a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (II) Under 49 CFR 382.301(c)(2) an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

Name (print) _____ (SIN) _____ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

APPLICANT/DRIVER CONSENT

TO: [Previous Employer]	Date: _____
Company: _____	Phone: _____ Fax: _____
Address: _____	
Designated Employer Representative: _____	
In accordance with 49 CFR 382.405(f), by my signature below 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.	
FROM: [Prospective Employer]	
Company: <u>BAGA TRANSPORT INC</u>	Phone: <u>416-881-3700</u> Fax: <u>905-915-7009</u>
Address: <u>25 PICASSO DRIVE, BRAMPTON ON L6P 3L6</u>	
Attention: <u>RECRUITING</u>	
I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.	
Applicant Name (Print): _____	Applicant's SIN/Employee ID: _____
Applicant Signature «driver»: _____	Date: _____

Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301.

Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

Please check off if section (2) for the pre-employment exemption is not required.

Applicant Name (Print): _____

(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? Yes No
If employment with your company continued:
 - 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



New Employee's Drug and 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: _____

Address: _____

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (Printed Name)

Date

Witnessed By (Signature)

Title

**Motor Vehicle Driver's
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking), of which the driver has been convicted. Or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27)

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Driver's Printed Name:	Social Insurance Number:
Driver's License Number:	Expiry Date:

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383.31) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offence	Location	Type of vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the certification of violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the following information requested below

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that s/he :

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.25
 Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ Date _____

Print Name : _____ Title: _____

DRIVER STATEMENT OF ON-DUTY HOURS

(FOR NEWLY HIRED DRIVER'S)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 14 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

NOTE: Hours for any compensated work during the preceding 14 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Insurance Number _____

Driver's License: Number: _____ Province _____ Class _____

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Date															
Hours Worked															Total Hours

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last Relieved from work at:

_____ A.M/P.M on _____
Time Day Month Year

Driver's Signature _____ Date _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs 8 and 9 of the federal Motor Carriers Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non motor carrier entity.

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still Employed by this company? Yes No

I certify that the information above is correct and complete to the best of my knowledge. If I begin working for another employer(s) for compensation while employed by this company, I will inform this company immediately of such employment activity.

Driver's Signature: _____ Date: _____



25 Picasso Drive
Brampton ON L6P 3L6
Tel. 416-881-3700
Fax. 905-915-7009
info@bagatransport.com

Motor Vehicle Driver's Certification of Compliance with Driver License Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates a vehicle weighing 10,001 pounds or more, can transport hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in that state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

Driver Certification: I certify that I have read and understood the above requirements.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

Driver's Signature: _____ Date: _____

Notes: _____



25 Picasso Drive
Brampton ON L6P 3L6
Tel. 416-881-3700
Fax. 905-915-7009
info@bagatransport.com

MEDICAL DECLARATION

On March 30, 1999, Transport Canada and the U.S. Federal Highway Administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of a commercial vehicle in the U.S. as currently contained in the Federal Motor Carrier Safety Regulations, Part 391.41 et seq., and vice versa. The reciprocal agreement removes the requirement for a Canadian driver to carry a copy of a medical examiner's certificate indicating that the driver is physically qualified. (In effect, the existence of a valid driver's license issued by the province of Ontario is deemed to be proof that a driver is physically qualified to drive in the U.S). However, the FHWA will not recognize on Ontario driver's license if the driver has certain medical conditions and those conditions would prohibit him from driving in the United States.

I, _____ certify that I am qualified to operate a commercial motor vehicle in the United States. I further certify that:

- I have no clinical diagnosis of diabetes currently requiring insulin for control.
- I have no established medical history or clinical diagnosis of Epilepsy.
- I do not have impaired hearing. (A driver must be able to perceive a forced whispered voice in the better ear at no less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 1000 Hz, Or 2000Hz with or without a hearing aid when tested by an audiometric device calibrated to American National Standard Z24.5 – 1951).
- I have not been issued a waiver by the province of Ontario allowing me to operate a commercial motor vehicle pursuant to Section 20 or 21 of Ontario regulation 340/94.

I further agree to inform BAGA TRANSPORT INC., should my medical status change, or if I no longer certify conditions as described above.

Driver's Name: _____ Date: _____

Signature : _____

Witness : _____ Date: _____



25 Picasso Drive
Brampton ON L6P 3L6
Tel. 416-881-3700
Fax. 905-915-7009
info@bagatransport.com

PHYSICAL EXAMS & DRUG TESTING ACKNOWLEDGEMENT FORM

I have read and understand the Drug and Alcohol Use Policy (the "Policy") of **BAGA TRANSPORT INC.** (the "Company") and the consequences of breaching the Policy and Authorize the following process as detailed in the regulations and/or Policy.

I hereby authorize TruckWorldMCI and its agents to obtain a specimen of my urine or saliva/breath to be used for the purposes of drug or alcohol testing respectively, according to federal Regulations of the U.S. Department of transportation and/or Policy, as applicable.

I authorize the laboratory appointed by the Company to perform the testing for drugs on the urine sample, to release the completed Custody and Control from (CCF) and the drug test results to the Medical review Officer (MRO) appointed by the Company. I authorize the MTO to release the completed CCF and the results of the drug test to the designated confidential representative(s) at the Company and TruckWorldMCI once verified by the MRO. Alcohol results will be released by the technician to TruckWorldMCI and my Company. I authorize the release of the completed CCF and/or alcohol form and drug and/or alcohol test results as required by law.

I also authorize TruckWorldMCI to verify and/or release information about my drug and/or alcohol test to the Substance Abuse Professional (SAP) provider with whom I may attend for the purpose of the SAP providing assistance to myself.

Company Name: **BAGA TRANSPORT INC** Time: _____

Donor's Name : _____ Date: _____

Donor's Signature: _____

Witness Signature: _____

Confirm Proper Identification: Photo I.D. Company Representative



25 Picasso Drive
Brampton ON L6P 3L6
Tel. 416-881-3700
Fax. 905-915-7009
info@bagatransport.com

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25 (j) As the employer, you must also ask the 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. If the employee admits that he or she had a positive test or a 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 Sec. 40.25(b)(5) and (e))

Company Name: Baga Transport Inc

Street: 25 Picasso Drive

City: Brampton

Province/Postal: ON L6P 3L6

Prospective Employee Name: _____ SINNumber: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: YES NO

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: YES NO

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____



25 Picasso Drive
Brampton ON L6P 3L6
Tel. 416-881-3700
Fax. 905-915-7009
info@bagatransport.com

Consent and Release To Drug Testing

I hereby authorize an agent of my employer to process a specimen of my urine, secured with a chain-of-custody, to be tested for drugs according to applicable Federal Regulation and Company policy.

I understand that I will not be further considered for employment at this time if I test positive as an applicant. I further understand that I will be removed from any safety sensitive job duties according to company policy and Federal Regulations if I test positive at any point while employed by the company.

I authorize the laboratory to release the drug test results to the company designated physician serving as a Medical Review Officer (M.R.O.) and further release the Medical Review Officer to inform the company of the results of the drug testing following his or her verification.

This drug test is being administered as a part of Federal Regulation 49 CFR 382.

Donor-Print Name

Date

Donor Signature

Employer Representative I.D.

Photo I.D. Checked

Employer Rep. Signature
