EMPLOYMENT APPLICATION

APPLICANT NAME _____ **DATE** _____

TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make such investigations and inquiries of 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 liabilities 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 the rules and regulations of the Company. I understand that information I provide regarding current and/or previous 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(d) and (e).

I understand that I have the right to: Review information provided by previous employers;
Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
Have a rebuttal attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature **Date**

FOR COMPANY USE ONLY

PROCESS RECORD

APPLICANT HIRED YES / NO
DATE EMPLOYED _____

DEPARTMENT CLASSIFICATION _____

If REJECTED, Summary Report of Reasons Should be Placed in File

INTERVIEWING OFFICER _____

PRINT NAME SIGNATURE

TERMINATION OF EMPLOYMENT

TERMINATION DATE _____ FILED YES / NO

DISMISSED _____ VOLUNTARILY QUIT _____

OTHER _____

APPLICANT TO COMPLETE

(Answer all questions - PLEASE PRINT)

Position(s) Applied For: Office / Yard / Driver / Owner Operator

NAME _____ **SIN** _____

Last First Middle

CONTACT _____

List your addresses of residency for the past 3 years.

CURRENT ADDRESS _____

Street

_____

City Province Postal Code

Previous Addresses: To be Filled if living for Less than 3 YEARS at Current Address

Street	City	Province	Postal Code	Duration (Yr./Mo.)

Do you have the legal right to work in Canada? YES / NO If YES, Status In Canada? _____

DATE OF BIRTH _____ , _____ Can you provide proof of age? _____

Month Date Year

(Required for Commercial Drivers)

Are you FAST approved Driver? YES / NO

If YES, FAST CARD NUMBER _____ EXPIRY _____

If NO, are you willing to apply for one? YES / NO If NOT, why? _____

_____

Have you worked for ROADVISE LOGISTICS LTD in the past? YES / NO

If YES, From _____ to _____ Position _____
Month Date Year Month Date Year

Reason for Leaving _____

Are you Employed now? YES / NO If Not, when were your last employment? _____
Month Year

Who Referred you? _____ Expected Pay Rate? _____

Have you even been bonded? YES / NO If YES, With who? _____

(Answer only if a Job Requirement)

Do you have a valid travel Document? YES / NO

Do you have a valid US VISA? YES / NO

Have you ever been convicted of a felony? YES / NO

If YES, Please Explain. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

_____

_____

_____

_____

_____

_____

Is there any reason you might be unable to perform the functions of the job which you have applied for (as described in the attached job description)? _____

If YES, explain if you wish _____

_____

_____

_____

_____

_____

_____

EMPLOYMENT HISTORY

All Driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 YEARS. Applicant to drive a commercial motor vehicle* in interstate or interstate commerce shall also provide an additional 7 YEAR information on those employers for whom the applicant operated such vehicles. (NOTE: Start with the most recent and complete all the listed information. Add another sheet if necessary.)

EMPLOYER Start wit the most recent company you have worked for	**DATE** FROM TO
NAME	Month Year Month Year
ADDRESS	
CITY	POSITION HELD
PROVINCE POSTAL CODE	SALARY WAGE
CONTACT PERSON	CONTACT
REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? 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	

EMPLOYER	**DATE** FROM TO
NAME	Month Year Month Year
ADDRESS	
CITY	POSITION HELD
PROVINCE POSTAL CODE	SALARY WAGE
CONTACT PERSON	CONTACT
REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? 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	

EMPLOYER	**DATE** FROM TO
NAME	Month Year Month Year
ADDRESS	
CITY	POSITION HELD
PROVINCE POSTAL CODE	SALARY WAGE
CONTACT PERSON	CONTACT
REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? 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	

EMPLOYER	**DATE** FROM TO
NAME	Month Year Month Year
ADDRESS	
CITY	POSITION HELD
PROVINCE POSTAL CODE	SALARY WAGE
CONTACT PERSON	CONTACT
REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? 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	

FOR OFFICE USE ONLY

EMPLOYMENT VERIFIED?

ANY NOTES:

* Includes Vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver) or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:

1) weighs or has a GVWR of 10,001 lbs or more. 2) is designed or used to transport more than 8 passengers (Including the driver), OR 3) is of any size used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)
NOTE: START WITH THE MOST RECENT ONE AND IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
NOTE: START WITH THE MOST RECENT ONE AND IF NONE, WRITE NONE

DATE	LOCATION	CHARGE	PENALITY

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver Licenses or permits held in the last 3 years.

	PROVINCE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSE				

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

B. have any License, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

_____

_____

LIST PROVINCES AND STATES OPERATED IN FOR LAST FIVE YEARS

_____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

DRIVING EXPERIENCE CIRCLE YES OR NO

CLASS OF EQUIPMENT		TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, REEFER)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	YES NO			
TRACTOR AND SEMI-TRAILER	YES NO			
TRACTOR AND TWO TRAILERS	YES NO			
TRACTOR AND THREE TRAILERS	YES NO			
OTHER	YES NO			

QUALIFICATION

HIGHEST LEVEL OF EDUCATION COMPLETED _____

LAST SCHOOL ATTENDED _____

NAME

ADDRESS _____

TO BE READ AND SIGNED BY THE APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES AND INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE _____ **DATE** _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ Social Insurance Number _____

Date of Birth _____

Hereby authorize:

Previous Employer: _____

Email: _____ Contact _____

Fax _____

Address: _____

Street City Province Postal Code

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 YEARS from (Employment

To: Prospective Employer :

Attention _____ Contact _____

Fax _____

Address: _____

Street City Province Postal Code

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

_____ _____

Applicant's Signature Date

This information is being requested in compliance with $40.25(g) and 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER
EMPLOYMENT VERIFICATION

The applicant named above was employed by us. YES / NO

FROM TO

If YES, Employed as: _____ _____ _____

1. Did he/she drive a motor vehicle for you? YES / NO

If YES, What Type?

- ☐ Straight Truck
- ☐ Tractor Semi-Trailer
- ☐ Bus
- ☐ Cargo Tank
- ☐ Doubles / Triples
- ☐ Others (Specify)

2. Reason for Leaving your employment:

- ☐ Discharged
- ☐ Resignation
- ☐ Lay off
- ☐ Military Duty

Contact

Completed by: _____ _____

Signature: _____

Company: _____
Street

_____
City Province Postal Code

If there is no safety performance history to report, check here ☐ and return. Otherwise, Complete PART 3 and 4.

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15 (b)) that involved the "applicant in the 2 years prior to the application date shown above or check here [ ] if there is no accident register data for this driver.

Date	Location	#Injuries	# Fatalities	Hazardous Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies

Any other remarks: _____

Signature _____ Title _____ Date _____

PART 4: TO BE COMPLETED BY PREVIOUS EMPLOYER DRUG AND ALCOHOL POLICY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐.

Applicant was subject to DOT Testing requirement FROM _____ TO _____

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the last 3 years prior to the application date shown on page 1.

1. Has this violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including ☐ YES ☐ NO

→ An alcohol test with the result of 0.04 or higher alcohol concentration.
→ A Controlled substance test results of positive, adulterated, or substituted.
→ A refusal to submit a random, post-accident, reasonable suspicion, or follow up controlled substance o
→ Alcohol use while performing or within 4 hours before performing safety sensitive functions
→ Alcohol use after an accident, in violation of §382.303
→ Controlled substances use while in duty, except as allowed under §382.303

2. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employment, including return-to-duty and follow-up tests? If yes, please send documentation back with this form ☐ YES ☐ NO ☐ N/A

3. For a driver who successfully completed a Sap's rehabilitation referral and remained in your employment, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested ? ☐ YES ☐ NO ☐ N/A

PART 4(A): TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This Form was (Check One) ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other

to previous employer by: _____ Title _____

PART 4(B): TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from Date _____

Method ☐ Fax ☐ Mail ☐ Email ☐ Telephone ☐ Other

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with ROADVISE LOGISTICS LTD ("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 you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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

2. I authorize ROADVISE LOGISTICS LTD ("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 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 decide regarding my suitability as an employee.

3. 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's system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will be displayed 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, in a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign 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.

Date:_____ Signature:_____

Name:_____

NOTICE: This form is made available to monthly account holders by NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used overall, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged. LAST UPDATED 10/29/2012

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to ROADVISE LOGISTICS LTD (Prospective Employer) for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from all liability which may result from furnishing such information.

Applicant's Signature _____ Date _____

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency. I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Sections 300002(a)).

Requester's Name / Signature _____ Date _____

To _____

Dear Sir / Madam,

[ ] The following named person has made an application with our company for the position of Driver / Owner Operator _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past [ ] The following named person is employed with our company in the position of _____ _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT _____ D.O.B _____
MONTH DATE YEAR

LICENSE NUMBER _____

EMPLOYMENT DATES _____ to _____
MONTH DATE YEAR MONTH DATE YEAR

ADDRESS _____
STREET CITY PROVINCE POSTAL CODE

FORMER ADDRESS _____
STREET CITY PROVINCE POSTAL CODE

NEW EMPLOYMENT 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 administrated 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 ROADVISE LOGISTICS LTD

COMPANY ADDRESS 1751 Prairie Avenue, Port Coquitlam BC V3B 1V2

PROSPECTIVE EMPLOYEE NAME _____

PROSPECTIVE EMPLOYEE SIN _____

To be answered by the employee

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administrated 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? ☐ 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) and 40.25 (e). The return-to-duty process is outlined in subpart O of Part 401

_____ _____

Prospective Employee Signature Date

WITNESSED BY _____ _____

Print Name Date

_____

Signature

_____ _____

Company Representative Signature Date

U. S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY PROGRAM

ANNUAL REVIEW OF DRIVING RECORD

(49 CFR 391.25)

First Name | Last Name | Middle Initial | Social Insurance Number

This day I reviewed the driving record of the above-named driver in accordance with CFR 391.25 of the Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the MCS Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

[ ] The driver meets the minimum requirements for safe driving, or

[ ] The driver is disqualified to drive a motor vehicle pursuant to CFR 391.15

Date of Review | Name of Motor Carrier

Reviewed by: Signature and Title

Date of Review | Name of Motor Carrier

Reviewed by: Signature and Title

Date of Review | Name of Motor Carrier

Reviewed by: Signature and Title

Motor Vehicle Driver's
CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENCE	CITY / PROVINCE	TYPE OF VEHICLE

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.

Driver License No. _____ Province _____ Expiry Date _____

_____ _____

Driver's Signature Date of Certification

COMPANY NAME: ROADVISE LOGISTICS LTD

Motor Carrier Name

COMPANY ADDRESS: 1751 Prairie Avenue, Port Coquitlam BC V3B 1V2

Motor Carrier Address

REVIEWED BY _____ TITLE _____

Print Name

_____

Signature

DRIVER HIRING CHECK LIST

	Give a short history of the company, explain the structure and define any reporting relationships with any other employees
	Give details of probationary period
	Show them around facilities and introduce to other employees
	Explain pay structure, paydays and when wages are reviewed
	Explain which statuary holidays are paid, which are not, and any other pertinent information
	Demonstrate the use of timesheets
	Explain company policy regarding hours of work legislation
	Explain company policy regarding pre-trip inspections
	Review fueling, and topping off fluid levels
	Stress the importance of keeping equipment clean
	Explain procedures for reporting violations, collisions and roadside inspections
	Make sure it is understood whom problems are reported to
	Explain procedures for on-road breakdowns
	Introduce to maintenance personnel
	Demonstrate 2-way radios or provide with emergency phone numbers
	Explain the importance of Safety Meeting and Training program
	Explain company Safety Program accident-free days, posters, plaques, awards etc.
	Review company on unauthorized use of vehicles
	Explain company disciplinary process
	Explain evaluation process
Comments:	

DRIVER _____ _____
PRINT NAME SIGNATURE

MANAGER _____ _____
PRINT NAME SIGNATURE

DATE _____

RULES

In order to ensure safe operation of the company's vehicles, all drivers must be aware of and comply with all regulations governing their conduct.

LICENSING	INITIALS
a) I know that I must hold and carry a valid driver's license	
b) I agree to report all Highway Traffic Act violations including all traffic violations to my employer in writing	
c) I understand that I must not operate a vehicle while under the influence of drugs or alcohol	

HOURS OF WORK	INITIALS
a) I have been informed of and understand the hours of work regulations	
b) I am aware I must arrange my work schedule to comply with these regulations	
c) I agree to submit a record of all on-duty hours accumulated while working for other operators	

PRE-TRIP INSPECTIONS	INITIALS
a) I am aware of the pre-trip inspection and understand them	
b) I will submit all roadside inspection reports immediately upon completion of the trip	

LOAD SECURITY	INITIALS
a) I have been informed of and understand the load security regulations	

DRIVER _____ SIGNATURE _____ DATE

WITNESS _____ PRINT NAME _____ DATE

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 in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These 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 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 the 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 within 30 days to: 1) your employing motor carrier and 2) the state that issued your license (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.

The following license is the only license I possess.

Driver License No. _____ Province _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

DRIVER DATE _____

PRINT NAME

_____

SIGNATURE

Note:

MEDICAL DECLARATION

On March 3 , 1999 Transport Canada and the US federal Highway administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian drivers of a commercial vehicle in the US, as currently contained in the federal Motor carriers safety regulation, part 391.41 et seq, and vice-versa, the reciprocal agreement will remove the requirements for a Canadian driver to carry a copy of a medical examiners certificate indicating that the driver is physically qualified to drive (In effect, the existence of a valid driver's license issued by the province of British Columbia is deemed to be proof that a driver is physically qualified to drive in US) however, FHWA will not recognize an British Columbia license if the driver has certain medical conditions and those conditions would prohibit them from driving in the US.

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

A) I have no clinical diagnosis of diabetes currently requiring insulin for control

B) I have no established medical history or clinical diagnosis of epilepsy

C) I don't have impaired hearing (A driver must be able to first perceive a forced whispered voice in the better ear at not 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 500 Hz, 100 Hz, or 200 Hz with or without a hearing aid when tested by an audiometric device calibrated to American National Standard Z24.5-1951)

D) I have not been issued a waiver by the province of British Columbia allowing me to operate a commercial motor vehicle pursuant to section 20 or 22 of the British Columbia regulation

I further agree to inform ROADVISE LOGISTICS LTD should my medical status change, or if I can no longer certify conditions A to D, described above.

DRIVER_____ DATE _____

PRINT NAME

_____

SIGNATURE

WITNESSED BY_____

DRIVER ACKNOWLEDGEMENT

I_____have been explained and I understand it is illegal to Falsify in logbooks and I have to log all time markers (e.g. Tolls, border crossing, fuel times etc.) Properly and exactly as per Pacific Time Zone.

If any falsification in my logs is found while auditing by company, I agree that I will be subjected to fines and penalties.

Fines and penalties will be determined by safety and compliance officer looking in to number of counts and difference of hours

DRIVER_____ DATE _____

PRINT NAME

_____

SIGNATURE

SAFETY REGULATIONS POCKETBOOK DRIVER'S RECIEPT

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the federal motor carrier safety Regulation (FMCSR) of the U.S department of transportation, Part 40, 382, 383, 390, 397, 399 Subchapter B, chapter3, Title 49 of the code of federal regulations as contained therein.

COMPANY _____

SUPERVISOR'S SIGNATUR_____ DATE _____

DRIVER'S SIGNATURE _____ DATE _____

Note: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver qualification file.

DRIVER'S STATEMENT OF ON DUTY HOURS

(FOR NEWLY HIRED DRIVERS)

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 7 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 7 days, including work for a non- motor carrier entity, must be recorded on this form.

DRIVER NAME (PRINT) _____

DRIVER'S LICENSE NO. _____

_____ Province | Class | Endorsement(s) | _____ Restriction(s)

DAY	1 YESTERDAY	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL
DATE															
ON DUTY HOURS															

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

TIME _____ AM / PM on DATE _____

DRIVER _____ DATE _____

PRINT NAME

_____

SIGNATURE

DRIVER'S 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 Carrier 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.

(Check One)

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 hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

DRIVER_____ DATE _____

PRINT NAME

_____

SIGNATURE

POLICIES AND PROCEDURES DRIVER'S MANUAL

I _____, have read and understand the ROADVISE LOGISTICS LTD Policies and procedures driver's manual. I fully agrees to abide by these policies and procedures and understand that if I break any of these policies and procedures, I will suffer the consequences set forth in the manual. I am also aware that anything I do not understand, I can go to anyone in a management position and anything I do not **understand**, will be fully explained to me. I understand that _____ is the safety compliance officer for ROADVISE LOGISTICS LTD and I will abide any rule set forth by ROADVISE LOGISTICS LTD - Pertaining of any safety issues I might have.

DRIVER_____ DATE _____

PRINT NAME

_____

SIGNATURE

WITNESSED BY_____

CONSENT TO RELEASE PERSONAL INFORMATION

1. I authorize ROADVISE LOGISTICS LTD and my prospective employer to retain and share any of my information to other transport companies or any government or private agencies.
2. I also authorize ROADVISE LOGISTICS LTD to pull my CVOR, Abstract and Police Clearance from time to time while I am in employment with the prospective employer.

DRIVER_____ DATE _____

PRINT NAME

_____

SIGNATURE

SCHEDULE "A"

DRUG AND ALCOHOL TESTING CONSENT FORM

(TO BE EXECUTED BY ALL EMPLOYEES AND APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. I understand that as a condition of employment, or continued employment, with the Company I must be part of, and I consent to, drug and alcohol testing which is required by the U.S. Department of Transportation.

2. I confirm and acknowledge that I have been informed that drug and alcohol testing includes Pre-Employment, Post Accident, Random, Return to Duty, Follow Up, and Reasonable Suspicion tests as set out in the DOT Standard Drug and Alcohol Policy, ("the Policy") of which a true copy has been provided to me.

3. I confirm and acknowledge that any breach of the Policy by me may result in disciplinary action against me, up to and including termination.

4. As an applicant, (if applicable) I acknowledge that I cannot commence safety sensitive work for the Company until I have submitted a urine sample for testing and the sample has been confirmed as negative for controlled substances.

My signature below confirms that I have read and understood the above terms and that I agree to abide by them.

Dated this _____ day of _____ 20_atc_____B.C.

_____ _____

Employee Signature Supervisor Signature

_____ _____

Employee Printed Name Supervisor Printed Name

SCHEDULE "A" "1"

THE COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE CONSENT FORM

(TO BE EXECUTED BY ALL EMPLOYEES AND APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. I understand that as a condition of employment, or continued employment, with the Company, I must register with the Commercial Driver's License Drug and Alcohol Clearinghouse at clearinghouse.fmcsa.dot.gov and I must grant electronic consent for the Company to run a full Pre-Employment Query on my record with the Clearinghouse.

2. I understand that a full Pre-Employment Query includes assessing the following specific records:
   a. A verified positive, adulterated, or substituted controlled substances test result;
   b. An alcohol confirmation test with a concentration of 0.04 or higher;
   c. An employer's report of actual knowledge, meaning that the employer directly observed the employee's use of alcohol or controlled substances while on duty;
   d. On duty alcohol use, meaning an employer has actual knowledge that an employee has used alcohol while performing safety sensitive functions;
   e. Pre-duty alcohol use, meaning that an employer has actual knowledge that an employee has used alcohol within 4 hours of performing safety sensitive functions;
   f. Alcohol use following an accident, unless 8 hours have passed following the accident or until a post accident alcohol test is conducted, whichever occurs first;
   g. Controlled substance use, meaning that no driver shall used a controlled substance while performing a safety sensitive function unless a licensed medical practitioner who is familiar with the driver's medical history has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle;
   h. A SAP report of the successful completion of the return-to-duty process;
   i. A negative return-to-duty test; and
   j. A SAP report of the successful completion of follow-up testing.

3. I understand that I cannot perform a safety sensitive function for the Company if my Clearinghouse record indicates a violation as listed in Part 2 above unless/until I have completed the SAP evaluation, referral and education/treatment process as described in this Policy.

My signature below confirms that I have read and understood the above terms and that I agree to abide by them.

Dated this_____day of _____20__ at _____B.C.

Printed Name of Employee as it appears on DL: _____

Driver's License :_____**Province:**_____

Employee's Date of Birth (month-day-year): _____

Employee's Signature :_____**Supervisor's Signature :**_____

SCHEDULE "A" "2"

THE COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE ANNUAL CONSENT FORM FOR LIMITED QUERIES

(TO BE EXECUTED BY ALL CURRENT EMPLOYEES AND ALL THE APPLICANTS WHO ARE OFFERED EMPLOYMENT)

My signature below confirms that I agree to allow the Company or their representative, Denning Health Group, to conduct an Annual Limited Query on my record with the Commercial Driver's License (CDL) Drug and Alcohol Clearinghouse.

I understand that a Limited Query will not reveal any of the details of my record with the Clearinghouse.

Furthermore, I understand that, if the Limited Query reveals that the Clearinghouse has information on me indicating that I have been in violation, I must immediately register with the Clearinghouse at clearinghouse.fmcsa.dot.gov and grant permission for the Company or their representative to run a Full Query on my record with the Clearinghouse. I understand that the Company or their representative must run the Full Query within 24 hours of receiving the results of the Limited Query indicating a violation on my part.

I agree that, if I fail to register with the Clearinghouse within 24 hours, I will be removed from safety sensitive functions until the Company, or their representative is able to conduct the Full Query, and the results confirm that my record contains no violations as outlined in this Policy.

I agree that if my record with the Clearinghouse reveals that I have engaged in prohibited conduct (i.e. a violation) as outlined in this Policy or the DOT rules, I will be removed from safety sensitive functions until/unless I have completed the SAP evaluation, referral and education/treatment process as described in this Policy.

I understand that if any information is added to my Clearinghouse record within the 30-day period immediately following the Company's or their representative's Query on me, the Company will be notified by the Federal Motor Carrier Safety Administration (FMCSA).

My signature below confirms that I have read and understood the above terms and that I grant permission for an Annual Limited Query on my record with the Commercial Driver's License Drug and Alcohol Clearinghouse for the duration of my employment with the Company.

Dated this _____ day of _____ 20__ at _____BC.

Printed Name of Employee as it appears on DL: _____

Driver's License :_____**Province:**_____

Employee's Date of Birth (month-day-year): _____

Employee's Signature :_____**Supervisor's Signature :**_____

SCHEDULE "B"

PAST EMPLOYER INFORMATION CONSENT FORM

(TO BE EXECUTED BY APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. My signature below confirms my consent for the Company to inquire about my past employers in order to determine if I have engaged in Prohibited Conduct while I was employed with any of them.

2. I understand that my past employer is obligated to release all the information that they have in my file held by them that relates to Prohibited Conduct during the past three years including but not limited to:

   A. Whether I have had a breath test more than 0.039 **BAC;** and,
   B. Whether I had a positive controlled substance test; and,
   C. Whether I have refused to submit to a test; and,
   D. Whether I have failed to undertake or complete a rehabilitation program prescribed by **a SAP;** and,
   E. Whether I have had an accident during the three years preceding the date of my employment with the Company.

3. I acknowledge that I will be removed from my job with the Company should their inquiries of past employers determine that I have engaged in Prohibited Conduct which I have not already disclosed.

4. I understand that I have the right to review information provided by previous employers and I have the right to request that the previous employer correct any error made in their responses. If the previous employer does not agree that an error was made, I have the right to request that a rebuttal statement be attached to the alleged erroneous information.

My past employers include:

Name of Previous Employer	**Phone # of Previous Employer**
_____	_____
_____	_____
_____	_____

Dated this_____day of_____20_at_____B.C.

_____ _____

Employee Signature | Supervisor Signature

_____ _____

Employee Printed Name | Supervisor Printed Name

SCHEDULE "B" "1

DISCLOSURE FORM

(TO BE EXECUTED BY APPLICANTS WHO ARE OFFERED EMPLOYMENT)

1. Have you ever, in the past two years, applied for but did not actually obtain, safety- sensitive transportation work with a company covered by DOT drug and alcohol testing rules? **Yes____No_____**

2. If the answer to question "1" above was "yes", then did you take a pre-employment drug test for this company that you applied to, but did not actually work for? **Yes____No_____**

3. If the answer to question number "2" above was "yes", then did you test positive for drugs on this pre-employment drug test? **Yes____No_____ N/A_____**

4. If the answer to question number "3" above was "no", then did you ever refuse to take a pre-employment drug test for a company that you applied to, but did not actually work for? **Yes___No_____N/A_____**

My signature below confirms that I have truthfully answered the questions on this Disclosure Form.

I acknowledge that, if I answered "yes" to question "3" or question "4", I cannot perform safety sensitive work with the Company until I have successfully completed the return-to- work process.

I acknowledge that I will be removed from the Company should they become aware that I have not truthfully answered the questions on this Disclosure Form.

Dated this _____day of _____20__ in the Province of British Columbia.

_____	_____
Employee Signature	Supervisor Signature
_____	_____
Employee Printed Name	Supervisor Printed Name

SCHEDULE "C"

LAST CHANCE AGREEMENT

(TO BE EXECUTED BY EMPLOYEES ENGAGING IN PROHIBITED CONDUCT)

My signature below confirms that I have read and agree to the terms set out in this Last Chance Agreement.

1. I acknowledge that I have engaged in Prohibited Conduct as defined by the Company's DOT Standard Drug and Alcohol Policy ("the Policy") and that a condition of my employment or contract with the Company requires that I execute this Last Chance Agreement and abide by its terms in order to be considered for continued employment.

2. I agree to meet with a Substance Abuse Professional (SAP) as directed by the Company and to adhere to any conditions of treatment determined by the SAP.

3. I acknowledge and agree that I will be terminated immediately, without further notice or compensation, if I:

   i.) engage in Prohibited Conduct within five years of the date indicated below; or,
   ii.) fail to meet with the SAP; or
   iii.) do not comply with the treatment program determined by the SAP; or
   iv.) refuse to test for alcohol or drugs as set out in the Policy; or
   v.) refuse to test for alcohol or drugs as determined necessary by the SAP.

4. I understand that I will not be considered for reinstatement until the Company has received written confirmation from SAP that I am fit for duty.

5. I give permission to the Company to speak to and correspond with the SAP regarding my treatment, my compliance with treatment, and the length of time that I will be off work. I recognize that this is necessary as the Company must plan its business.

Dated this _____day of _____20__ in the Province of British Columbia.

_____	_____
Employee Signature	Supervisor Signature
_____	_____
Employee Printed Name	Supervisor Printed Name

SCHEDULE "D"

ACKNOWLEDGEMENT OF RECEIPT OF THE DOT STANDARD DRUG AND ALCOHOL POLICY

{TO BE EXECUTED BY ALL COVERED EMPLOYEES)

MY SIGNATURE BELOW CONFIRMS THAT I HAVE RECEIVED A COPY OF THE DOT STANDARD DRUG AND ALCOHOL POLICY ("the Policy').

1. I understand that I must abide by the terms of the Policy to ensure my safety, the safety of my fellow workers and the safety of the public. I further recognize that adherence to the Policy is critical to the maintenance of the Company's reputation.

2. I understand that as an employee of the Company, I may be required to take an alcohol and/or controlled substance test. I also understand that if I refuse to such a test, or tests, or otherwise engage in Prohibited Conduct, the Company will remove me from service and that I will be suspended without pay subject to my execution of, and adherence to the terms of, the Last Chance Agreement a copy of which is attached as Schedule "C".

3. I understand that this Policy may be changed from time to time with the only notification being the posting of changes on the employee bulletin board.

4. I acknowledge receipt of the materials contained in the Policy including information concerning the effects of alcohol and drugs on an individual's health, work, and personal life, including signs and symptoms and where to get help for myself or a co-worker.

Dated this _____day of _____20__ in the Province of British Columbia.

_____	_____
Employee Signature	Supervisor Signature
_____	_____
Employee Printed Name	Supervisor Printed Name