

Dear Applicant,

Thank you for your interest in MacKinnon Transport. Please read the following instructions and completed the application accordingly.

**Step 1:**

Please save this pdf to your desktop.

Once saved you will be able to complete this document using your computer. To complete this document in hand written form please print.

**Step 2:**

Fill out the entire application in full. To fill out the application electronically please select  option on the right hand side of your screen.

Please leave all dates and signatures blank. These items will be completed during the interview process. Anything you do not understand will be gone through in the interview process.

**Step 3:**

Once completed please email a copy along with the following:

- Drivers Abstract
- CVOR
- Criminal Record Search/Receipt or Fast card

All documents are required must be printed with the last 30 days. Please note that your Criminal Record Search can take up to 30 days to be processed. Please provide us with a copy of the receipt.

Completed application can be emailed to [recruit@mackinnontransport.com](mailto:recruit@mackinnontransport.com).



# MacKinnon TRANSPORT INC.

## Driver Application for Employment or Contract

405 Laird Road  
Guelph, Ontario  
1-800-265-9394  
Fax -519-821-8055

Date of application: \_\_\_\_\_

Cell #: \_\_\_\_\_

### Personal Information

Position applied for \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ SIN# \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ Fast Card \_\_\_\_\_

**Current Address**  
Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Address for the past three years**  
Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Are you legally entitled to work in Canada? Yes\_\_ No\_\_

How did you here about MacKinnon Transport Inc? \_\_\_\_\_

Have you worked for MacKinnon Transport Inc. before (if yes when)? \_\_\_\_\_

### Physical History

List any restrictions that would prevent you from doing certain kinds of work \_\_\_\_\_

Are you physically capable of heavy manual work? \_\_\_\_\_

Would you be willing to take a physical examination? \_\_\_\_\_

Have you ever:

A) Tested positive for a controlled substance? Yes\_\_ No\_\_

B) Refused a drug test? Yes\_\_ No\_\_

C) Failed an employment or contract related Breath Alcohol Test for which the limit was 0.04 or greater?

Yes\_\_ No\_\_

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## Employment History

**(Please provide 10 year employment history)**

\*The US Department of Transportation requires that a driver application show all employment and or periods of unemployment for the past 3 years. They must also show commercial driver employment and or periods of unemployment for the seven years immediately preceding this three year period. 391.21(b)(10), (11)

Employer \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
.....

Employer \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
.....

Employer \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
.....

Employer \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
.....

Employer \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
.....

Employer \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
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## Accident History

(Please list three year history –All incidents including those of a “minor” nature)

Dates	Nature of accident	Fatalities	Injuries

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## Traffic Convictions and Forfeitures

(Please list three year history – all incidents other than parking violations)

Location	Date	Charge	Penalty

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## Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

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## Experience and Qualification – Driver

Drivers License No. \_\_\_\_\_

Province \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes\_\_\_ No\_\_\_  
B) Has any license, permit or privilege ever been suspended or revoked? Yes\_\_\_ No\_\_\_  
C) Can you legally enter the United States? Yes\_\_\_ No\_\_\_

**IF THE ANSWER TO A OR B IS YES, ATTACH STATEMENT GIVING DETAILS**

### Operating Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From - To	Approx. # of Miles
Straight Truck:			
Tractor and Semi-Trailer:			
Tractor – Two Trailers:			
Other:			

**List Provinces and States you have personally operated in for the last five years**

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## Emergency Information

List any allergies: \_\_\_\_\_

**FIRST CONTACT:**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone # \_\_\_\_\_ Work # \_\_\_\_\_

**SECOND CONTACT:**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone # \_\_\_\_\_ Work # \_\_\_\_\_

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## To Be Read and Signed By the Applicant

**This Certifies that the application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I acknowledge that my personal information is protected by the Personal Information Protection and Electronic Documents Act – the Privacy Act however I authorize MacKinnon Transport Inc. to share such information and make such investigations and inquiries of my personal, employment, financial and medical history and other related matters as may be necessary in arriving at an employment or contract decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment or contract, I understand that false or misleading information given in my application or interview(s) is grounds for and may result in discharge. I understand and agree, also, that I am required to abide by all rules and regulations of the company, as permitted by law.**

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Name (Print)	Signature	Date
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## Certification of Compliance With United States Drivers 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:

A) 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 province of residence and return the additional licenses to the province that issued them. DESTROYING a license does not close the record in the province that issued it; you must notify the province. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the province of issuance that you no longer want to be licensed by that province.

B) Part 392.42 and Part 383.33 of the Federal Motor Carriers Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 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 province that issued your license within 30 days.

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

The following license is the only one I will possess:

Drivers License No. \_\_\_\_\_ Province \_\_\_\_\_ Exp. Date \_\_\_\_\_

Drivers Signature \_\_\_\_\_

Notes \_\_\_\_\_

# 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).

**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

Name of Driver (Print)	Social Insurance Number	Date of Employment	
Home Terminal (City and Province)	Drivers License Number	Province	Expiration Date
GUELPH, ONTARIO			

**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) for which I have been convicted or forfeited bond or collateral during the past 12 months.**

Date	Offense	Location	Type of vehicle Operated
(If you have had no violations, check _____ none)			

**If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation 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 information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):	
<input type="checkbox"/> Meets minimum requirements for safe driving.	<input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.
<input type="checkbox"/> Does not adequately meet satisfactory safe driving performance.	
Action taken with driver:	
Reviewed by: _____	
Recruiting Specialist Signature	Date



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## Medical Declaration

**On March 30, 1999, transport Canada and 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 Carriers 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 a province in Canada is deemed to be proof that a driver is physically qualified to drive in the U.S.) However, FHWA will not recognize a Provincial license if the driver has a certain medical conditions and those conditions would prohibit them from driving in the U.S.**

**I, \_\_\_\_\_ certify that I am qualified to operate a commercial motor 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 do not 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 500Hz, 1000Hz, or 2000Hz 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 any Canadian Province allowing me to operate a commercial motor vehicle pursuant to Section 20 or 21 of Ontario Regulation 340/94.**

**I further agree to inform MacKinnon Transport Inc. should my medical status change, or if I can no longer certify conditions A to D, described above.**

**Driver Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Company's Medical Policy

On **March 30, 1999** United States Federal Motor Carrier Safety Regulation medical requirements for Canadian drivers of Commercial Motor Vehicles operating in the United States were revised.

The FHWA has reviewed the medical provisions of the Canadian National Safety Code for Motor Carriers (NSC) and has determined they are equivalent to the medical fitness regulations in the FMCSRs.

By this grant of reciprocal status, Canadian drivers who meet the medical provisions in the NSC and who operate a Commercial Vehicle in the U.S. will no longer be required to carry a medical card as of the effective date of the agreement. If at any time in the future, the U.S. shall take steps to merge its medical fitness determination into its commercial driver's license (CDL) process, Canada agrees to accept the U.S. CDL as proof of medical fitness without further negotiation between the countries.

As company policy, we are now requesting a copy of the Medical Fitness Report, in compliance with the Ministry of Transportation, be submitted to the Safety Department upon renewal. This copy will allow us to continue monitoring compliance with the US DOT Regulations, which still apply to all Commercial Motor Vehicle Carriers.

We would like to petition that a copy of your Canadian Medical be submitted within 30 days of issuance of this policy. In the event that you exhaust all possible ways of retrieving a copy of your Canadian Medical, (E.g. Family Physician etc...) then the following Medical Declaration will suffice until your Ministry of Transportation Medical Report is renewed.

In the future, upon expiry of your Canadian Medical, please submit a copy of your renewed Medical Report to the Safety Department, before sending the original to the Ministry of Transportation.

Please sign and date this Medical Policy and Medical Declaration and return it to the Safety and Compliance Coordinator, as soon as possible.

I \_\_\_\_\_ have read and understand what the Company's Medical Policy is asking and will commit to total compliance of the policy.

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Safety Program

I agree to make the necessary arrangements to adhere to MacKinnon Transport Inc.'s Safety Program, in full, and to follow all company policies, as instructed, in the Company Drivers' Handbook.

I further consent to pay specific attention to the following:

- To adhere to the Company Speed Policy
- To operate legally within the laws of the land.
- To attend 2 safety meetings per calendar year.
- To inform my Fleet Manager of any Safety Meeting(s) I will be attending, in advance, so they may plan Ahead for dispatching
- To operate my vehicle in a safe, courteous and defensive manner in accordance with the operating principals of a Professional driver at all times.

I \_\_\_\_\_ have read and understand the Company's Safety Program requirement and will commit to total compliance of the program.

**Driver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FORM 413**

**REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION  
FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and  
49 CFR 40.25**

PURPOSE OF THIS FORM: 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.

(Name) \_\_\_\_\_ (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 and 49 CFR 40.25, we are hereby requesting copies of records regarding this individual's involvement with your company's drug and alcohol testing program. Consent for the release of this information follows.

**APPLICANT CONSENT**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date: \_\_\_\_\_

In accordance with 49 CFR 382.405(f), by my signature below I authorize you 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 employ, 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 only to:

**MacKinnon Transport Inc**  
**Address: 405 Laird Rd Guelph, ON**  
**N1G 4P7**  
**Phone: 519-821-2311      Fax: 519-821-8055**

\_\_\_\_\_  
Applicant Name (Print)                      Applicant Signature                      SIN

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**Please complete the following** – (this page is to be completed by the applicants' previous employer)

Was the applicant subject to drug and alcohol testing under DOT regulations?

Yes                       No

**TESTING HISTORY**

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has this person ever violated DOT drug and alcohol testing regulations other than 1-3 above in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If employment with your company continued:		
b) Was the person evaluated by the SAP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) If yes, did the SAP recommend treatment and/or education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Did the person complete the treatment and/or education as determined by the SAP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Did the person undergo a return-to-duty test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) If yes, was the return-to-duty test negative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Did the SAP recommend follow-up testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Did the person complete the follow-up testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I confirm that the above information is accurate.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## 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 two years.

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
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**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: Recruiting Specialist

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## Substance Test Agreement

I \_\_\_\_\_ fully understand and agree that it is a BONA FIDE occupational requirement to undergo a drug-screening test, for controlled substances, prior to being employed in a Safety Sensitive Position, with MacKinnon Transport Inc.

The test will assist with determining my capacity to perform the essential components of the job safely, efficiently and reliably.

Therefore, I agree to a pre-employment urine sample test.

I further understand that I may not be employed in a Safety Sensitive Position until a negative result, from the test, has been confirmed, by the Consortium Office, to MacKinnon Transport.

**Participants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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