

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 the 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; and (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. This 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 is effective as of October 30, 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 any accidents involving the driver that occurred in the three-year period preceding the date of the 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 in 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; and
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the 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 five 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 send the 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 it 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 this document.

Driver's Signature

Date

Driver's Name (Printed)

APPLICATION FOR QUALIFICATION

Company Name: **Gavro Freight International Inc**

Address: **981 Barton Street**

City: **Stoney Creek**

Province: **ON**

Postal Code: **L8E 5H4**

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Gavro Freight International Inc (Gavro).

Instructions:

1. Please print clearly.
2. Complete all sections. If the answer to any question is “No” or “None”, **do not** leave the item blank, but write “No” or “None”.

SECTION A - APPLICANT INFORMATION

Name (First, Middle, Last)	Date of Birth (DD/MM/YYYY)
Telephone Number	Alternative Telephone Number
Position Applying for	
<input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor’s Driver <input type="checkbox"/> Other	

Residence history for the past three years, beginning with your current address.

Current Address (no., street)			From (DD/MM/YYYY)
City	Province	Postal Code	To (DD/MM/YYYY)
Address (no., street)			From (DD/MM/YYYY)
City	Province	Postal Code	To (DD/MM/YYYY)
Address (no., street)			From (DD/MM/YYYY)
City	Province	Postal Code	To (DD/MM/YYYY)

Have you ever worked for Gavro before?		Yes	No								
If yes, when?	From (MM/YYYY)	To (MM/YYYY)									
Reason for leaving:											
Select the highest grade level you have completed:											
Grade School											
1	2	3	4	5	6	7	8	9	10	11	12
College/University				Post-graduate							
1	2	3	4	1	2	3	4				

SECTION B - EMPLOYMENT HISTORY

Please provide a complete record of all employment (starting with the current or most recent) for the past three years, including any unemployment or self-employment. Please also provide all commercial driving experience for the past ten years.

Company		Position Held		Telephone Number	
Address (no., street)				From (DD/MM/YYYY)	
City		Province	Postal Code		To (DD/MM/YYYY)
Reason for leaving:					
Were you subject to the FMCSR* while employed at this company?			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	Yes		No

Company		Position Held		Telephone Number	
Address (no., street)				From (DD/MM/YYYY)	
City	Province	Postal Code	To (DD/MM/YYYY)		
Reason for leaving:					
Were you subject to the FMCSR* while employed at this company?			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			Yes No		

Company		Position Held		Telephone Number	
Address (no., street)				From (DD/MM/YYYY)	
City	Province	Postal Code	To (DD/MM/YYYY)		
Reason for leaving:					
Were you subject to the FMCSR* while employed at this company?			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			Yes No		

**The Federal Motor Carrier Safety Regulations (FMCSR) apply to any one 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 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.*

SECTION C - DRIVING HISTORY/EXPERIENCE

Driving Experience	From (DD/MM/YYYY)	To (DD/MM/YYYY)	Approximate Miles
Straight Truck			
Tractor-trailer			
LCVs			
Other:			

List provinces and states operated in for the last five years:

List special courses/training completed (PTD/DDC, Dangerous Goods, etc.):

List any Safe Driving Awards you hold and from whom:

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 Gavro Freight International Inc ("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 to 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 Gavro Freight International Inc (“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 make a determination 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 DataQs system to the appropriate State for adjudication.
4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will

include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP rep 01i. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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

Driver's Signature

Date

Driver's Name (Printed)

*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 in whole, 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.***

Driver Applicant Drug and Alcohol Pre-Employment Statement

CFR Part 40.25 (j) requires the employer to ask any applicant, 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 rules during the past five years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform a safety-sensitive function, until and unless, the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).

Applicant's Name (Printed)

ID Number

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 40.250(j) to respond to the following questions.

1. 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 two years?

Yes No

2. If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

My signature below certifies that the information provided is true and correct.

Applicant's Signature

Date

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with Gavro Freight International (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident — Section 382.303,
Random — Section 382.305,
Reasonable Suspicion — Section 382.307,
Return to Duty — Section 382.309,
Follow-up — Section 382.311

A driver, who tests positive to a controlled substance and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety-sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

Name	Address	Telephone Number

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled
 Applicant's Name (Printed)

substances and alcohol testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

Applicant's Signature

Date

REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY & INFORMATION FROM DOT REGULATED PREVIOUS EMPLOYER(S)

NOTES:

1. If this information is not available from the previous employer, you as a prospective employer must get this information from the Driver/Applicant.
2. Drug and Alcohol information must be kept in a separate Personnel and/or Confidential file.

Company Name: **Gavro Freight International Inc** Contact Person: **Dan**

Address: **981 Barton Street**

Phone:
289-965-1560 ext:303

City: **Stoney Creek** Province: **ON** Postal Code: **L8E 5H4**

Confidential Fax:
226-476-0232

Driver to complete this section			
Previous Employer		Contact Person	
Address (no., street)			Telephone Number
City	Province	Postal Code	Fax Number
Employed from (DD/MM/YYYY)		To (DD/MM/YYYY)	
ID Number		Date of Birth	
Date		Signature	

DOT Regulated past employer to complete the following sections

SECTION I - DRUG & ALCOHOL INFORMATION

Please provide the following Drug and Alcohol information as required by FMCSR Part 391.23 & 40.25.

Any alcohol test with a result of 0.04 or higher concentration?	Yes	No
Any verified positive drug test?	Yes	No

Any refusals to be tested (including verified adulterated or substituted drug test results?)	Yes	No
Any other violations of DOT agency drug & alcohol testing regulations (Part 382 or Part 40)?	Yes	No
If this Driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for; an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterant/substituted drug test result)?	Yes	No
If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.		

SECTION II - ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above named Driver/Applicant was involved with in the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver please check here

Date	Location City/town, Province/State	Any Vehicles Towed?	HazMat spill?	Number of fatalities	Number of injured
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SECTION III - WORK HISTORY INFORMATION

Position held (check all that apply)

Driver Contractor Contractor's Driver Other

Employed from (DD/MM/YYYY)

To (DD/MM/YYYY)

If employed as a Driver, what type of equipment did he/she operate?

Straight Truck Tractor/Trailer Doubles Triples Other

