



Application Cover Page

To be completed by: Terminal/Operations Managers, Recruiters, and Supervisors. Applicants should forward documents to the appropriate Recruiter / Operations contact.

In order to properly process this application, please complete the following and return as the application package cover sheet to the Compliance Dept., Hartland.

Email: info@pacehauling.ca

Applicant's Name: _____

Broker's Full Name and Vendor #: _____

Base Terminal: _____

Position Status: Full-time () Part-time ()

Division: Freight LH () Freight City () Sameday LH () Sameday City () Sameday Bank Run ()

(Please check one)

Dedicated LH () Dedicated City () Ottaway () Tidal Flatbed Solutions ()

Driving Jurisdictions: Canada Only () US ()

Type of equipment applicant will be driving (PLEASE CHECK ALL THAT APPLY):

Car () Panel Van () Cube Van () Straight Truck () Tractor Trailer () LCV () Single () Team () Flatbed ()

Area in which applicant will be driving (PLEASE CHECK ALL THAT APPLY):

City () If yes, specify area: _____

Regional () If yes, specify area: _____

Longhaul () If yes, specify area: _____

Switch () If yes, specify area: _____

Mountains () If yes, specify area: _____

Schedule () If yes, specify area: _____

PLEASE CHECK ALL THAT APPLY:

Required to be in Dispatch System ()

Remain in random drug-testing pool ()

Required to submit daily logs ()

Name of D&R personnel submitting application (Print): _____

***** Only successful candidates will be contacted *****



Office Use Only

Application Package Check List

✓ **Driving Broker / Driver for Broker / Company Driver**

Application
Sign-offs Form
PSP Form
D&A Request / Consent form (US applicants Only)
Release - Credit Check Application (Broker applicants only)
Back Check (Sameday bank run only)
Current Criminal Record (no older than 90 days)
Current Abstract (no older than 30 days)
Valid Driver License (front & back)

Non – Driving Broker

Application
Sign-offs Form
PSP Form
Release - Credit Check Application
Current Criminal Record (no older than 90 days)
Valid Driver License (front & back)



Applicant Only

Broker/Driver Application

Position applied for (check one):	<input type="checkbox"/> Driving Broker	<input type="checkbox"/> Non Driving broker	<input type="checkbox"/> Driver for Broker Broker's name: _____	<input type="checkbox"/> Company Driver
Division (check one):	<input type="checkbox"/> Pace Hauling	<input type="checkbox"/> Sameday	<input type="checkbox"/> Dedicated Logistics	<input type="checkbox"/> Ottaway

Date of Application: _____, 20____ Hours looking for: Full Time Part Time

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

Date of Birth: ____/____/____ Social Insurance Number (US Applicants Only): _____

Current Address: _____
Street (number & Name) City Province Postal Code How Long?

Previous Address: _____
(Last 3 years) Street (Number & Name) City Province Postal Code How Long?

Street (Number & Name) City Province Postal Code How Long?

Home Ph#: (____)-____-____ Cell#: (____)-____-____ Email: _____

Have you worked for the Pace Hauling before? No Yes If Yes, which division: _____
Province: _____ Start Date: _____ End Date: _____ Position: _____

Reason for Leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Is there any reason you might be unable to perform the job you are applying for? Yes No

If yes, please explain: _____

Who referred you? _____

EDUCATION

Name of Commercial Driving School you attended: _____
Name Province City

Certifications / Courses received for Driving / Safety: _____

QUALIFICATIONS - DRIVER

Applicant Only

Driver License	Province	License No.	Type	Expiration Date

A. When did you first receive your class 1(AZ) license? _____ / _____ / _____ What Province? _____
Day Month Year

B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

C. Has any license, permit or privilege ever been suspended or revoked? Yes No

D. Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by US DOT agency drug and alcohol testing rules during the past three years? Yes No

E. Are you currently legally authorized to work in the country to which you are applying? Yes No

IF THE ANSWER TO EITHER B, C OR D IS YES, PLEASE GIVE DETAILS INCLUDING DATE

Date: _____

Date: _____

ACCIDENT RECORD FOR PAST 5 YEARS (include all at-fault, not at-fault, personal vehicle & commercial vehicle, and minor accidents in Canada & U.S. which you were involved as a driver - attach an additional sheet if more space is needed)

	#1	#2	#3
Dates Nature of accident (Head-on, rear-end, upset, etc.)			
Fatalities			
Injuries			
Personal or Commercial vehicle			
Preventable or non-preventable			
Road Conditions			
Damage Amount \$			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (personal & commercial, other than parking)

Location	Date	Charge	Personal or Commercial	Penalty

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APP. NUMBER OF MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR - LCV				
OTHER				

EMPLOYMENT HISTORY & REFERENCES

All driver applicants must provide the following information on all employers during the **preceding 10 years**.

Please explain and fill in all gaps in employment. For ex. (periods of unemployment or extended vacations).

****NOTE****If your employer was a broker for another company, please provide the company where the truck was based and their phone number. If you were self-employed, please provide at least 2 customer references, a copy of your Carrier Profile & Safety Certificate. (**Note: Please start with most recent employer.**)

EMPLOYER**DATE**

Company Name	Supervisor	Phone #	START DATE: Mo. Yr.	END DATE: Mo. Yr.
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT)? YES _____ NO _____				

EMPLOYER**DATE**

Company Name	Supervisor	Phone #	START DATE: Mo. Yr.	END DATE: Mo. Yr.
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT)? YES _____ NO _____				

EMPLOYER**DATE**

Company Name	Supervisor	Phone #	START DATE: . Mo Yr.	END DATE: Mo. Yr.
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT)? YES _____ NO _____				

EMPLOYER

DATE

Company Name	Supervisor	Phone #	START DATE: Mo. Yr.	END DATE: Mo. Yr.
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT)? YES _____ NO _____				

EMPLOYER

DATE

Company Name	Supervisor	Phone #	START DATE: Mo. Yr.	END DATE: Mo. Yr.
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT)? YES _____ NO _____				

EMPLOYER

DATE

Company Name	Supervisor	Phone #	START DATE: Mo. Yr.	END DATE: Mo. Yr.
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT)? YES _____ NO _____				

EMPLOYER

DATE

Company Name	Supervisor	Phone #	START DATE: Mo. Yr.	END DATE: Mo. Yr.
Street Address:			Position Held	
City :	Province :	Postal Code :	Salary/Wage	
Truck contracted / worked at:		Phone #	Reason for Leaving	
Were you subject to FMCSR and was your job designated as a safety sensitive function subject to drug and alcohol testing requirements of 49CFR Part 40 (US DOT)? YES _____ NO _____				



TO BE READ AND SIGNED BY APPLICANT

I authorize **Pace Hauling Group** to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at a final decision to allow myself to become an approved broker/driver, including, retaining the Criminal Record Search that I have provided as a condition of becoming an approved broker / driver within the Pace Hauling system. I hereby release employers, schools and other persons from all liability in responding to inquiries and releasing information in connection with my application. I agree to furnish such additional information and complete such examinations as may be required by the Company in order to complete the approval process.

Information provided to Pace Hauling will be held in accordance with The Personal Information Protection and Electronic Document Act. The Company will take appropriate steps to ensure the security of your information and will not provide information to another party except as approved by you, or to meet legal or legislated requirements.

If approved as a broker/driver, I understand that false or misleading information given in my application or interview(s) may result in termination of my driving privileges and/or contract now or in the future. I understand that I am required to abide by all rules and regulations of the Company.

This certifies that this 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.

Date

Applicant's Name (Print)

Applicant's Signature



APPLICANT'S STATEMENT OF HEALTH

Name: _____ Location: _____

Position Applying For: _____

NOTE: This statement of health is to be completed by the applicant. If answering "Yes" to any statement, please give details on the lines provided.

1. When did you have your last physical examination? _____

2. Have you, in the past three (3) years, consulted a doctor, or sought advice for:

a) Dizzy spells, epilepsy, or nervous disorders? No Yes

b) Asthma, bronchitis, or lung problems? No Yes

c) High blood pressure, pain in chest, or difficulty with the heart or blood vessels?
No Yes

d) Arthritis, rheumatism, back problem, disc disease, joint or bone disorder?
No Yes

e) Urine, kidney, or bladder disorder? No Yes

f) Difficulty with eyes? No Yes

g) Difficulty with ears? No Yes

a) Do you have Diabetes? No Yes

How is it controlled? _____

PLEASE READ BEFORE SIGNING:

I declare that, to the best of my knowledge and belief, the answers given in this Statement of Health are true and accurate.

Date _____ Signature _____

Sign-off Forms

Probationary Period - Job Performance

During the initial 90 days of driving/operating in the Pace Hauling system, it is critical that an accident and violation free driving record be maintained. If you are involved in a preventable accident, receive a fine or violation during that time period, fail to follow standard operating procedures, or your behavior is below company standard, you may have your driving privileges immediately removed. Following the probationary period, if you have a preventable accident, receive a fine or violation, or fail to perform your duties in a fully satisfactory manner, you will be subject to disciplinary action up to and including withdrawal of your driving privileges.

I have read and understand the conditions of driving/operating in the Day & Ross system as outlined above. I agree to these conditions if my application to drive/operate in The Pace Hauling Transportation Group is approved

Alcohol and Substance Abuse Policy / Release

I understand that, in accordance with the policy of The Pace Hauling Transportation Group, as a prospective broker/driver, I will be required to submit to a Drug

Screening urinalysis test as a condition of my employment or contract and I agree to that condition.

I understand and acknowledge that an unsatisfactory result (positive) of such a test shall preclude any further consideration of employment or of a contract with The Pace Hauling Transportation Group.

“While on Pace Hauling premises or while conducting business-related activities off Pace Hauling premises, no employee, contractor or employee of a contractor, can have or may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an individual’s ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.”

“Should there be a violation of the above policy, it will serve as a basis for discipline up to and including termination of employment or termination of an applicable contract, even for a first offense.”

I acknowledge that I have read the above Pace Hauling Transportation Group policy statement on alcohol and drug abuse and I accept each of the provisions.

I understand that, if accepted for employment or as a contractor, a condition of my continued employment or contract is that I agree to submit to alcohol and drug tests on a random basis, post-accident or on the basis of reasonable suspicion. I also acknowledge and accept that refusal to submit to a test or a positive test result may bring about the termination of my employment or my contract.

I authorize the release of any alcohol and drug test results to The Pace Hauling Transportation Group and to its authorized representatives.

Criminal Record Search Document

Have you been charged, convicted or have any pending charges of a criminal offence?

____ Yes ____ No

If “Yes”, please list below and include date:

NO CRIMINAL RECORD

I am unable to provide a current criminal record search to Pace Hauling Inc. at this time. I have requested a copy of this report from the appropriate authorities and am awaiting receipt of the document. Attached is the receipt showing I’ve paid for this criminal record search. If approved as a driver in the Pace Hauling Inc system, I agree to produce a current criminal record search to Pace Hauling Inc. when received, but not more than

1 month from today’s date. If the information found on this criminal record search does not correspond with information stated below, I understand my driving privileges will be terminated immediately.

No criminal record exists

CRIMINAL RECORD EXISTS

I am unable to provide a current criminal record search to Pace Hauling Inc. at this time. I have requested a copy of this report from the appropriate authorities and am awaiting receipt of the document. Attached is the receipt showing I’ve paid for this criminal record search. If approved as a driver in the Pace Hauling Inc. system, I agree to produce a current **detailed** criminal record search to Pace Hauling Inc. when received, but not more than **4 months** from today’s date. If the information found on this criminal record search does not correspond with information stated below, I understand my driving privileges will be terminated immediately.

Criminal record exists

Print Name: _____

Signature: _____

Date: _____

The signature on this page applies to the following sub-sections of the Pace Hauling application a) Probationary Period – Job Performance; b) Alcohol and Substance Abuse Policy / Release; c) Criminal Record Search Document



**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online
Service**

In connection with your application for employment with PACE HAULING 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 on 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 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.

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. You may challenge the accuracy of the data by submitting a request to <https://datas.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize PACE HAULING 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 authorizing 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.

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 to DataQs system to the appropriate State for adjudication.

I understand that 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 CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP

report and State citations associated with FMCSA violations that have been adjudicated by a court of law will also appear, and remain, on my 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 Disclosure and Authorization, 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 (PLEASE PRINT)

NOTICE: This form is made available to monthly account holders by NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

US Drug-Testing History

US Applicants Only

Section 1: To be completed by PACE HAULING INC., signed by the applicant, and transmitted to the previous employer:

Applicant Printed or Typed Name: _____ SIN# _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer and or their service agent, listed in *Section 1-B* to PACE HAULING INC., listed in *Section 1-A*. This release is in accordance with DOT Regulation 49

CFR Part 40, Section 40.25. I understand that information to be released in *Section 11-A* by my previous employer, is limited to the following DOT-regulated testing items:

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

Applicant Signature: _____ Date: _____

1-A:

Applying to drive for: PACE HAULING INC.

Address: 2 Maynard Close, Winnipeg, MB

R2P 0C1

Phone #: (204) 990-3233 Fax #: () -

Designated Pace Hauling Representative: Muhammad

1-B:

Previous Employer Name: _____

Address: _____ Phone#: _____

FAX# _____ Date _____

Designated Employer Representative (if known) _____

1-C: The applicant was not subject to part 382 testing requirements while employed please check here [] sign below and return.

Section 11: To be completed by the previous employer and transmitted by mail or fax to PACE HAULING INC:

11-A:

What dates did this employee participate in you DOT program? From _____ to _____. In the three years prior to the date of the employee's signature (in Section 1), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES _____ NO _____
2. Did the employee have verified positive drug tests? YES _____ NO _____
3. Did the employee refuse to be tested? YES _____ NO _____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES _____ NO _____
5. Did a previous employer report a drug and alcohol rule violation to you? YES _____ NO _____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A _____ YES _____ NO _____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report (s), follow-up testing record).

11-B:

Name of person providing information in *Section 1-C* and/or *11-A*: _____

Title: _____ Phone# _____

Date: _____



Broker Applicants Only

CREDIT APPLICATION FOR BROKER - RELEASE

NAME: _____

ADDRESS: _____
STREET NUMBER AND NAME, AND APT. # OR P.O.BOX NUMBER

CITY AND PROVINCE POSTAL CODE

DATE OF BIRTH: ____/____/____
YEAR / MONTH / DAY

SOCIAL INSURANCE NUMBER: _____

- 1. By my signature below, I hereby authorize Pace Hauling Inc. to obtain whatever credit references they deem to be required.
- 2. My contract will be based upon the information provided by the credit check.

Signed at _____
in the province of _____, this _____ day of
_____, 20 _____.

Applicant signature

Witness signature