

EMPLOYMENT HISTORY

All applicants to drive commercial vehicles in Canada and the United States must provide the following information on all previous employers during the preceding 3 years. To qualify as a commercial vehicle operator in the United States, you must provide an additional 7 years information for employers for whom you operated a commercial vehicle. * Explain any gaps in employment *

EMPLOYMENT GAP DRIVER STATEMENT: Skelton Truck Lines is responsible for meeting all applicable requirements of the US Drug and Alcohol regulations Part 382 or Part 40. We must obtain 3 years past history of your drug and alcohol testing records to determine if you had any violations and if there were any gaps between employments. If your application indicates gaps greater than 30 days then please complete the following affirmation regarding your unconfirmed history gaps.

I, _____ certify that I was not involved in any drug and alcohol testing programs during the time gaps listed.

List the truck lines, not the Owner/Operator you drove for. * Please supply 10 years of work history.**

Company Name: _____	From (m/y): _____	To (m/y): _____	
Street Address: _____	City: _____		
Province: _____	Postal Code: _____	Contact Phone #: _____	
Contact Name: _____	Were you a Driver for an Owner Operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of Equipment Driven: _____	Were you a Company Driver @ the above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving: _____	Did you have U.S. Border Crossing experience with this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Areas You Drove In: _____	Were you in a drug and alcohol testing program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title / Position Held: _____	Do you have mountain experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you have any commercial motor vehicle violations while with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Explain Time Gaps of more than 30 days:

Company Name: _____	From (m/y): _____	To (m/y): _____	
Street Address: _____	City: _____		
Province: _____	Postal Code: _____	Contact Phone #: _____	
Contact Name: _____	Were you a Driver for an Owner Operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of Equipment Driven: _____	Were you a Company Driver @ the above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving: _____	Did you have U.S. Border Crossing experience with this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Areas You Drove In: _____	Were you in a drug and alcohol testing program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title / Position Held: _____	Do you have mountain experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you have any commercial motor vehicle violations while with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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Street Address: _____	City: _____		
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Contact Name: _____	Were you a Driver for an Owner Operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of Equipment Driven: _____	Were you a Company Driver @ the above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving: _____	Did you have U.S. Border Crossing experience with this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Areas You Drove In: _____	Were you in a drug and alcohol testing program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title / Position Held: _____	Do you have mountain experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you have any commercial motor vehicle violations while with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Explain Time Gaps of more than 30 days:

EMPLOYMENT HISTORY Continued

Company Name: _____		From (m/y): _____	To (m/y): _____
Street Address: _____		City: _____	
Province: _____	Postal Code: _____	Contact Phone #: _____	
Contact Name: _____	Were you a Driver for an Owner Operator?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Equipment Driven: _____	Were you a Company Driver @ the above?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Leaving: _____	Did you have U.S. Border Crossing experience with this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Areas You Drove In: _____	Were you in a drug and alcohol testing program?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Title / Position Held: _____	Do you have mountain experience?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you have any commercial motor vehicle violations while with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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Street Address: _____		City: _____	
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Contact Name: _____	Were you a Driver for an Owner Operator?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Equipment Driven: _____	Were you a Company Driver @ the above?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Leaving: _____	Did you have U.S. Border Crossing experience with this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Areas You Drove In: _____	Were you in a drug and alcohol testing program?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Title / Position Held: _____	Do you have mountain experience?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you have any commercial motor vehicle violations while with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>			

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS

(not including parking violations) If none, write none

DATE	LOCATION	CHARGE	\$ Cost

TRUCK DRIVING EDUCATION

School Attended to get Truck Driving License: _____	Certificate Attached: <input type="checkbox"/>
Graduation Date: _____	

TRUCK DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat etc)	Dates	
		From	To
Straight Truck			
Tractor & Semi-Trailer			
Tractor – Two trailer Type (A,B,C)			
Other			

Release of Information Form 49 CFR Part 40 Drug and Alcohol Testing

Please note: Under Part 382.413 (b) of the U.S. Federal Motor Carrier Safety Regulations, previous employer must provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of .04 or greater, any verified positive drug tests and any refusal to be tested, as well as information on whether the employee completed the required assessment and re-qualification provisions under the regulations (in accordance with Part 382 and 382.11)

TO BE COMPLETED BY SKELTON ADMINISTRATION	
Applicant's Name: _____	SIN#: _____
Previous Employer: _____	Phone#: _____
Street: _____	
City, Prov, Postal Code: _____	Fax#: _____

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 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. This information is to be released only to:

Prospective Employer: SKELTON TRUCK LINES
2510 Davis Drive Sharon, ON
L0G 1V0

From: LESIA SHYSHKO
Fax: 905-895-1314
Phone: 1-800-387-9796 EXT 231

Applicant's Name (print): _____ Date: _____

Applicant's Signature: **X** _____

TO BE COMPLETED BY PREVIOUS EMPLOYER		
If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check, <input type="checkbox"/> sign below, and return		
Under Department of Transportation testing requirements:	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further references: _____		

TO BE COMPLETED BY PREVIOUS EMPLOYER	
Name: _____	Phone#: _____
Address: _____	
Completed By: _____	Signature: _____
Date: _____	

Skelton

TRUCK LINES LTD.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize Skelton Truck Lines Ltd. to do a complete background investigation in accordance with provincial and federal laws, including contacting my current and previous employer(s). I authorize my current and previous employer(s) to release any information, including all information related to my alcohol and controlled substance testing and training records by the Federal Motor Carrier Safety Administration (FMCSA) 49 CFR Parts 391 or 382, to Skelton Truck Lines Ltd. and hold them harmless of all liability from the release of said information.

Skelton Truck Lines Ltd. may collect, use and disclose my personal information to other parties for the purpose of assessing employment qualifications. If I accept employment with Skelton Truck Lines Ltd, the information collected will become part of my employee file. I hereby consent to the collection, use and disclosure of my personal information for these purposes.

By signing the application, I declare all information to be true, and I permit Skelton Truck Lines Ltd. to contact and make inquiries of any government agencies, companies or persons it deems necessary to verify the information provided.

(Driver's Printed Name)

(Date)

(Driver's Signature)