



**INTERNATIONAL CARRIERS (TILBURY) INC.**  
**4750 COMBER SIDE ROAD RR 3**  
**COMBER, ONTARIO N0P 1J0**  
**PHONE: 519-687-9883**  
**FAX: 519-687-6008**

Please attach copies of the following documents: Driver's License front and back– Drivers Abstract and CVOR Drivers Abstract (within the last 30 days) - Police Clearance (within the last 30 days) - WSIB Account Number (if applicable)

Date of Application: \_\_\_\_\_

Position Applied For: Owner Operator ☐ Owner Operator Driver ☐

**Personal Information:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Insurance Number: \_\_\_\_  
month day year

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

**Home Address(s) for the last three years:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Are you 21 year of age or over?	Y <input type="checkbox"/> N <input type="checkbox"/>	Has any license, permit or privilege ever been	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have a valid AZ license?	Y <input type="checkbox"/> N <input type="checkbox"/>	revoked or suspended? If yes, attach an explanation.	
Are you legally eligible to work in Canada?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you have a clean abstract and driving record?	Y <input type="checkbox"/> N <input type="checkbox"/>
Can you legally cross the US/Canadian Border?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you possess a current passport?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have you ever been convicted of a crime for	Y <input type="checkbox"/> N <input type="checkbox"/>	Are you a FAST approved driver?	Y <input type="checkbox"/> N <input type="checkbox"/>
which a pardon has been granted?		Have you worked for this company before?	Y <input type="checkbox"/> N <input type="checkbox"/>
How did you hear about us? _____		If (yes) dates from: _____ to: _____	
Who referred you? _____		You will be required to run a legal log book. Do	Y <input type="checkbox"/> N <input type="checkbox"/>
		you anticipate any problems complying with this	
		requirement?	

**Education:**

Did you attend a Driver Training Institution?      Y ☐ N ☐

If so what was the school name and location?

Name: \_\_\_\_\_ Location: \_\_\_\_\_

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

Last school attended: \_\_\_\_\_ City: \_\_\_\_\_

Please list **ALL LANGUAGES** that you have verbal and written competency:

\_\_\_\_\_  
*U. S. DOT – FSC reg. §391.11b2 – requires a competent level of oral and written English.*

Please indicate the types of equipment you have operated in the last 10 years:

☐van                      ☐flatbed                      ☐drop deck  
☐reefer                      ☐trains                      ☐dump

**Previous Employer Information:**

List your employment history for the past 10 years starting with the most current.

Current Employer Name:		From date: Month _____ year _____	To date: Month _____ year _____
Address:		Position Held	Salary/Wage
City:	Province:	Postal Code:	Reason for Leaving:
Contact Person:	Phone Number:	Fax Number:	Email:

Past Employer Name:		From date: Month _____ year _____	To date: Month _____ year _____
Address:		Position Held	Salary/Wage
City:	Province:	Postal Code:	Reason for Leaving:
Contact Person:	Phone Number:	Fax Number:	Email:

Past Employer Name:		From date: Month _____ year _____	To date: Month _____ year _____
Address:		Position Held	Salary/Wage
City:	Province:	Postal Code:	Reason for Leaving:
Contact Person:	Phone Number:	Fax Number:	Email:

### Drivers Record:

Please record the details of any collision record you may have for the past 3 years.

Dates	Nature of Accident	Fatalities	Injuries

Please record the details of all traffic convictions and forfeitures for the past 3 years.

Location	Date	Charges	Penalty

Please rate your experience:

0 = no experience    1 = limited experience    2 = considerable experience    3 = regular basis for 3-5 years

ACE E-Manifests ( ) ACI E-Manifests ( )

Freight under I.T. or T&E bonds ( ) A8A Manifests (CDN) ( )

## Securing Metal Coils ( )

Please list all of the States & Provinces you have operated in for the last five years:

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Do you have any special courses or training that you feel will benefit you as a driver for ICI?

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all information in it is true and complete. This authorization shall remain on file and shall serve as on-going authorization for: (i) the collection, use and disclosure of my information for the purposes stated above; (ii) the Company updating their files at any point during, or after, my relationship with the Company, by making similar inquiries as described above; (iii) the Company sharing with each other information they have obtained about me; (iv) the Company sharing their files with third parties who may be interested in employing me (now and after my employment or contract with the Company is terminated) and (v) the disclosure of my information, if deemed reasonably necessary, in anticipation of and in the course of an actual or potential sale, reorganization, consolidation, merger or amalgamation of the Company; (vi) the investigation of illegal, potentially fraudulent or questionable activities and (vii) when required or permitted by law. *This authorization is effective immediately upon execution of this document, and continues throughout my relationship with the company, and after my relationship with the Company terminates.*

I hereby release the Company, employers, schools, health care providers and other persons from all liability 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 understand, also, that I am required to abide by all Company Policies. For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records.

Except as provided for herein, or with your prior consent, the Company shall not use the information gathered about me for any other purpose.

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

In compliance with Federal and provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

### **Equipment Information**

Please provide as much information as possible. Incomplete information may delay or negate your application.

#### ***TRUCK***

Make & Model: \_\_\_\_\_

VIN \_\_\_\_\_

Year: \_\_\_\_\_

Colour: \_\_\_\_\_

Annual Date: \_\_\_\_\_

Empty Weight: \_\_\_\_\_

Tire Size: \_\_\_\_\_

Owned ☐ Leased ☐

Payments? \_\_\_\_\_ Are They Current? Yes / No

Financing Held by? \_\_\_\_\_ Until? \_\_\_\_\_

#### ***TRAILER***

Make & Model: \_\_\_\_\_

VIN \_\_\_\_\_

Year: \_\_\_\_\_

Colour: \_\_\_\_\_

Annual Date: \_\_\_\_\_

Empty Weight: \_\_\_\_\_

Tire Size: \_\_\_\_\_

Owned ☐ Leased ☐

Payments? \_\_\_\_\_

Are They Current? Yes / No

Until?: \_\_\_\_\_

Mortgage/Rent Payment: \_\_\_\_\_

Other Financial Commitments Monthly total: \_\_\_\_\_



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### **Release of Information Form**

49 CFR PART 40 AND 49 CFR PART 382 DRUG AND ALCOHOL TESTING

#### **Section 1**

Driver's Printed Name (first and last): \_\_\_\_\_

Driver's S.I.N. or ID number: \_\_\_\_\_

Driver's Current Employment Application Date: Month/Day/Year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by my previous employer, listed below in Section 1A.

This release is in accordance with all applicable DOT Regulations, such as 49 CFR Part 40, Section 40.25. I understand that the test result information to be released in Section 11 and Section 111 by my previous employer is limited to the following DOT regulated testing items at any time during my employment or application for employment, and also includes information transfer for any violations of items 1., 2., and 3 below following completion of any SAP rehabilitation referral.

1. Alcohol test with a result of 0.04 or higher.
2. Verified positive drug tests.
3. Refusal to be tested (including but not limited to verified specimen adulteration or substitution).
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 (including follow-up tests) following a rule violation.
7. Information confirming a participation in a regulated random testing and the date I was last tested for controlled substances.

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Driver's Signature Month Day Year

#### **Section 1A**

Employer Requesting Information: **International Carriers (Tilbury) Inc.**

Address: **4750 Comber Side Road, Comber Ontario N0P 1J0**

Phone #: **519-687-9883**

Confidential Fax #: **519-687-6008**

Confidential email: **safety@icicarriers.com**

Designated Employer Representative: \_\_\_\_\_



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Was the applicant subject to drug and alcohol testing under DOT regulations? YES NO  
( ) ( )

For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program: \_\_\_\_\_

Employee's ending date of participation in program: \_\_\_\_\_

Program complies with DOT requirements? ☐ Yes ☐ No

Date of last drug test: \_\_\_\_\_

DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382 Subpart B (last 6 months)

Date: Type of Test ☐ Positive ☐ Negative

Date: Type of Test ☐ Positive ☐ Negative

During the past Three years, while employed to perform DOT covered safety sensitive functions:

	YES	NO
1. Alcohol test(s) with a result of 004 or higher alcohol concentration?	( )	( )
2. Verified positive drug test(s)?	( )	( )
3. Refusals to be tested (including verified or adulterated or substituted drug test results)?	( )	( )
4. Other violations of DOT agency drug and alcohol testing requirements?	( )	( )
5. Did a previous employer report a drug or alcohol rule violation to you?	( )	( )
6. If the answer is yes to any of the above noted questions, did the employee complete the return-to-duty process?	( )	( )

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: By fax: 519-687-6008 By email: [safety@icicarriers.com](mailto:safety@icicarriers.com)

If the answer to item #5 is "yes", then you must provide the previous employer's report even though it may be outside the two year time period. 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 records, etc.). If you referred the individual to a Substance Abuse Professional please supply the following information.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, PROV., POSTAL: \_\_\_\_\_ PHONE: \_\_\_\_\_



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**Request of Information**  
**From Previous Employer**

I hereby authorize you to release the following information to *International Carriers Tilbury Inc.* (prospective employer) for the purpose of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SIN \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Dear Sir or Madam:

The below named individual has make application to *International Carriers Tilbury Inc.* for a position as an \_\_\_\_\_ and stated that he/she was employed as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Sincerely, \_\_\_\_\_

**Previous Employer Portion**

1. Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ as \_\_\_\_\_ at wage or salary of \_\_\_\_\_.
2. Did he/she drive commercial motor vehicle for you? \_\_\_\_\_, Tractor-Trailer? \_\_\_\_\_, Other (Specify) \_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharged \_\_\_\_\_; Resignation \_\_\_\_\_; Lay Off \_\_\_\_\_.
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise history of DOT recordable incidence(s) for the past three years, if available.

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Safety Habits				
Driving Skills				
Attitude				
Loyalty				

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_