

Welcome to the T.E.A.M.S. application process

- Please fill out the application form completely - do not leave any blank spaces where information is requested. If information requested does not apply, then please indicate so by marking 'n/a'. You may attach a resume if you wish, however the application form must still be completed.
- Please include a legible copy of your driver's license and photo, a current abstract (no more than 30 days old), and a current police record check (no more than 6 months old)
- Please mail or drop off your application to the above address, or fax to **1-204-222-6241**
- If you have any questions, please feel free to contact Todd Thiessen by calling toll free to: **1-800-748-3267**

Thank you.



344 Dawson Road North
Winnipeg, MB R2J 0S7

toll free: 800-748-3267

fax: 204-222-6241

Application for Employment

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

Date of Application: Month: _____ Day: _____ Year: _____

Position(s) Applied for: _____

Personal Information

Name: First: _____ Last: _____

Address: Street: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ SIN Number: _____

Address for the past three years:

Street: _____ City: _____ Province: _____ Postal Code: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Do you have the legal right to work in Canada? Yes No

Are you currently employed? Yes No If not, how long since last employment? _____

Have you worked for T.E.A.M.S. before? Yes No Which province? _____

Start Date: _____ End Date: _____

Rate of pay: _____ Position: _____

Reason for leaving: _____

How did you hear about T.E.A.M.S.? _____

What are your rate of pay expectations? \$ _____

Experience and Qualifications

The information requested herein as per Federal Motor Carrier Safety Regulations (383.35)(c) may be used for the purpose of investigating applicant's previous work history, including contacting applicant's previous employers for verification purposes.

Begin with your current or most recent job and work backwards in order, listing your employers for the past 10 years including all full and part-time employment. All time must be accounted for, including military service, self employment, and periods of unemployment. Please use supplementary sheets if necessary.

1) Company Name: _____ Phone: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

From: Month: _____ Day: _____ Year: _____ **To:** Month: _____ Day: _____ Year: _____

Salary or Wage: _____ Reason for leaving: _____

2) Company Name: _____ Phone: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

From: Month: _____ Day: _____ Year: _____ **To:** Month: _____ Day: _____ Year: _____

Salary or Wage: _____ Reason for leaving: _____

3) Company Name: _____ Phone: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

From: Month: _____ Day: _____ Year: _____ **To:** Month: _____ Day: _____ Year: _____

Salary or Wage: _____ Reason for leaving: _____

Note: Please list any additional experience on the following page.

Experience and Qualifications (continued)

4) Company Name: _____ Phone: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

From: Month: _____ Day: _____ Year: _____ To: Month: _____ Day: _____ Year: _____

Salary or Wage: _____ Reason for leaving: _____

5) Company Name: _____ Phone: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

From: Month: _____ Day: _____ Year: _____ To: Month: _____ Day: _____ Year: _____

Salary or Wage: _____ Reason for leaving: _____

6) Company Name: _____ Phone: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

From: Month: _____ Day: _____ Year: _____ To: Month: _____ Day: _____ Year: _____

Salary or Wage: _____ Reason for leaving: _____

7) Company Name: _____ Phone: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

From: Month: _____ Day: _____ Year: _____ To: Month: _____ Day: _____ Year: _____

Salary or Wage: _____ Reason for leaving: _____

Note: Please list any additional experience on the reverse side of this sheet.

Additional Training

List all completed courses, training, or certification relating to Trucking or Transportation that may help in your work with T.E.A.M.S.

1) Program or Certification Name: _____

Date Completed: _____ Additional Info: _____

2) Program or Certification Name: _____

Date Completed: _____ Additional Info: _____

3) Program or Certification Name: _____

Date Completed: _____ Additional Info: _____

4) Program or Certification Name: _____

Date Completed: _____ Additional Info: _____

5) Program or Certification Name: _____

Date Completed: _____ Additional Info: _____

6) Program or Certification Name: _____

Date Completed: _____ Additional Info: _____

Note: Please list any additional training on the reverse side of this sheet.

Accident Report - for the past 3 years or more

Please report all traffic accidents you have been responsible for or involved in.

No previous accidents

Date of most recent accident: Month: _____ Day: _____ Year: _____

Nature of Accident (head-on, rear-end, upset, etc.): _____

Fatalities? Yes No Injuries? Yes No

Please list all resulting injuries: _____

Date of previous accident: Month: _____ Day: _____ Year: _____

Nature of Accident (head-on, rear-end, upset, etc.): _____

Fatalities? Yes No Injuries? Yes No

Please list all resulting injuries: _____

Date of next previous accident: Month: _____ Day: _____ Year: _____

Nature of Accident (head-on, rear-end, upset, etc.): _____

Fatalities? Yes No Injuries? Yes No

Please list all resulting injuries: _____

Note: Please list any additional accidents on the reverse side of this sheet.

Traffic Convictions - For the past 3 years (except parking tickets)

Please report all traffic convictions you have received in the past three years.

No previous convictions

Date of most recent conviction: Month: _____ Day: _____ Year: _____

Location: _____

Charge: _____ Penalty: _____

Date of previous conviction: Month: _____ Day: _____ Year: _____

Location: _____

Charge: _____ Penalty: _____

Date of previous conviction: Month: _____ Day: _____ Year: _____

Location: _____

Charge: _____ Penalty: _____

Note: Please list any additional traffic convictions below or on the reverse side of this sheet.

Driver Data Sheet - for casuals, new hires & temp employees

INSTRUCTIONS: Motor carriers when using a driver for the first time or intermittently, shall obtain, from the driver, a signed statement giving the total time on duty during the immediate preceding 7 days and a time at which such driver was last relieved from duty prior to beginning work at TEAMS.

Name (please print): First: _____ Last: _____

SIN Number: _____ Motor Vehicle Operator's License #: _____

Type of License: _____ Issuing Province: _____

Rule 395.8 (j)(2) Federal Motor Carrier Safety Regulations

Day	1	2	3	4	5	6	7	Total Hrs
Date:								
Hours Worked:								

I hereby certify that the information above is correct to the best of my knowledge and belief, and that I was last relieved from work at :

Company Name: _____

on this date : Month: _____ Day: _____ Year: _____ Time: _____

Signature: _____

Date : Month: _____ Day: _____ Year: _____

Witness Signature: _____

Date : Month: _____ Day: _____ Year: _____

FORM 413 / 301



REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301(b)

PURPOSE OF THIS FORM: (A) 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. (B) (I) Under 49 CFR 382.301(b) a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (II) Under 49 CFR 382.301(c)(2) an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

Name (print) _____ (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, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

APPLICANT/DRIVER CONSENT

TO: [Previous Employer]	Date: _____
Company: _____	Phone: _____ Fax: _____
Address: _____	
Designated Employer Representative: _____	
<p>In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator 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 employment, 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 to the prospective employer named below and/or to their Third Party Administrator.</p>	
FROM: [Prospective Employer]	
Company: TEAMS Phone: 204-222-6289 Fax: 204-222-6241 Address: 344 DAWSON ROAD NORTH WINNIPEG, MB Attention: Kim Baker	
<p>I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.</p>	
Applicant Name (Print): _____	Applicant's SIN: _____
Applicant Signature«driver»: _____	Date: _____

Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301.
Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

Please check off if section (2) for the pre-employment exemption is not required.

(1) Was the applicant subject to drug and alcohol testing under DOT regulations?
 Yes No

(2) For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program _____ (mm/dd/yy).
Employee's ending date of participation to program _____ (mm/dd/yy).
Program complies with DOT requirements? Yes No
Date of last drug test _____ (mm/dd/yy)

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

Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Date _____ (mm/dd/yy)	Type of Test _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

Comments: _____

(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25

TESTING HISTORY

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years? No Yes
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years? No Yes
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)? Yes No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)? Yes 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? Yes No
 - If employment with your company continued:
 - b) Was the person evaluated by the SAP? Yes No
 - c) If yes, did the SAP recommend treatment and/or education? Yes No
 - d) Did the person complete the treatment and/or education as determined by the SAP? Yes No
 - e) Did the person undergo a return-to-duty test? Yes No
 - f) If yes, was the return-to-duty test negative? Yes No
 - g) Did the SAP recommend follow-up testing? Yes No
 - h) Did the person complete the follow-up testing? Yes No

*If applicable, please submit copy of documentation of completion of return-to-duty and follow-up testing records.

I confirm that the above information is accurate.

Name of Company Rep (Print)

Company

Signature

Date