

Traffic Convictions for the Past 3 Years (Other Than Parking Violations):

Location	Date	Charge	Penalty

(Attach sheet if more space is required)

- A. Have you ever been denied a license to operate a motor vehicle? Yes ___ No ___
B. Has your license ever been suspended or revoked? Yes ___ No ___

(If the answer to either A or B is "Yes", attach statement giving details).

Employment Record

Last Employer:

Name: _____
Address: _____
Position Held: _____ from: _____ to: _____

Second Last Employer:

Name: _____
Address: _____
Position Held: _____ from: _____ to: _____

Third Last Employer:

Name: _____
Address: _____
Position Held: _____ from: _____ to: _____

TO BE READ AND SIGNED BY APPLICANT

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 Signature



Request for Information from Previous Employer

From: Schroeder Freight Inc. Box 85 Wpg. MB R3V 1L5 ph.204-992-9530 Fax. 204-261-9488

To: _____ Date: _____

_____ has made application tot his company for a position as a _____ and states that he/she was employed by you as a _____ from _____ to _____. Will you please reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Sincerely, Safety Department

1. Is the employment record with your company as stated above? _____

2. What kind(s) of work did the applicant do? _____

3. Did the applicant drive motor vehicles for you? _____

Passenger Car _____ Straight Truck _____ Bus _____
Tractor-Semi Trailer _____ Tractor-Train Combinations (A) _____ (B) _____ (C) _____
Other (specify) _____

4. Was the applicant a safe and efficient driver? _____

5. Give the dates of vehicle accidents in which he/she was involved. _____

6. Reason for leaving your employ: _____

Discharged _____ Laid Off _____ Resigned _____
Remarks: _____

1. Was the applicant's general conduct satisfactory? _____

2. Is the applicant competent for the position sought? _____

3. Did the applicant drink any alcoholic beverages while on duty? _____

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>
Quality of Work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Habits	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

(Detach here for your records)

You are hereby authorized to give to Schroeder Freight Inc. all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

Applicant's Signature: _____



Driver Disclosure of License

Driver Name _____

Carrier Name **Schroeder Freight Inc.**

Declaration

Pursuant to Section 318.1(1) of the Highway Traffic Act, I, _____
_____ hereby disclose the only jurisdiction in which I
am licensed, the class of license held, whether or not the license is suspended, and the name in
which the license is issued.

_____	_____	_____	_____
Jurisdiction	Class	Suspended?	Name

I understand that I can possess only one driver's license.

I understand that I must inform my employer immediately of any convictions or accidents while operating a motor vehicle.

I understand that I must immediately inform my employer of any suspensions, restrictions, prohibitions or any other change in status to my driver's license.

Signed: _____ Date: _____



Schroeder Freight Inc
PO Box 85
Winnipeg, MB
R3V 1L5

MEMO

January 5, 2010

Attention: Company Drivers

RE: Cell Phone Usage

Just a reminder, that the company will pay up to \$150 of your monthly cell phone bills. Personal usage and any charges above this amount will be deducted from your pay check. Our phone plans for local (city) /company (long distance) drivers cover the following:

Unlimited text messaging

400 free minutes for long distance phone plans for company drivers.

4 mega bite email & surf plan for company drivers

Local phones have \$150 worth of phone usage. There is no minute plan set up for local drivers but rather a \$150 usage allowance. This should be plenty for business related calls.

Please be advised that internet usage, excessive personal calls and email & surf use, as well as the applicable roaming charges, **are not covered under the local/company phone plans.** These additional charges are the driver's responsibility and will be automatically deducted from your pay check on a monthly basis. There will be no more grace periods given out where this company will pay for your personal overages.

Please sign this document showing you understand, comply, and agree to adhere to these terms during your employment with Schroeder Freight. This form must be returned to the office promptly.

Driver Name: _____ (please print)

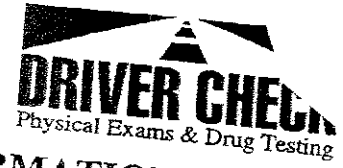
Driver Signature: _____

Office Administrator: _____

Date: _____

0099-01

Form 301/413



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]
Company: _____ Date: _____
Address: _____ Phone: _____ Fax: _____
Designated Employer Representative: _____

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.

FROM: [Prospective Employer]
Company: _____ Phone: _____ Fax: _____
Address: _____
Attention: _____

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.

Applicant Name (Print): _____ Applicant's SIN/Employee ID: _____
Applicant Signature «driver»: _____ Date: _____

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

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



Driver Abstract Request Form

DRIVER INFORMATION

Name: _____
Last Name First Name Middle Initial

Driver's Licence Number: _____ Date of Birth: _____
Month Day Year

Telephone Number: _____ Return Fax No. or Address: _____

Type of Abstract Requested: Driver Abstract
 Commercial Driver Abstract

AUTHORIZATION TO DISCLOSE DRIVER ABSTRACT

I hereby authorize Manitoba Public Insurance, to disclose my Driver Abstract to the individual/company noted below, in person, by facsimile or by mail.

Individual/Company: _____

Address: _____ Fax Number: _____

EMPLOYEE AUTHORIZATION

I hereby authorize Manitoba Public Insurance to disclose my Driver Abstract to

Employer: Schroeder Freight Inc.

for the duration of my employment with said employer or until such time that I advise Manitoba Public Insurance, in writing, to revoke this authorization.

Address: #1447 PTH 75 St Adolphe, MB Fax Number: 204-261-9488

DRIVER'S SIGNATURE*

 DATE _____

*A photocopy of this signed authorization shall have the same authority as the original.

PAYOR INFORMATION - IF DIFFERENT FROM ABOVE DRIVER

Individual / Company Name: Schroeder Freight Inc.

Company Contact Name: Christine Reimer

Contact Phone Number: 204-992-9536 Contact Fax Number: 204-261-9488

IF REQUESTED VIA MAIL (TO ADDRESS BELOW) OR FAX (TO FAX BELOW) PLEASE SEND \$10.00 PAYMENT PER DRIVER ABSTRACT BY CHEQUE OR MONEY ORDER, PAYABLE TO MANITOBA PUBLIC INSURANCE OR PROVIDE THE FOLLOWING CREDIT CARD INFORMATION.

VISA / MasterCard Number: _____

Card Expiry Date: _____ Card Holder Signature: _____

Fax Completed Request To:
 Manitoba Public Insurance
 Driver Records and Suspensions
 Fax: (204) 954-5357

For Information Phone:
 Manitoba Public Insurance
 Phone: (204) 985-0980 or
 (866) 323-0543

Mail Completed Request To:
 Manitoba Public Insurance
 Driver Records and Suspensions
 1075 Portage Avenue
 Box 6300
 Winnipeg, MB R3C 4A4

