



DRIVER APPLICATION FORM

Driver Information Required:

- Color Copy of Driver's License (Front & Back)
- Copy of Social Security Card
- Copy of Medical Card and LONG Medical Form
- Any certification you possess ex.(APEC/Safeland, H2S Training, Fit Test Driving Certificate if applicable, etc.)



DRIVER APPLICATION FORM

| | |
|---|---|
| Position Applying For: | Terminal: <input type="checkbox"/> ND <input type="checkbox"/> TX |
| How did you hear about this position? | |
| If referred by a Caron employee, list name of employee: | |

| GENERAL INFORMATION | | | |
|--|--|--|--|
| First Name: | MI: | Last Name: | |
| Primary Number: | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other | Alt. Number: | |
| Email Address: | | | |
| Are you over the age of 21? | <input type="checkbox"/> Yes <input type="checkbox"/> No <small><i>Drivers must be 21 to operate a CMV involved in interstate commerce.</i></small> | Are you authorized to work in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Address | | | |
| Street | | How long? (yrs) | |
| City | State | Zip Code | |
| <i>If at present address for less than three years, list additional addresses for last three years:</i> | | | |
| Previous Address | | | |
| Street | | How long? (yrs) | |
| City | State | Zip Code | |
| Previous Address | | | |
| Street | | How long? (yrs) | |
| City | State | Zip Code | |
| Previous Address | | | |
| Street | | How long? (yrs) | |
| City | State | Zip Code | |

| EDUCATION AND SKILLS | | | |
|-------------------------------|-------|------------|--|
| High School Attended | | | |
| City | State | Graduated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College/Trade School Attended | | | |
| Program | | | |
| City | State | Graduated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Driving School Attended | | | |
| Program | | | |
| City | State | Graduated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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| COMMERCIAL DRIVER'S LICENSE INFORMATION | | | | |
|---|----------------|--------|--------------|---|
| Current License #: | | State: | | CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Endorsements: | | | | Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| <i>List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.</i> | | | | |
| State | License Number | Type | Endorsements | Expiration Date |
| | | | | |
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| DRIVING EXPERIENCE | | | | |
|---|---|------|----|--|
| <i>List each type of commercial motor vehicle you have operated and for how long.</i> | | | | |
| Class of Equipment | Types of Equipment (Van, Flatbed, Tanker, etc.) | From | To | Approx. Miles |
| Straight Truck | | | | |
| Tractor & Semi Trailer | | | | |
| Tractor- 2 Trailers | | | | |
| Other | | | | |
| List other relevant experience: | | | | |
| Please list any safe driving awards you have received: | | | | |
| List all states operated in the last 5 years: | | | | |
| Have you ever been denied a license, permit or privilege to operate a motor vehicle? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been disqualified for violations(s) of the FMCSR? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has any license, permit or privilege ever been suspended or revoked? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes to any of the above questions, please explain: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a felony? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, provide year & explanation:</i> | | | | |
| Have you ever been convicted of/or have a pending DWI/DUI? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, state where, when:</i> | | | | |



DRIVER APPLICATION FORM

ACCIDENT AND INCIDENT

Accident record for the past 3 years (attach sheet if more space is needed). List each vehicle accident or any incident regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application.

| Dates | Type of Vehicle | Nature of Accident (Head-on, Rear-End, etc.) | Location | # of Fatalities | # of Injuries |
|-------|-----------------|---|----------|--------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

List traffic convictions and forfeitures for the past 3 years (other than parking violations) of which you were convicted, forfeited bond or collateral during the three years preceding the date of this application.

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
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DRIVER APPLICATION FORM

EMPLOYMENT INFORMATION

List all periods of employment and unemployment, starting with the most recent. CFR 391.51(b) requires three years of history to be verified and 7 subsequent years to be recorded for a total of 10 years of employment history, or to the extent of which the applicant has worked.

| | | | | | |
|---|---|------------------|--|----------------|--|
| Employer Name | | Employed From | | Employed To | |
| Phone: | | Fax: | | | |
| Address | | | | | |
| City | | State: | | Zip: | |
| Position Held | | Supervisors Name | | | |
| Reason for Leaving | | | | Ending Salary: | |
| CDL Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Were you subject to the FMCSR while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was this job designated as a safety function? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If gap between employers, indicate reason: | <input type="checkbox"/> Unemployed <input type="checkbox"/> School <input type="checkbox"/> Other: _____ | | | | |

| | | | | | |
|---|---|------------------|--|----------------|--|
| Employer Name | | Employed From | | Employed To | |
| Phone: | | Fax: | | | |
| Address | | | | | |
| City | | State: | | Zip: | |
| Position Held | | Supervisors Name | | | |
| Reason for Leaving | | | | Ending Salary: | |
| CDL Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Were you subject to the FMCSR while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was this job designated as a safety function? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If gap between employers, indicate reason: | <input type="checkbox"/> Unemployed <input type="checkbox"/> School <input type="checkbox"/> Other: _____ | | | | |

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| Phone: | | Fax: | | | |
| Address | | | | | |
| City | | State: | | Zip: | |
| Position Held | | Supervisors Name | | | |
| Reason for Leaving | | | | Ending Salary: | |
| CDL Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Were you subject to the FMCSR while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was this job designated as a safety function? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
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| Address | | | | | |
| City | | State: | | Zip: | |
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| CDL Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Were you subject to the FMCSR while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was this job designated as a safety function? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
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|---|---|------------------|--|----------------|--|
| Employer Name | | Employed From | | Employed To | |
| Phone: | | Fax: | | | |
| Address | | | | | |
| City | | State: | | Zip: | |
| Position Held | | Supervisors Name | | | |
| Reason for Leaving | | | | Ending Salary: | |
| CDL Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Were you subject to the FMCSR while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was this job designated as a safety function? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If gap between employers, indicate reason: | <input type="checkbox"/> Unemployed <input type="checkbox"/> School <input type="checkbox"/> Other: _____ | | | | |



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APPLICANT CERTIFICATION

By signing this statement, I certify that:

This application for employment was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.

As required by section 383.21 of the FMCSR, I only have one motor vehicle operator's license.

Furthermore, I authorize Caron Transportation Systems USA to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at the employment decision. I hereby release any and all of the employers, schools, health care providers, company and any subsidiaries, as well as any other persons associated with this application for employment and the subsequent processes and procedures from all liability in response to inquiries and releasing of information given in my application or interview(s). Failure to answer application or interview questions honestly, fully, and to the best of my knowledge may be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies and statements.

I understand that information that I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and(e).

I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

| | | | |
|------------------------|--|-------|--|
| Applicant's Signature: | | Date: | |
|------------------------|--|-------|--|

Caron Transportation Systems USA is an equal opportunity employer. Caron Transportation Systems USA does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by law.

Thank you for applying with Caron Transportation Systems USA Inc.!

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Applicant Hired? Yes No

Date Hired: _____

TERMINATION INFORMATION:

Date Terminated: _____

Reason: Dismissed Voluntary Separation Other: _____