

T.E.A.M.S.

Welcome to the TEAMS driver 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.

Applicant's Name: _____



<input checked="" type="checkbox"/>	ITEM	OFFICE
<input type="checkbox"/>	Completed Application	
<input type="checkbox"/>	Legible copy of driver's license & photo	
<input type="checkbox"/>	Copy of F.A.S.T. Card	
<input type="checkbox"/>	Last 7 days logs	
<input type="checkbox"/>	Abstract - No more than 30 days old	
<input type="checkbox"/>	Criminal Record Check - No more than 90 days old	
<input type="checkbox"/>	Visit https://ecpic.commissionaires.ca/login/ to get a check done electronically.	
<input type="checkbox"/>	Work Permit (if applicable)	
<input type="checkbox"/>	PR Card (if applicable)	
<input type="checkbox"/>	US Visa (if applicable)	

Received Date	Office Only Notes
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Please note the following requirements to be hired as a driver for TEAMS

HIRING REQUIREMENTS

1. Minimum Training Requirements for New Drivers:
 - Contract & Company Drivers must have a minimum of 1-2 years driving experience driving a tractor trailer unit in North America
2. Driving Abstract:
 - Full Class 1A without any restrictions other than corrective lenses.
 - Minimum of 5 years since last DUI, Dangerous Driving and Careless driving
 - No more than 5 moving violations in the previous three years, and no more than 3 moving violations in the past year
 - No serious DOT Out of Service Violations
3. Clear Criminal Record Search
4. Must meet all DOT requirements;
 - Pre-employment Drug Screening
5. Age requirement of 21 years
6. Positive references from previous employer.
7. Must be able to complete a road evaluation, demonstrating knowledge of and the ability to safely operate a tractor-trailer unit. (Pre-Trip, Air Brake, Coupling & Un-coupling, Road Test & Backing Exercise, etc.).
8. Orientation to be determined.
9. Good command of the English language, verbal and written.

REMARKS

We will only notify chosen candidates for an interview and road evaluation. Please note that contacting the office regarding the status of your application will result in delays. Please wait for us to contact you.

Upon approval of both the application and road evaluation, the applicant will receive an offer of employment and will be scheduled for orientation and a pre-employment drug test. (Final conditions of employment will require the candidate to successfully complete Orientation & the Pre-Employment Drug Screen).

Orientation could consist of 2 days at Teams Transport 500 Black Diamond Blvd., Winnipeg, MB. Also at this time please submit a void cheque for direct deposit of your paycheque for Owner Operators & Company Drivers.



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: _____ (mm/dd/yyyy)

Position(s) Applied for: (check all that apply)

- Owner Operator O/O Driver Company Driver City Driver Canada USA

PERSONAL INFORMATION

Name: First _____ Last: _____

Address: Street: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____ Phone Provider: _____

SIN #: _____

ADDRESS FOR THE PAST THREE YEARS

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

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

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

Date of birth: _____ (mm/dd/yyyy) Email: _____

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 TEAMS before? Yes No Which province? _____

Start Date/End Date: _____

Position: _____

Reason for leaving: _____

How did you hear about TEAMS? _____

What is your rate of pay expectation? \$ _____ Do you have a F.A.S.T. Card? Yes No

If not, is there anything that would hinder you from receiving a F.A.S.T. Card? Yes No



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: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Contact Name: _____
Reason for leaving _____

2.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Contact Name: _____
Reason for leaving _____

3.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Contact Name: _____
Reason for leaving _____

4.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Contact Name: _____
Reason for leaving _____



5.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Contact Name: _____
Reason for leaving _____

6.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Contact Name: _____
Reason for leaving _____

7.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Contact Name: _____
Reason for leaving _____

8.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Contact Name: _____
Reason for leaving _____

9.) Company Name: _____ Phone: _____ Fax: _____
Street: _____ City: _____ Province: _____ Postal Code: _____
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
Salary or Wage: _____ Contact Name: _____
Reason for leaving _____



CLASS 1 CERTIFICATION

List the training facility you attended plus where and when you achieved your Class 1 License.

Training facility attended: _____

Year Completed: _____ Province completed in: _____

Additional info: _____

ADDITIONAL TRAINING

List all completed courses, training, or certification relating to Trucking or Transportation that may help in your work with TEAMS.

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: _____

Please list any additional training here: _____



ACCIDENT REPORT - FOR THE PAST THREE YEARS OR MORE

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

No previous accidents

Date of most recent accident: _____ (mm/dd/yyyy)

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

Fatalities? Yes No Injuries? Yes No

Please list all resulting injuries: _____

Date of previous accident: _____ (mm/dd/yyyy)

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

Fatalities? Yes No Injuries? Yes No

Please list all resulting injuries: _____

TRAFFIC CONVICTIONS - FOR THE PAST THREE YEARS (EXCEPT PARKING TICKETS)

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

No previous convictions

Date of most recent conviction: _____ (mm/dd/yyyy)

Details: _____

Charge: _____ Penalty _____

Date of previous conviction: _____ (mm/dd/yyyy)

Details: _____

Charge: _____ Penalty _____



DRIVER'S PERMIT HISTORY

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has your license, permit or privilege ever been suspended or revoked? YES NO

EQUIPMENT HISTORY

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROXIMATE MILEAGE
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILER				
OTHER				

List the States and Provinces in which you have operated for the past five years.

EDUCATION

Please click on the highest level completed for the following:

GRADE SCHOOL: _____

HIGH SCHOOL: _____

COLLEGE/UNIVERSITY: _____

Name of the last school attended: _____

EMERGENCY CONTACTS

In the event of emergency, please list two persons whom TEAMS could contact.

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

HEALTH CARD NUMBER _____



APPLICANT AUTHORIZATION

I authorize TEAMS to make such investigations and inquiries of my personal, employment, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from any and all liability that may potentially result from the release and/or use of such information in connection with my application.

Information provided to TEAMS will be held in accordance with The Personal Information Protection and Electronic Document Act. The Company will take appropriate steps to ensure the security of your information and will not provide to another party except as approved by you, as may be required by law. 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 to all rules and regulations of the company.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Full Name (please print): _____

Signature: _____ Date: _____

New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective employee, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years.

Company Name: _____

Address: _____

Prospective Employee Name: _____

Prospective Employee's SIN/ID number: _____

To be answered by the employee:

Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Yes

No

If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.] www.fmcsa.dot.gov/regulations

Prospective Employee Signature

Date

Witnessed By (Printed Name)

Date

Witnessed By (Signature)

Title



Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to TEAMS (3163601 Manitoba Ltd) and/or Star Drug Testing Services Ltd. to conduct unlimited "limited queries" of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse for the entire duration of my employment with the above company.

I understand that if the limited query/queries conducted by TEAMS (3163601 Manitoba Ltd) and/or Star Drug Testing Services Ltd. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the above company and/or Star Drug Testing Services Ltd. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for TEAMS (3163601 Manitoba Ltd) and /or Star Drug Testing Services Ltd. to conduct a limited query/queries of the Clearinghouse, they must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee License # Include Province



Date of Birth (mm/dd/yyyy)

Employee Signature

Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

CDVS

Canadian Driver Verification Services

This certifies that this application was completed by me, for the possibility of employment at _____ and that all entries on it are true and complete to the best of my knowledge. I authorize CDVS, hereinafter referred to as “agent”, to make such investigations and inquiries of my personal, employment, criminal search, driving abstracts, PSP reports, drug results from previous employers or their consortium or any other related matters as may be necessary in arriving at an employment decision. If hired or contracted, this authorization shall remain on file and shall service as ongoing authorization to re-check or report as deemed necessary at any time throughout my employment or contract period or after such period. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release _____ 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. Furthermore, I understand that the Company and/or their agent may keep any information on file including work performance as related to my employment period and make it available to any second party only with my verbal or written consent. I understand, also, that I am required to abide by all rules and regulations of the Company. 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. It is confidential and will not be used for any other purpose.

List all previous driver licenses used for the past 5 years:

Driver License Number _____ Issued by Prov/State _____

Driver License Number _____ Issued by Prov/State _____

Date of Birth----- Social Insurance/Security #-----

DRIVER SIGNATURE _____ **DATE** _____