



155 Oak Point Hwy
Winnipeg, MB R2R 1T7

Phone: 204-818-0383

Fax: 204-818-0384

Email: Info@gpextranport.ca
www.gpextranport.ca

Gpex Transport Inc. 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.
- 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 3 months old).
- Mail-drop-Fax or email off your application to the above address
- If you have any questions, please feel free to contact the office by calling :
204-818-0383 or email at info@gpextranport.ca

Thank you.

Gpex Transport Inc.



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DRIVER QUALIFICATION FILE CHECK LIST

Driver Name: _____

- ___ 1. Driver Abstract
- ___ 2. Driver's License (photocopy)
- ___ 3. Driver Disclosure of License
- ___ 4. Driver Certificate of Violations and Accidents
- ___ 5. Annual Review of Driving Record
- ___ 6. Policy Manual Receipt
- ___ 7. Dangerous Goods Training Certificate (if applicable)

US Requirements / Canadian Recommendations:

- ___ 1. Employee application form
- ___ 2. Safety Performance History Records – previous 3 years
- ___ 3. Road Test – US requirement - only if operating doubles/triples/tank or if vehicle being operated does not require driver to hold a commercial driver's license.



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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: _____

Personal Information

Name: First: _____ Last: _____

Address: Street: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____ 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 Gpex Transport Inc before? Yes No

Start Date: _____ End Date: _____

Rate of pay: _____ Position: _____

Reason for leaving: _____ How did you hear about Gpex Transport? _____

What is your rate of pay expectation? \$ _____



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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: _____



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

Experience and Qualifications (Continued)

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

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

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

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



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DRIVER CERTIFICATION OF VIOLATIONS AND ACCIDENTS

I certify that the following is a true and complete list of convictions (other than parking violations) and accidents required to be reported under the Highway Traffic Act during the past 12 months.

If you have had no violations, check the following box - None

DATE	VIOLATION / ACCIDENT	LOCATION	TYPE OF VEHICLE

If no violations or accidents are listed above, I certify that I have not been convicted or forfeited Bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification

Driver Signature

Motor Carrier Name

Motor Carrier Address

Signature of Company Representative

Title



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Additional Training

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

1.) Program or Certification Name: _____

Date Completed: _____ Additional Info: _____

2.) Program or Certification Name: _____

Date Completed: _____ Additional Info: _____

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



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DRIVER DISCLOSURE OF LICENSE

Driver Name _____

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, and the name in which the license is issued.

_____	_____	_____
Jurisdiction	Class	Legal Name on License

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 or any suspension, restriction, prohibition or any other change in status to my driver's license.

Date _____ Driver Signature _____



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RELEASE AND DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION

Driver Name: _____

As required by Section 40.25(j) please respond to the following questions:

During the past three (3) years, have you **tested positive** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules during the past three years?

YES

NO

During the past three (3) years, have you **refused to test** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules during the past three years?

YES

NO



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If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

I certify that the information provide on this document is true and correct.

Date: _____

Employee Signature: _____

Date: _____

Witnessed by: _____



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DRIVER ANNUAL REVIEW OF DRIVING RECORD

Driver Name _____

This day I reviewed the driving record of the above named driver in accordance with 318.6 of the Manitoba Highway Traffic Act. I considered any evidence that the driver has violated applicable provisions of the Motor Vehicle Transport Act (Canada), the Criminal Code (Canada) and the Transportation of Dangerous Goods Act (Canada), the Dangerous Goods Handling and Transportation (Manitoba). I considered the driver accident record, any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol and drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

_____the driver meets the minimum requirements for safe driving, or

_____the driver is disqualified from driving a vehicle pursuant to 318.6

Date of Review

Motor Carrier Name

Signature of Company Representative

Title

Notes from Review:



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COMMERCIAL DRIVER ABSTRACT AUTHORIZATION FORM

I hereby authorize the Division of Driver and Vehicle Licensing, in the Province of Manitoba, to release my **Commercial Driver Abstract** to:

(Name of Company/Individual)

Through its representative:

Driver Name: _____

(Print name in full) (Last Name) (First Name) (Initial)

License Number: _____

Date of Birth: _____

(Year / Month / Day)

Signature: _____

Date: _____



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Emergency Contacts

In the event of emergency, please list two persons whom Gpex Transport Inc could contact.

Name: _____

Relationship: _____ Phone #: _____

Name: _____

Relationship: _____ Phone #: _____

Please include your current health card number: _____



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SAFETY PERFORMANCE HISTORY RECORDS REQUEST – GENERAL AND ACCIDENT

Section 1: To be completed by Prospective Employee

I, _____ Date of Birth: _____
Please Print First and Last Name in Full

Hereby authorize:

Previous Employer: _____ Attention: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances testing records within the previous 3 years from _____ to _____
(Date of employment application)

Prospective Employer: **GPEX Transport Inc.** Attention: **Gary Virk**
 Address: **155 Oak Point Hwy, Winnipeg MB R2R 1T7** Telephone: **204-818-0383**

In compliance with Part 40.25(g) and 391.23(h), release of this information must be made in a written form that ensure confidentiality, such as fax, e-mail or letter. **Under DOT rule 391.23(g), you must respond to this inquiry within 30 days of receipt.**

Prospective Employer's Confidential Fax Number: **204-818-0384**
 Prospective Employer's Confidential E-Mail: **gary@gpextranport.ca**

Date: _____ Applicants Signature: _____

Section 2: To be completed by Previous Employer

Employment Verification / Accident History

The applicant named above was employed by you? Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive a motor vehicle for you? Yes No If yes, what type?
 Straight Truck Tractor-Semitrailer Bus Cargo Tank
 Other – please specify _____

2. Reason for leaving your employ: Discharged Resignation Lay Off

If there is no safety performance history to report, check here sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register for this driver.

Date	Location	No. of Injuries	No of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the application that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Signature: _____ Title: _____ Date: _____



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SAFETY PERFORMANCE HISTORY RECORDS REQUEST – DRUG AND ALCOHOL TESTING HISTORY

Section 3: To be completed by Previous Employer

Drug and Alcohol History

Please check here , and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown in Section 1.

Within the past 3 years from the application date shown in Section 1:

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR part 40 Yes No
Or Subpart B of part 382, including:
 - An alcohol test with a result of 0.04 or higher alcohol concentration?
 - A controlled substances test result of positive or adulterated or substituted
 - A refusal to submit to a post-accident, random, reasonable suspicion or follow-up Alcohol or controlled substance test
 - Alcohol use while performing or within 4 hours before performing safety sensitive functions
 - Alcohol use after an accident, in violation of 382.303
 - Controlled substances use while on duty, except as allowed under 382.213.
2. If this person has violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a Rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was Required but you do not know if he/she began or completed such a program, check here . Yes No N/A
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, Or refusal to be tested? Yes No N/A

Section 3 Completed by:

Name: _____

Company: _____ Telephone: _____

Address: _____

Signature: _____ Date: _____

Section 4a: To be completed by Prospective Employer

This form was sent by (check one): Fax Mail E-Mail Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (391.23(c)(1):

Section 4b: To be completed by Prospective Employer

Complete below when information is obtained.

Information received from: _____

Received by: Fax Mail E-Mail Telephone Other _____

Recorded by: _____ Date: _____



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POLICY MANUAL RECEIPT

I, _____ (please print), hereby acknowledge receipt of a
Company Policy Manual and will ensure understanding of the material provided and my
responsibilities therein.

Date: _____

Driver Signature: _____

Company Representative: _____