



1074 Thorndale Ave
 Bensenville, IL
 60106

Application for Qualification

The purpose of this application is to determine whether or not the applicant is qualified to operate Commercial Motor Vehicles under the authority of AirTime Express Inc, and according to the Ontario Highway Traffic Act (Canada) and the Federal Motor Carrier Safety Regulations (US).

Applying as: Owner Operator Driver for _____ Company Driver

INSTRUCTIONS TO APPLICANT: Please PRINT, in ink, using your own handwriting. Incomplete information will delay the process. Please record your name as it appears on your driver's licence.

Surname			First Name			Middle Name			
Address (street)			Apt#						
City			State/Province			Zip or Postal Code			
Home Phone Number			Cell Phone Number			Email Address			
How long at above address?									
Previous Address						Apt#			
City			State/Province			Zip or Postal Code			
How long at above address									
Previous Address						Apt#			
City			State/Province			Postal Code			
Are you legally permitted to work in Canada?			Yes	No	Are you bondable?		Yes	No	
Are you over the age of 21?			Yes	No	Social Security Number				
Are you permitted to drive in the US?			Yes	No					
EDUCATION									
Please circle highest grade completed			8	9	10	11	12	13	
			College			1	2	3	4
Commercial driving school attended.						When did you attend?			
						_____ mm / yy _____.			

DRIVING RECORD					
Do you have a valid driver's licence?		Yes	No	Class of licence _____ Endorsement _____	
Issued by _____	Expiry Date _____		Medical due date _____		
Driver's licence number			Issue date of original licence.		
			_____mm / ___yy.		
Section 383.2 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which listed above.					
Do you hold any awards for safe driving?					
A. Have you ever been denied a licence, permit or privilege to operate a motor vehicle?			Yes	No	
B. Has any licence, permit or privilege ever been revoked or suspended?			Yes	No	
C. Have you ever been convicted of a felony?			Yes	No	
If you answer Yes to A., B. or C., give details:					
State any collisions over the past three (3) years. Use separate sheets if necessary					
	Dates	Nature of collision		Fatalities	Injuries
Last					
Previous					
Previous					
Previous					
Class of equipment driven		Dates		Approximate number of miles	
		From	To	(Total)	
Straight truck					
Tractor and semi-trailer					
Tractor and two trailers					
Other					
List States and Provinces operated in last five (5) years: (abbreviated, ex. ON, MI, QC)					
PERSONAL REFERENCES					
Name		Address		Phone Number	

EMPLOYMENT HISTORY

*Please provide **ALL** employment history for the past three years. (All driving employment for an additional seven years.) Show employment gaps for the past three years. All time must be accounted for. **A total of 10 years of employment history should be shown.***

Are you presently Unemployed? Yes No Unemployment began mm / yy

Name of Previous Employer	Address	Company Phone #	Company Fax #	Contact Name

Dates Employed (mm/yy)		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Reason for leaving:
From	To			

Name of Previous Employer	Address	Company Phone #	Company Fax #	Contact Name

Dates Employed (mm/yy)		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Reason for leaving:
From	To			

Name of Previous Employer	Address	Company Phone #	Company Fax #	Contact Name

Dates Employed (mm/yy)		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Reason for leaving:
From	To			

Name of Previous Employer	Address	Company Phone #	Company Fax #	Contact Name

Dates Employed (mm/yy)		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Reason for leaving:
From	To			

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of acceptance by Airtime Express USA Inc, I understand that any false information or consequential omission in this application is cause for my immediate discharge. I authorize you 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 an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I understand, also, that I am required to abide by all rules and regulations of the company, as permitted by law.

Driver's signature: _____ **Date:** _____

How did you hear about us?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Referral / Friend | <input type="checkbox"/> Other _____ |

We are an equal opportunity employer.

Request for Information from Previous Employer

TO Driver: *Only fill in the box below, please.*

I hereby authorize you to release the following information Airtime Express Inc for the purpose of investigation. You are released from any and all liability, which may result from furnishing such information.

* * *

_____ _____ _____

SIN DATE Applicants Signature

Personnel Manager:

The below named individual has made application to this company for a position as _____
 _____ And states that he/she was employed by you as _____
 _____ from _____ to _____.

We appreciate you time in completing, in confidence, the information requested below.

Name of applicant: _____

1. Employed from _____ to _____ as _____.
2. Did he/she drive a: Straight Truck Tractor-Semi Trailer Other _____
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your employ: Discharge Resignation Lay off
5. Was his/her general conduct satisfactory? _____
6. Please advise history of past driving record if available for past three years including violations and collisions:

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, tact, ability to get along with others				
Initiative, resourcefulness				
Safety habits				
Driving skill				
Attitude				

Other remarks: _____

Signature: _____ Title: _____ Date: _____

Request/Consent for Information on Alcohol & Controlled Substances Testing

Section 1: To Be Completed By Prospective Employee

_____ Identified by _____, has
First, M.I., Last, Please Print Donor's ID Number

Applied to our company for a safety sensitive position as outlined in 49 CFR 382.107. In accordance with DOT regulations 49 CFR 382.413 and 391.23, we are hereby requesting information regarding this individual's involvement and participation in your company's drug and alcohol testing program. This request for drug and alcohol testing information is directed to the attention of:

Previous Employer: _____

Street: _____

Telephone: _____

City, Province, Postal Code: _____

Fax No: _____

In accordance with 49 CFR 382.405(f), by my signature below, I authorize you to release any and all information regarding drug and alcohol testing done on myself while in your employ, acting as your agent, under contract to you, or acting as your representative in any capacity during the preceding three years from the below date. This information is to be released to:

Prospective Employer: AirTime Express USA Inc

Attention: Safety and Compliance

Street: 1074 Thorndale Ave

Telephone: 630-238-5795

City, Province, Postal Code/Zip: Bensenville IL 60106

Fax No: _____

Applicant Signature

Date

Section 2: To Be Completed By Previous Employer

Please complete to determine pre-employment qualification under 49 CFR 382.301:

- 1. Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No
- 2. Did the company drug & alcohol program comply with DOT regulation Part 40? Yes No
- 3. Was the applicant qualified to drive as set forth in Part 382? Yes No
- 4. Name and Address of Consortium (TPA): _____

5. Dates of Employment: From _____ To _____

6. Date of Last Test: _____ Type of Test: _____ Result: _____

7. Any other violation of 49 CFR 382? Yes explain: _____ No

Drug & Alcohol Testing Information Request

For verification of driver's participation in a compliant testing program under 49 CFR, 382.413 & Par 40.25:

Driver's Name: _____

1. Has the applicant ever tested positive, as verified by an MRO, for a controlled substance test covered under Part 40 in the last 3 years? Yes No
2. Has the applicant ever had an alcohol test with a Breath Alcohol Concentration 0.040 or greater in the last three years? Yes No
3. Has the applicant ever refused a DOT required drug or alcohol test in the last three years? (including verified adulterated or substituted drug test results) Yes No
4. To the best of your knowledge, has the applicant ever violated any other DOT drug & alcohol testing regulations other than questions 1-3 above in the last three years? Yes No
5. If yes to any of the above, did the applicant comply with the referral rehabilitation requirements of the Substance Abuse Professional (SAP)? Yes No

a. Was the person referred to a SAP? Yes No

If employment with your company continued: Yes No

- I. Was the applicant evaluated by the SAP? Yes No
- II. If yes, did the SAP recommend treatment and/or education? Yes No
- III. Did the applicant complete the treatment and/or education determined by the SAP? Yes No
- IV. Did the applicant undergo a return to duty test? Yes No
- V. If yes, was the return to duty test negative? Yes No
- VI. Did the SAP recommend follow-up testing? Yes No
- VII. Did the applicant complete the follow-up testing? Yes No

If applicable, please submit a copy of the documentation to show completion of return to duty and follow-up testing.

Comments: _____

I confirm the above information is accurate:

Print Name: _____

Date: _____

Signature: _____

Company: _____