

## HIRING OF A DRIVER

### DOCUMENTS TO BE ADDED TO THE PERSONAL FILE OF \_\_\_\_\_

Driver's name

- **Copy of the driver's license**

(Pursuant to section 41 of the *Regulation respecting the hours of driving and rest of heavy vehicle drivers* and FMCSR Part 391.51 (3) and 391.33).



**NOTE** : When renewed, add a copy of the new document to the file.

**Record keeping** : Until the destruction of the file.

**Date inserted:** \_\_\_\_\_

- **Copy of the driver's driving record**



**NOTE** : Quebec : It is important to check the validity of the driver's License. We suggest you do it once every 6 months. This can be done through Internet at : <http://www.saaq.gouv.qc.ca/saaqclie/en/public/checkdriverlicence/index.php> or use the forms developed by the SAAQ, or ask the driver to provide the information that is needed.  
U.S.A. : The driving record must be checked at least once a year with the issuing authority.

**Record keeping** : In accordance with the U.S. rules, the first copy of the driving record obtained (upon hiring) needs to be kept until the destruction of the file.

**Date inserted:** \_\_\_\_\_

- **Copy of the dangerous goods transportation training certificate (if applicable)**

(Pursuant to the Transportation of Dangerous Goods Regulation and FMCSA).



**NOTE** : This certificate is valid for 36 months. When expired, retrain and add a copy of the new certificate to the file.

**Record keeping** : 2 years as of the expiry date of the certificate

**Date inserted:** \_\_\_\_\_

- **Proof of lack of a criminal record (if applicable)**

(Document certifying the compliance with the « *Immigration and Nationality Act* », section 212, of the United States, specifically for the drivers operating in the United States. See appendix for procedures. It is recommended to ask for that proof once a year).



**Date inserted:** \_\_\_\_\_

## HIRING OF A DRIVER

### Appendix

#### CRIMINAL HISTORY INVESTIGATION PROCEDURES

1. Citizens must use the services of firms accredited by the Royal Canadian Mounted Police (RCMP) and pay a fee for the criminal record check for civilian purposes. Those residing in areas not served by the private sector should contact the police service.

To access the list of regions that are not serviced by private firms, as well as the list of accredited firms, click on the following link (available in French only): <https://www.sq.gouv.qc.ca/wp-content/uploads/2016/11/procedure-a-des-fins-civiles.pdf>.

2. The firm will electronically transmit your fingerprints to RCMP, who will send you the results once the verifications are completed. The processing times are usually between 5 to 7 days, if you do not have a criminal record.
3. If you have a criminal record and you are likely to operate in the United States in the course of your job:
  - a) Ask for a copy of your criminal record.
  - b) Apply for a pardon with the Government of Canada under section 5 of the Criminal Records Act. You can find the form and the appropriate information at the police station you visited.
  - c) The Canada pardon is not recognized by American authorities. The government of United States continues to consider the offense and it stays into the file of the person.

#### NOTE

A person with a criminal record for an offense committed in Canada is not automatically refused for entry into the United States. Certain acts may be considered a criminal offense in Canada, while treated in a different manner under US legislation. (i.e. driving under influence).

If the American immigration officers consider you need a waiver to operate in the territory of the United States, they will provide you with the required documents and the appropriate information. Note that a 6 month minimum delay can be expected when asking for such a document.

It is possible that a person with a criminal record is being asked for a waiver before entering in United States. In spite of this and depending on circumstances, the driver could obtain his FAST card for American authorities. Each case is dealt separately.





Company : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_

MANDATORY

## Application for Employment as a Heavy Vehicle Driver

|   |                                 |
|---|---------------------------------|
| <b>SECTION I</b>  |                                 |
| A) For the candidate: <i>Read, complete and sign before handing in the form</i> |                                 |
| Position sought: _____  | Date: _____                     |
| Location: _____   |                                 |
| <b>B) PERSONAL INFORMATION</b>  |                                 |
| Family Name: _____  | First name: _____               |
| Address (for the last 3 years): _____<br>_____                                  |                                 |
| Telephone: Home: ( ) _____  | Work: ( ) _____                 |
| Date of birth : _____   | Social Insurance Number : _____ |

|   |   |
|---|---|
| <b>SECTION II</b>   |   |
| <b>PROFESSIONAL ACTIVITIES (AS A DRIVER)</b>                                  |   |
| <b>EXPERIENCE AND QUALIFICATIONS</b>  |   |
| Licence No. : _____   | Classes: _____ Province: _____  |
| Expiration : _____  | Restrictions: _____   |
| Manual transmission indication (M)  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Air brake indication (F)  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Long combination vehicle indication (T)                                       | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Driving prohibited in United States   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Number of demerit points: _____   |   |
| Have you ever been refused a commercial vehicle driver's licence?             | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Has your licence ever been revoked or suspended?                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| If you answered Yes to one of the two previous questions, indicate why: _____ |   |
| Ontario pneumatic "S" cam brake adjustment certificate                        | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Ontario wheel system maintenance certificate                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Are you familiar with the air-brake system?                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Transportation of Dangerous Goods certificate                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Expiration : _____  |   |
| Are you a member of a drug and alcohol screening program?                     | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Do you have an additional driver's licence issued by another jurisdiction?    | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

**SECTION III**

**EDUCATION**

| Course                        | Number of years | Date completed | Name and location of teaching institution | Specialization | Grade, diploma or certificate |
|-------------------------------|-----------------|----------------|---|----------------|-------------------------------|
| Primary                       |                 |                |   |                |                               |
| Secondary                     |                 |                |   |                |                               |
| College and university        |                 |                |   |                |                               |
| Heavy vehicle driver training |                 |                |   |                |                               |
| Other courses                 |                 |                |   |                |                               |

Indicate whether

|                  |                          |         |                          |       |                          |                |
|------------------|--------------------------|---------|--------------------------|-------|--------------------------|----------------|
| you speak French | <input type="checkbox"/> | English | <input type="checkbox"/> | other | <input type="checkbox"/> | Specify: _____ |
| you read French  | <input type="checkbox"/> | English | <input type="checkbox"/> | other | <input type="checkbox"/> | Specify: _____ |
| you write French | <input type="checkbox"/> | English | <input type="checkbox"/> | other | <input type="checkbox"/> | Specify: _____ |

**SECTION IV**

**EXPERIENCE** (starting with the most recent, please list all positions you have held in the past three years)  
**For USA: Positions held over the past 10 years.** (Use additional sheets if necessary.)

1. Employer : \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Duties : \_\_\_\_\_  
 Supervisor : \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Weekly salary at time of departure: \$ \_\_\_\_\_

Were you subject to the DOT while employed? Yes  No  N/A   
 Was your job designated as a safety sensitive function subject to alcohol and controlled substances testing requirements? Yes  No  N/A

2. Employer : \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Duties : \_\_\_\_\_  
 Supervisor : \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Weekly salary at time of departure: \$ \_\_\_\_\_

Were you subject to the DOT while employed? Yes  No  N/A   
 Was your job designated as a safety sensitive function subject to alcohol and controlled substances testing requirements? Yes  No  N/A

3. Employer : \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Duties : \_\_\_\_\_  
 Supervisor : \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Weekly salary at time of departure: \$ \_\_\_\_\_

Were you subject to the DOT while employed? Yes  No  N/A   
 Was your job designated as a safety sensitive function subject to alcohol and controlled substances testing requirements? Yes  No  N/A

**SECTION V**

**A) DRIVING (EXPERIENCE)**

| Driving equipment                | Type of experience (trailers, tankers, etc.) | Dates |    | km / miles driven (approx.) | Type of routes |            |
|----------------------------------|--|-------|----|-----------------------------|----------------|------------|
|                                  |  | from  | to |                             | Local          | Long dist. |
| Straight truck                   |  |       |    |                             |                |            |
| Tractor/semi-trailer combination |  |       |    |                             |                |            |
| Combination vehicles             |  |       |    |                             |                |            |
| Flat bed                         |  |       |    |                             |                |            |
| Long combination vehicle         |  |       |    |                             |                |            |
| Double-drop low-bed              |  |       |    |                             |                |            |
| Container                        |  |       |    |                             |                |            |
| Wood chips / sawdust             |  |       |    |                             |                |            |
| Specialized transp.              |  |       |    |                             |                |            |
| Solid bulk tanker                |  |       |    |                             |                |            |
| Moving (furniture)               |  |       |    |                             |                |            |
| Other (specify):                 |  |       |    |                             |                |            |

Type of motor used: \_\_\_\_\_  
 Type of transmission: \_\_\_\_\_

Country and/or provinces where you have worked:  
 Number of years \_\_\_\_\_ Number of years \_\_\_\_\_  
 Canada \_\_\_\_\_  Québec \_\_\_\_\_  United States \_\_\_\_\_  Mexico \_\_\_\_\_

**B) DRIVING (TRAINING)**

Indicate what theoretical training you have received, identifying specific courses taken (if applicable)

| Course                          | Date | Name and location of teaching centre | Duration (hours) |
|---------------------------------|------|--------------------------------------|------------------|
| Hours of service                |      |                                      |                  |
| Daily inspection (safety check) |      |                                      |                  |
| Transportation -Dangerous Goods |      |                                      |                  |
| Alcohol/drug screening          |      |                                      |                  |
| Load securing                   |      |                                      |                  |
| Wheels                          |      |                                      |                  |
| Air brakes                      |      |                                      |                  |
| Preventive driving              |      |                                      |                  |
| Energy efficiency               |      |                                      |                  |
| WHMIS                           |      |                                      |                  |
| Customer relations              |      |                                      |                  |
| Other (specify)                 |      |                                      |                  |

Have you received any honorary mentions?  
 If yes, which one? \_\_\_\_\_ Yes  No

**C) DRIVING (ACCIDENTS, INCIDENTS)**

**SECTION V**

During the past five years, have you been involved in any accidents or incidents while driving a heavy vehicle? Yes  No

If yes, indicate the date and nature of the event: \_\_\_\_\_

Name(s) of your employer(s) at the time: \_\_\_\_\_

Briefly explain the circumstances (if insufficient space, please attach a sheet): \_\_\_\_\_

**D) DRIVING (VIOLATIONS, FINES)**

Have you pleaded guilty or have been found guilty of any traffic violations over the past 3 years, other than parking violations, while to operating a heavy vehicle? Yes  No

If yes, please complete the following section (if insufficient space, please attach a listing)

| Location | Date | Type of violation | Sentence | Demerit points |
|----------|------|-------------------|----------|----------------|
|          |      |                   |          |                |
|          |      |                   |          |                |

**SECTION VI**

**EXPERIENCE AND QUALIFICATIONS: Maintenance and repair of heavy vehicles** Yes  No

Indicate your training and experience (if applicable): \_\_\_\_\_

**SECTION VII**

**EXPERIENCE AND QUALIFICATIONS: Handling**

A) Indicate your training and experience in the table below (if applicable)

| Equipment / Activities        | Training | Years of experience | Equipment / Activity                        | Training | Years of experience |
|-------------------------------|----------|---------------------|---|----------|---------------------|
| Forklift driving              |          |                     | Load securement                             |          |                     |
| Sorting and counting goods    |          |                     | Weight distribution                         |          |                     |
| Goods handling and protection |          |                     | Bill of lading and other shipping documents |          |                     |

B) Indicate what theoretical training related to material handling you have received, identifying specific courses taken (if applicable)

| Course | Date | Name and location of the teaching institution | Specialization |
|--------|------|---|----------------|
|        |      |   |                |
|        |      |   |                |

**SECTION VIII**

**HISTORY: INDUSTRIAL ACCIDENTS (WORK RELATED)**

In the past three years, have you had one or more industrial accidents involving a heavy vehicle, or relating to the position sought? Yes  No

If yes, start with the most recent: \_\_\_\_\_

Name of employer at the time: \_\_\_\_\_

Type of injury suffered: \_\_\_\_\_

*This information will be verified as permitted by the Act Respecting Occupational Health and Safety. Any omission on your part will be considered intentional, and will be interpreted as a false declaration.*

**SECTION IX**

**SECTION IX****TO BE READ AND SIGNED BY THE CANDIDATE:**

It is agreed and understood that if I make a false or misleading declaration in this application for employment process, or if I fail to provide information required on this form or its appendices, I will be liable to dismissal once the false declaration or omission is discovered, in accordance with the Bond requirements, internal regulations, labour conventions, and/or corporate policies and procedures.

It is agreed and understood that the company or its agents may investigate my previous history and record, including alcohol and controlled substance while driving a motor vehicle, to verify abilities and to ascertain the accuracy of my declarations. I have the right to review the information provided by previous employers, the right to have errors in the information corrected by the previous employer and the right to have a rebuttal statement attached to the alleged erroneous information as late as 30 days after being employed if there is any disagreement.

I agree to provide additional information and/or documents required to complete this form, and to take a medical examination conducted by a physician selected or appointed by the company. I hereby authorize the company to obtain from my previous employers and from any other source the company deems necessary, information that they may have recorded in my file.

It is agreed that if hired, I will be subject to a probation period during which I may be dismissed without any recourse.

I hereby certify that I have completed this application for employment, and that all the entries and information it contains are accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Candidate's signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

| A) INTERVIEW                        |         |                    |              |                                 |
|-------------------------------------|---------|--------------------|--------------|---------------------------------|
| Individual conducting the interview |         | Date               | Observations |                                 |
|                                     |         |                    |              |                                 |
| B) TO BE USED BY THE TESTER         |         |                    |              |                                 |
| Administered by                     | Date    | Result             | Class        | Observations and interpretation |
|                                     |         |                    |              |                                 |
| C) REFERENCE CONTROL                |         |                    |              |                                 |
| Previous positions                  | Results | Previous positions | Results      |                                 |
| I                                   |         | III                |              |                                 |
| II                                  |         | IV                 |              |                                 |
| D) DATE HIRED: _____                |         |                    |              |                                 |

**STATEMENT OF TRAINING RECEIVED**

I, \_\_\_\_\_, in service with  
(Driver's name - please print)

\_\_\_\_\_, certify the following :  
(Name of the operator)

- I received a \_\_\_\_\_ hour training on the Regulation respecting hours of service and rest of heavy vehicle drivers on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Driver's signature) (Signature of the operator)

- I read the publication (in French) entitled « Heures de conduite et de repos des conducteurs de véhicules lourds » on \_\_\_\_\_  
(Date)

or any other similar publication : \_\_\_\_\_  
(Name of publication and publisher)

\_\_\_\_\_  
(Driver's signature) (Signature of the operator)

- I received a \_\_\_\_\_ hour training on pre trip inspection of the vehicle on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Driver's signature) (Signature of the operator)

- I read the publication (in French) entitled « Guide de la vérification avant départ » on \_\_\_\_\_  
(Date)

or any other similar publication : \_\_\_\_\_  
(Name of publication and publisher)

\_\_\_\_\_  
(Driver's signature) (Carrier's signature)

**NOTE:** The two above-mentioned publications have been prepared by the Société de l'assurance automobile du Québec.

Section 519.21.2 of the Highway Safety Code states that a carrier must ensure that a driver keeps on board the register of his hours of service and hours of rest and that he enters therein all the required information, failing which he is liable to a fine of \$700 to \$2,100.

In addition, under section 519.15, every carrier must « see that drivers inspect their vehicle to ensure it is in safe operating condition », failing which he is liable to a fine of \$700 to \$2,100 (Sec. 519.48), whereas section 519.16 requires the carrier to ensure that the driver keeps the safety check register in the vehicle and makes therein every entry required, failing which he is liable to a fine of \$350 to \$1,050 (Sec. 519.52).





**MANDATORY**

# DECLARATION OF TRAFFIC OFFENSES

(To be completed yearly)

Driver's name : \_\_\_\_\_ License : \_\_\_\_\_  
Please print

I CERTIFY THAT THE FOLLOWING LIST OF TRAFFIC OFFENSES (OTHER THAN FOR PARKING) FOR WHICH I WAS FINED OR HAD MY LICENSE SUSPENDED WITHIN THE LAST TWELVE (12) MONTHS IN CANADA AND/OR THE UNITED STATES IS ACCURATE AND COMPLETE.

| DATE | OFFENCE | LOCATION | TYPE OF VEHICLE USED |
|------|---------|----------|----------------------|
|      |         |          |                      |
|      |         |          |                      |
|      |         |          |                      |
|      |         |          |                      |
|      |         |          |                      |
|      |         |          |                      |

*(Attach additional page(s) if more space is needed)*

IF NO OFFENSE IS STATED IN THE ABOVE TABLE, I CERTIFY THAT I WAS NOT FINED AND THAT MY LICENSE WAS NOT SUSPENDED WITHIN THE LAST TWELVE (12) MONTHS.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Driver's signature)

\_\_\_\_\_  
(Name of the operator)

\_\_\_\_\_  
(Address of the operator)

\_\_\_\_\_  
Signature of the representative of the operator

\_\_\_\_\_  
Title



# STATEMENT OF VALID DRIVER'S LICENSE

*(To be signed on the first date of service)*

I, \_\_\_\_\_, hereby certify today,  
(Name — please print)

\_\_\_\_\_ that I hold a valid license that is neither suspended nor  
(First date of service) cancelled.

I further certify that, in accordance with section 519.7 of the Quebec Highway Safety Code, I will immediately notify the carrier in writing of any modification, suspension or cancellation of my driver's license or any class necessary for the operation of the carrier's vehicles specifying the reasons as soon as the modification, suspension or cancellation takes effect.

In addition, I will notify my employer of the duration and the expiry date of any modification or suspension affecting my driver's license and, in the event of a cancellation, I will notify him of the duration for which my license or class of license will be cancelled.

At my employer's request, I will agree to supply him with a copy of my driving record whenever he requests but never at frequencies of less than six (6) months.

**USA :** If I am assigned to a position of driver operating in the United States, I agree to notify my employer in writing within, thirty (30) days, if I recognize my guilt or am found guilty of an offence in relation to an offence concerning traffic regulations —except for parking— (FMCSR, section 383.31, b) when driving any vehicle.

**In the case of infraction while driving a heavy vehicle, outside USA, I will notify the operator of the vehicle I am driving as soon as possible after having received the infraction.**

IN WITNESS THEREOF, I SIGN : \_\_\_\_\_

ON THIS \_\_\_\_\_

Company's representative : \_\_\_\_\_

Date of the agreement : \_\_\_\_\_

**NOTE :** A carrier who allows a vehicle to be operated, notwithstanding notification of the suspension or cancellation of the driver's license as a result of a criminal offence, or of the fact that this driver is the object of a penalty pursuant to section 106 of the Quebec Highway Safety Code, incurs a fine of \$700 to \$2,100 (Sec. 144.1 of the Quebec Highway Safety Code).

A driver who fails to notify his employer of the suspension, revocation or cancellation of his license is liable to a fine of \$350 to \$1,050 (Sec. 519.50 of the Quebec Highway Safety Code).



## NEW DRIVER'S REQUIRED INFORMATION NOTICE

(Form delivered to the applicant)

### DOCUMENTS TO BE FORWARDED MANDATORILY TO THE EMPLOYER

- **Copy of the driver's license**

(Pursuant to section 41 of the Regulation respecting hours of driving and rest and Part 391.51 (3) and 391.33 of FMCSR).



- **Copy of the driver's driving record file**

(Document is available at any service center of the Société de l'assurance automobile du Québec).



### OPTIONAL DOCUMENT TO BE FORWARDED TO THE EMPLOYER

- **Proof of lack criminal history**

(This document is a certification of compliance with the « Immigration and Naturalization Act, section 212 » of the United States and concerns specifically the drivers operating in the United States. It is available at the private firms accredited by the Royal Canadian Mounted Police. Should there be criminal history, ask the operator for the procedures).



\_\_\_\_\_  
Name of the company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of company's officer

\_\_\_\_\_  
Function



# PRE-EMPLOYMENT RECORD OF DRIVING HOURS

(To be completed on the first day of service)

NAME : \_\_\_\_\_ DRIVER'S LICENSE : \_\_\_\_\_

CLASS : \_\_\_\_\_ PROVINCE : \_\_\_\_\_

Pursuant to section 519.21.2 of the Québec Highway Safety Code, every operator shall monitor the compliance of drivers with the provisions related on hours of service and rest as prescribed by the regulation. Please complete the following chart by stating the number of service and hours of rest you have accumulated during the last 14 consecutive days.

| DAY              | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | TOTAL |
|------------------|----|----|----|----|----|---|---|---|---|---|---|---|---|---|-------|
| DATE             |    |    |    |    |    |   |   |   |   |   |   |   |   |   |       |
| HOURS OF SERVICE |    |    |    |    |    |   |   |   |   |   |   |   |   |   |       |
| HOURS OF REST    |    |    |    |    |    |   |   |   |   |   |   |   |   |   |       |

I attach to this statement a copy of my log of hours of driving and service for my first day of service (if I worked for another operator on that day).

TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND THAT I HAVE BEEN RELIEVED OF MY PAST DUTIES.

At \_\_\_\_\_, on \_\_\_\_\_  
(Time) (Day/Month/Year)

IN WITNESS THEREOF, I SIGN : \_\_\_\_\_

COMPANY'S REPRESENTATIVE : \_\_\_\_\_ Date : \_\_\_\_\_

**NOTE:** A carrier who permits a driver to exceed the number of hours of driving or hours of service prescribed by regulation is liable to a fine of \$700 to \$2,100 (Section 519.44 of the Québec Highway Safety Code).



# EMPLOYEE'S HEALTH STATEMENT

**NOTE:** The purpose of this questionnaire is to give a general overview of your current physical condition and information on your medical history. The information disclosed will be used only to ensure that you have the medical qualifications required for the job you apply for. This information will determine whether you need a medical examination, but does not imply you will automatically have to submit to one.

LAST NAME : \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_ HEIGHT : \_\_\_\_\_ WEIGHT : \_\_\_\_\_

WEIGHT ONE YEAR AGO : \_\_\_\_\_ REASON FOR WEIGHT CHANGE (if any) : \_\_\_\_\_

## HISTORY

|  | YES | NO  |
|--|-----|-----|
| Has one of your insurance applications ever been refused, changed or accepted with extra premium ? | [ ] | [ ] |
| Are you now, or have you ever been the recipient of disability or accident insurance benefits ?    | [ ] | [ ] |

Have you ever been treated for any of the following diseases or conditions or have you ever felt any of their symptoms ?

|   | YES | NO  |   | YES | NO  |
|---|-----|-----|---|-----|-----|
| Ear condition or deafness :               | [ ] | [ ] | Migraines or severe headaches :         | [ ] | [ ] |
| Alcoholism or drug addiction :            | [ ] | [ ] | Cerebral or neurological disorders :    | [ ] | [ ] |
| Allergies :                               | [ ] | [ ] | Intestine, stomach or liver disorders : | [ ] | [ ] |
| Arthritis or rheumatism :                 | [ ] | [ ] | Spinal disorders :                      | [ ] | [ ] |
| Cancer ou tumor :                         | [ ] | [ ] | Genital disorders :                     | [ ] | [ ] |
| Convulsions (epilepsy, unconsciousness) : | [ ] | [ ] | Visual disorders :                      | [ ] | [ ] |
| Diabetes :                                | [ ] | [ ] | Kidney or urinary tract disorders :     | [ ] | [ ] |
| High blood pressure :                     | [ ] | [ ] | Blood vessel disorders :                | [ ] | [ ] |
| Coronary deficiency :                     | [ ] | [ ] | Lung disorders :                        | [ ] | [ ] |
| Blood or gland disease :                  | [ ] | [ ] |   |     |     |
| Nerve or mental disease :                 | [ ] | [ ] |   |     |     |

Do you have any physical abnormality or deformities ; do you suffer from a disease other than the above-mentioned diseases likely to affect your ability to perform the work related to the job applied for ? [Yes] [No]

If yes, explain : \_\_\_\_\_

Are you pregnant ? \_\_\_\_\_ If yes, when is the delivery expected : \_\_\_\_\_

Are you now regularly on prescription drugs ? \_\_\_\_\_

Do you receive medical care or treatment ? \_\_\_\_\_ Are you expected to receive some soon ? \_\_\_\_\_

If yes, explain : \_\_\_\_\_

| What is your weekly consumption of :  | Cigarettes |       | Alcoholic beverages |       | Various drugs |       |
|---------------------------------------|------------|-------|---------------------|-------|---------------|-------|
|                                       | _____      | _____ | _____               | _____ | _____         | _____ |
| Did you use to take a larger amount ? | [Yes]      | [No]  | [Yes]               | [No]  | [Yes]         | [No]  |

I declare that, to the best of my knowledge, the information given in this questionnaire is accurate and complete. I understand and accept that any misrepresentation or omission can result in the rejection of my application or the loss of my job or any benefit related to a pension or an allowance in connection with my health condition.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



## ROAD TEST EVALUATION RESULTS

NAME OF THE CANDIDATE \_\_\_\_\_

|  | Very Satisfactory | Satisfactory | Practice Required | Training required | Totally unacceptable |
|--|-------------------|--------------|-------------------|-------------------|----------------------|
| 1. Circle check of a tractor or straight body      |                   |              |                   |                   |                      |
| 2. Inspection of documents                         |                   |              |                   |                   |                      |
| 3. Inspection of safety equipment                  |                   |              |                   |                   |                      |
| 4. Starting the motor                              |                   |              |                   |                   |                      |
| 5. Hook-up to the trailer                          |                   |              |                   |                   |                      |
| 6. Circle check of a trailer                       |                   |              |                   |                   |                      |
| 7. Departure with the vehicle                      |                   |              |                   |                   |                      |
| 8. Departure on a grade or on a bumpy terrain      |                   |              |                   |                   |                      |
| 9. Driving on an upgrade                           |                   |              |                   |                   |                      |
| 10. Driving on a downgrade                         |                   |              |                   |                   |                      |
| 11. Double clutching                               |                   |              |                   |                   |                      |
| 12. Synchronizing – upshifting and downshifting    |                   |              |                   |                   |                      |
| 13. Motor RPM while accelerating or downshifting   |                   |              |                   |                   |                      |
| 14. Use of the transmission                        |                   |              |                   |                   |                      |
| 15. Progressive shifting                           |                   |              |                   |                   |                      |
| 16. Fuel economy                                   |                   |              |                   |                   |                      |
| 17. Road handling                                  |                   |              |                   |                   |                      |
| 18. Lane changing and passing of slower vehicles   |                   |              |                   |                   |                      |
| 19. Turns and intersections                        |                   |              |                   |                   |                      |
| 20. Anticipating events – Following distance       |                   |              |                   |                   |                      |
| 21. Acceleration – Deceleration                    |                   |              |                   |                   |                      |
| 22. Braking  |                   |              |                   |                   |                      |
| 23. Control of vehicle in curves                   |                   |              |                   |                   |                      |
| 24. Signaling – Respect for others ( speed, stops) |                   |              |                   |                   |                      |
| 25. Driving while backing up                       |                   |              |                   |                   |                      |
| 26. Uncoupling of trailer                          |                   |              |                   |                   |                      |
| 27. General driving habits                         |                   |              |                   |                   |                      |
| 28. Attitude of the person being tested            |                   |              |                   |                   |                      |

REMARKS : \_\_\_\_\_  
 \_\_\_\_\_

UNIT NUMBER OF THE TRACTOR OR STRAIGHTBODY: \_\_\_\_\_

Signature of inspector \_\_\_\_\_ Date : \_\_\_\_\_



## ÉVALUATION ROUTIÈRE

NOM DU CANDIDAT \_\_\_\_\_

|   | Très satisfaisant | Satisfaisant | Pratique requise | Formation requise | Totalement insuffisant |
|---|-------------------|--------------|------------------|-------------------|------------------------|
| 1. Ronde de sécurité du tracteur/camion porteur       |                   |              |                  |                   |                        |
| 2. Vérification des documents                         |                   |              |                  |                   |                        |
| 3. Vérification de l'équipement de sécurité           |                   |              |                  |                   |                        |
| 4. Mise en marche du moteur                           |                   |              |                  |                   |                        |
| 5. Attelage de la remorque                            |                   |              |                  |                   |                        |
| 6. Vérification - Ronde de sécurité de la remorque    |                   |              |                  |                   |                        |
| 7. Départ avec le véhicule                            |                   |              |                  |                   |                        |
| 8. Départ en pente et sur terrain accidenté           |                   |              |                  |                   |                        |
| 9. Conduite en pente - Monté                          |                   |              |                  |                   |                        |
| 10. Conduite en pente - Descente                      |                   |              |                  |                   |                        |
| 11. Double embrayage                                  |                   |              |                  |                   |                        |
| 12. Synchronisation - Montée et descente des vitesses |                   |              |                  |                   |                        |
| 13. Régime du moteur en accélérant et en rétrogradant |                   |              |                  |                   |                        |
| 14. Utilisation de la transmission                    |                   |              |                  |                   |                        |
| 15. Changement de vitesse progressif                  |                   |              |                  |                   |                        |
| 16. Conduite économique                               |                   |              |                  |                   |                        |
| 17. Tenue de route                                    |                   |              |                  |                   |                        |
| 18. Changement de voie et dépassement                 |                   |              |                  |                   |                        |
| 19. Virages et intersections                          |                   |              |                  |                   |                        |
| 20. Anticipation - Distance de talonnage              |                   |              |                  |                   |                        |
| 21. Accélération - Décélération                       |                   |              |                  |                   |                        |
| 22. Freinage  |                   |              |                  |                   |                        |
| 23. Maîtrise dans les courbes                         |                   |              |                  |                   |                        |
| 24. Signalisation - Respect (vitesse, arrêt)          |                   |              |                  |                   |                        |
| 25. Conduite en marche arrière                        |                   |              |                  |                   |                        |
| 26. Dételage  |                   |              |                  |                   |                        |
| 27. Conduite en général                               |                   |              |                  |                   |                        |
| 28. Attitude du candidat                              |                   |              |                  |                   |                        |

OBSERVATIONS : \_\_\_\_\_  
\_\_\_\_\_

NO D'UNITÉ DU TRACTEUR OU DU CAMION PORTEUR : \_\_\_\_\_

Signature de l'évaluateur \_\_\_\_\_ Date : \_\_\_\_\_



## SUPPORT À L'ÉVALUATION ROUTIÈRE

Ce document est associé à la grille d'évaluation routière et vise à vous fournir des références vous permettant de juger la qualité du conducteur. Chaque point à évaluer comporte une liste d'actions que doit accomplir le candidat ou des comportements qu'il doit adopter.

**NOTE ;** Afin d'alléger le texte, le terme «remorque» signifie aussi «semi-remorque».

1. **Vérification – Ronde de sécurité du tracteur ou de camion porteur**  
Voir les éléments de vérification obligatoire listés à la grille de vérification #1 tel que prévu par la norme 13 du Code canadien de sécurité  
  
\* Le Québec doit adopter incessamment cette norme
2. **Vérification des documents**
  - Certificat d'immatriculation du véhicule
  - Preuve d'assurance responsabilité et preuve d'assurance cargaison
  - Copie du numéro d'inscription au registre (NIR) de la Commission des Transports du Québec et autres permis
  - Copie du document d'expédition ou du connaissance (si applicable)
  - Vignette d'inspection annuelle
  - Vignette d'enregistrement à la taxe sur le carburant (si applicable)
3. **Vérification de l'équipement de sécurité**
  - Extincteur (lorsque requis par vos opérations et/ou les politiques de l'entreprise)
  - Triangles réfléchissants et/ou fusées éclairantes
4. **Mise en marche du moteur**
  - Applique le frein de stationnement
  - Maintien la pédale d'embrayage au plancher
  - Place la transmission à la position neutre
  - Démarre le moteur
  - Vérifie les cadrans du tableau de bord
  - Relâche doucement la pédale d'embrayage
5. **Attelage de la remorque**
  - Aligne bien les véhicules
  - S'assure de l'immobilité de la remorque
  - Entre sous la remorque lentement, appuyant la sellette d'attelage sur le devant de la remorque
  - Applique le frein de stationnement du tracteur
  - Relie les conduites d'air et raccorde les câbles électriques
  - Recule doucement sous la remorque et enclenche le mécanisme de verrouillage de la sellette
  - Laisse le frein de stationnement appliqué sur le remorque, engage la transmission en marche avant et applique une pression raisonnable afin de vérifier la solidité de l'attelage.
  - Applique les freins de stationnement du tracteur et de la remorque et débarque
  - Vérifie visuellement si la remorque est bien accouplée (mâchoires).
  - Relève les béquilles



6. **Vérification – Ronde de sécurité de la remorque**  
Voir les éléments de vérification obligatoire listés à la grille de vérification #1 tel que prévu par la norme 13 du Code canadien de sécurité  
  - \* Le Québec doit adopter incessamment cette norme
7. **Départ avec le véhicule**
  - Utilise le frein d'embrayage pour engager la transmission en première vitesse
  - Démarre lentement et en douceur
  - Vérifie la possibilité de fuites dans le système à air
  - Effectue une vérification de l'efficacité du système de freinage
8. **Départ en pente et sur terrain accidenté**
  - Démarre en douceur
  - Contrôle bien les mouvements causés par les forces gravitationnelles
9. **Conduite en pente – Monté**
  - Possède une bonne synchronisation des vitesses en rétrogradation
  - Change de vitesse en douceur
10. **Conduite en pente – Descente**
  - Vérifie et ajuste les freins (si nécessaire) avant l'amorce de la descente
  - Contrôle bien sa vitesse lors de la descente
  - N'accélère pas de façon excessive
  - Évite de faire surchauffer les freins
  - Choisi un rapport approprié à la descente
11. **Double embrayage**
  - Relâche l'accélérateur, puis débraye en appuyant sur la pédale d'embrayage tout en plaçant le levier de vitesse à la position "neutre"
  - Relâche la pédale d'embrayage
  - Fait tourner le moteur et ses engrenages plus ou moins rapidement afin d'engager le prochain rapport de vitesse.
  - Débraye de nouveau en poussant la pédale d'embrayage, tout en plaçant le levier de vitesse dans le rapport désiré
  - Relâche la pédale d'embrayage et appuie sur l'accélérateur au même moment
12. **Synchronisation – Montée et descente des vitesses**
  - Juge efficacement la synchronisation des vitesses appropriées aux conditions de la route et de la circulation.
13. **Régime du moteur en accélérant et en rétrogradant**
  - Choisi le rapport approprié à la révolution du moteur
14. **Utilisation de la transmission**
  - S'adapte à la transmission dans un délai raisonnable
  - Embraye en douceur
  - Possède un bon synchronisme pour faciliter l'embrayage des vitesses
  - N'utilise pas le frein d'embrayage lors de passages de vitesses à haut régime

15. **Changement de vitesse progressif**
  - Utilise le plus bas régime possible pour changer de vitesse
  - Accélère progressivement
  - Évite de faire tourner le moteur à haut régime
  - Conduit en douceur, sans accélération ou décélération brusque
16. **Conduite économique**
  - Maintien une vitesse constante
  - Respecte les limites de vitesse
  - Ajuste sa vitesse aux conditions de la route, aux limites de vitesse
  - Anticipe le freinage pour éviter les arrêts brusque et inutiles
  - Applique les freins lorsque cela est nécessaire seulement
17. **Tenue de route**
  - Maintien le véhicule en ligne droite
  - Conserve une distance minimum de 30 cm à l'intérieur de la ligne médiane
  - Évite de frôler l'accotement
18. **Changement de voie et dépassement**
  - Ne dépasse pas dans des endroits dangereux : courbes, intersections, côtes, etc.
  - Signale ses intentions avant de changer de voie
  - Prévoit un espace suffisant pour effectuer un dépassement, puis revient dans la voie de droite aussitôt que possible
  - Conduit à une distance prudente avant et pendant les dépassements
  - Respecte les autres usagers (ne coupe pas les autres véhicules)
19. **Virages et intersections**
  - Signale lors d'un virage
  - Approche un virage dans la bonne voie
  - Juge bien l'espace nécessaire pour effectuer un virage
  - S'assure que la voie est bien libre avant d'effectuer un virage
  - Effectue le virage dans la bonne voie, sans couper la voie
  - Respecte les signaux d'arrêts (arrêt complet)
  - Ajuste sa vitesse à l'approche d'une intersection, est préparé à arrêter si nécessaire
  - Vérifie la circulation de chaque côté avant de franchir un feu vert
  - Démarre doucement au feu vert
  - Est attentif à la circulation transversale aux croisements sans signalisation
20. **Anticipation – Distance de talonnage**
  - Tient compte de la circulation qui le précède et qui le suit
  - Se maintient à une distance raisonnable des véhicules qui le précède
  - Utilise fréquemment les rétroviseurs pour vérifier la circulation derrière
21. **Accélération – Décélération**
  - Choisi le bon rapport afin d'accélérer
  - Choisi le bon rapport afin de ralentir

22. **Freinage**
- Utilise le frein au besoin seulement
  - Évite les arrêts brusques
  - Anticipe le temps et la distance nécessaire au freinage
23. **Maîtrise dans les courbes**
- Contrôle bien sa vitesse et la direction du véhicule dans les courbes
  - Ralenti avant d'entreprendre la courbe
  - N'accélère pas brusquement ou excessivement dans une courbe
  - Ne freine pas brusquement dans une courbe
24. **Signalisation – Respect (vitesse, arrêt)**
- Avise à l'avance en signalant son intention d'arrêter
  - Respecte les limites de vitesse
  - Respecte la signalisation routière (cédez, double lignes médianes, etc.)
  - Utilise toujours les feux clignotants au besoin
25. **Conduite en marche arrière**
- Évite si possible de reculer du côté voilé
  - Signale lors du mouvement de recul
  - S'assure de relever son essieu autovireur ou son(s) essieux relevable(s), s'il y a lieu
  - S'assure que l'arrière du véhicule est libre de tout véhicule et autre obstacle
  - Utilise ses rétroviseurs afin de bénéficier du meilleur champ de vision possible
  - Contrôle bien sa vitesse pendant le mouvement de recul
  - Choisi le rapport approprié lorsque disponible
26. **Dételage**
- S'assure que les clignotants d'urgence sont en marche
  - Aligne bien le tracteur et la remorque
  - Vérifie la solidité du terrain selon la charge
  - Abaisse le(s) essieux relevable(s) s'il y a lieu
  - Applique le frein de stationnement de la remorque
  - Force la marche arrière afin de bien appuyer le pivot d'attelage sur le devant de la sellette
  - Applique le frein de stationnement du tracteur
  - Abaisse les béquilles
  - Débranche les conduites d'air et les câbles électriques
  - Déverrouille la sellette d'attelage
  - Avance lentement jusqu'à ce que la sellette soit dégagée
  - Immobilise le tracteur et vérifie la solidité de la remorque sur ses béquilles
27. **Conduite en général**
- Fait preuve d'une attention constante pendant la conduite
  - Conduit et opère le véhicule avec douceur
  - Utilise les rétroviseurs et assure une connaissance de la situation de la circulation à l'arrière
  - Fait preuve de patience envers les autres usagers de la route
  - Résiste aux distractions (incluant vous)
28. **Attitude du candidat**
- Apparence générale (propreté, soins personnels, etc.)
  - Personnalité et comportement en général (politesse, courtoisie, calme, etc.)