



Willow Tree Management Services Limited

ATTENTION: RECRUITING DEPARTMENT
140 Horseshoe Lake Drive, Halifax, NS B3S 0B7
Fax: (902) 450-0918

COMPANY DRIVER

Dear Applicant:

Thank you for your interest in applying for employment with Willow Tree Management Services Ltd. Willow Tree Management Services Ltd. is the driver agency exclusive to Clarke Road Transport Inc. for the hiring of company driver.

The following forms are enclosed:

- _____ Application for hire
- _____ Request for Information Testing History From Previous Employer
- _____ Consent Regarding the Collection and Retention of Personal Information
- _____ Certificate of Compliance with Driver License Requirements/Certification of Violations
- _____ Pre-Employment Urinalysis Notification/Authority to Release Information to Future Employers for two years after leaving Willow Tree Management Services Ltd.

To submit your application, please include the following documentation:

- _____ Completed application (ensure all information has been filled out and/or signed)
- _____ Driver's abstract (no more than 30 days old)
- _____ Criminal Records Search or copy of FAST card (bring Birth Certificate, Passport, etc to orientation)
- _____ Medical exam (less than 2 years old, provincial or other)
- _____ Copy of birth certificate (front and back, all information must be easily read)
- _____ Copy of driver's license (front and back, all information must be easily read)

The completed application and all supporting documentation must be received by our office **no later than Noon AST on the Thursday prior to your scheduled orientation date** in order for you to attend.

All applications and supporting documentation can be mailed, returned in person or faxed to:

**Recruiting Department
Clarke Road Transport Inc.
140 Horseshoe Lake Drive
Halifax, NS B3S 0B7**

FAX: (902) 450-0918

If you would like further information regarding our company, please refer to our website:
http://www.clarkeroad.com/DIR_roadtransport/home.asp

Thank you for your interest in employment at Willow Tree Management Services Ltd.

**Vaughn Hatcher
Manager-Recruitment**



Willow Tree Management Services Limited

ATTENTION: Recruiting Department
140 Horseshoe Lake Drive, Halifax, NS B3K 0B7
Fax: (902) 450-0918

APPLICATION FOR EMPLOYMENT

The information given on this application will be treated as strictly confidential. It shall be necessary for the applicant to answer each and every question completely, clearly and accurately. Failure to do so will delay assessment of the applicant. The use of this blank does not indicate that there are any positions open and does not in any way obligate the company to hire or use the applicant.

ANSWER ALL QUESTIONS – PLEASE PRINT CLEARLY

Position Applied for: **Company Driver**

Personal Information:

Name: _____ Phone: () _____
Address: _____ Cell: () _____
_____ email: _____

How long at current address? _____

(If less than 5 years, please provide dates and complete addresses for the past 5 years)

***Date of Birth:** _____ ***S.I.N. #** _____
MM/DD/YY (Optional)

Driver's License #: _____ **Province:** _____

Expiry Date: _____ **Class:** _____
(MM/DD/YY)

*** U.S. Department of Transportation requires driver applicants to provide their date of birth and SIN [391.21(b)(2)]**

In case of emergency notify: _____ Phone: () _____

Address: _____

Name of any relative in our employment: _____

Have you worked for this company in the past? _____ If yes, reason for leaving? _____

Who referred you to us? _____

Languages spoken and/or written: _____

Any back injury? _____ If yes, when? _____

Have you ever received compensation payment? _____ Why? _____ When? _____

Are you willing to take a physical exam? _____ If no, please state why _____

PERSONAL HISTORY FOR PAST 10 YEARS

MUST BE COMPLETED – “SEE RESUME” IS NOT ACCEPTABLE

Begin with your present experience and work backwards in order, listing all of your employers, driving school and other training programs, periods of military service and self-employment. All time must be accounted for. Use supplementary sheet if necessary.

LEAVE NO BLANKS OR GAPS IN TIME FOR THE PAST 10 YEARS

If you do not remember phone numbers, please check with directory assistance to find them. (Application can not be processed without employer phone numbers)

DATES From (MM/YY)	To	Position Held
Company		Avg. Weekly Earnings
Address		Reason for Leaving
		Type of Trailer Pulled
Telephone (____)		Equipment Driven
Supervisor		# of Accidents Total Kms
Full or Part-Time	Hours or Kms/Week	Province/Regions Driven In

MAY WE CONTACT YOUR PRESENT CARRIER OR EMPLOYER? Yes _____ No _____
Was this position designated as safety sensitive and subject to drug and alcohol testing? Yes _____ No _____

DATES From (MM/YY)	To	Position Held
Company		Avg. Weekly Earnings
Address		Reason for Leaving
		Type of Trailer Pulled
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Full or Part-Time	Hours or Kms/Week	Province/Regions Driven In

Was this position designated as safety sensitive and subject to drug and alcohol testing? Yes _____ No _____

MOTOR VEHICLE LICENSES

List all drivers licenses held in the past 5 years (including multiple licenses, if you have them):

Province	License Number	Type	Expiration Date

ACCIDENT RECORD (if none, write none)

List all accident involvements with any motor vehicle for the past 5 years (even if not at fault):

Date	Type Vehicle	Nature of Accident (Head on, Rear end, etc)	Were you at fault?	Were you ticketed?	# of fatalities?	# of injuries?	\$ Property Damage

TRAFFIC CONVICTIONS (if none, write none)

Date	Location	Violation (if speeding, show rate of speed)	Penalty / \$ Fine

IN THE PAST 5 YEARS (answer Yes or No, or note you prefer to discuss in private)

	Yes	No	Date (mm/yy)
Have you ever been fired from a job?	_____	_____	_____
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	_____	_____	_____
Has any license, permit or privilege ever been suspended or revoked?	_____	_____	_____
Have you ever been convicted of reckless driving, careless driving or careless Operation of a motor vehicle, or are any charges pending?	_____	_____	_____

If you answered yes to any of the above, please explain: _____

EDUCATION: Circle highest year completed

Grade School	1	2	3	4	5	6	7	8	High School	1	2	3	4	College	1	2	3	4	
Name of last school attended: _____ Where? _____																			
List any training programs presently attending or completed (truck driving schools, service schools, etc.)																			
School Name					City/Province					Phone Number				mm/yy		to		mm/yy	
School Name					City/Province					Phone Number				mm/yy		to		mm/yy	

REFERENCES:

List two people to verify where you worked and personal history, such as co-workers, customers, friends or neighbours.

Do NOT us relatives or former employers

Name: _____	City: _____	Prov: _____	How long known? _____
Phone: (____) _____	Where employed? _____	Occupation: _____	
Name: _____	City: _____	Prov: _____	How long known? _____
Phone: (____) _____	Where employed? _____	Occupation: _____	

GENERAL INFORMATION:

Have you ever been trained in Hazerdous Materials/Dangerous Goods Handling? Yes _____ No _____

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From / To	Approx # Of Miles

Engines and Transmissions Operated: _____
Have you driven in the States or across Canada? If so, where? _____

List special courses or training that will help you as a driver: _____

List training/courses not shown elsewhere on this application _____

List special equipment or technical material you can work with (other than already shown): _____

The human rights code prohibits discrimination because of race, ancestry, place of origin, color, national or ethnic origin, citizenship, religion, creed, sex or sexual orientation, age, marital or family status, record of offenses (including an offence in respect of any provincial statute), handicap, disability, language (province of Quebec).

Medical Declaration

On March 30, 1999 United States Federal Motor Carrier Safety Regulation medical requirements for Canadian drivers of Commercial Motor Vehicles operating in the United States were revised.

I acknowledge there is no requirement for a completed United States Medical fitness report.

The revision does require that a Canadian driver must comply with the medical requirements of the province in which their commercial drivers license is issued and that a medical fitness report is completed on the frequency as required by the license issuing province.

I certify that under the new revisions of the medical requirement to operate a commercial motor vehicle in the United States, that I am not impaired to operate a commercial motor vehicle by any of the following:

- A. I have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (administered by injection).
- B. I have no established medical history or clinical diagnosis of epilepsy.
- C. I have no established medical history or clinical diagnosis of hearing impairment.

I also agree to inform the company should my medical status change, and if any of the above impairments are subsequently diagnosed to the level of affecting my fitness to operate a commercial vehicle in the United States.

Applicant's Signature: _____ **Date:** _____

Statement of Previous Testing – Employment Not Obtained

The information requested is pursuant to US DOT regulation 49 CFR Part 40.

49 CFR Part 40, Subpart B, Section 40.25(j) states: As the employer, you must ask the 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.

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

YES _____ NO _____ If yes, provide the following information:

Company Name: _____ Address: _____ Date of Test/Refusal: _____

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if selected, falsified statements on this application shall be considered sufficient cause for revocation of driving privileges. I further understand that this is an application for a driver position only and does not indicate that an employer/employee relationship exists with Willow Tree Management Services Ltd.

Applicant's Full Name (Please Print)

Applicant's Signature

Date



Willow Tree Management Services Limited

**Consent Regarding the Collection
and
Retention of Personal Information**

Name: _____

Date of Birth: _____

SIN: _____
(Optional)

I, the undersigned, grant permission to Willow Tree Management Services Ltd. to collect personal information about me (including test results of any kind) and to conduct reference checks and a criminal record search for criminal convictions for which a pardon has not been granted. This information may be used to evaluate my application for employment and, if I am hired, this information may be kept in my employment file and updated from time to time. This permission includes my consent to the collection, use and communication of personal information under the Personal Information, Protection and Electronic Document Act, if applicable, and any similar Provincial Legislation.

Signature: _____

Date: _____



Motor Vehicle Drivers

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding. The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990. If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License Number: _____ State/Prov: _____ Exp. Date: _____
Driver's Signature: _____ Date: _____
Company Representative: _____

CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than those involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 381.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor vehicle carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify.

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Table with 4 columns: Date, Offense, Location, Type of Vehicle Operated. Includes three rows of blank lines for data entry.

If no violations are listed above I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's License Number: _____ State/Prov: _____ Exp. Date: _____

(Date of Certification)

(Driver's Signature)

Willow Tree Management Services Ltd.

(Employer Name)

(Motor Carrier's Signature)

(Reviewed by (signature):

(Title)



**REQUEST FOR INFORMATION
TESTING HISTORY FROM PREVIOUS EMPLOYER**

EMPLOYEE AUTHORIZATION

Please note: Under part 382.413(b) of the US Federal Motor Carrier Safety Regulations, previous employers must provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of .04 BAC or greater, any verified positive drug tests and any refusal to be tested, as well as information on whether the employee completed the required assessment and re-qualification provisions under the regulations (in accordance with Parts 382.605 and 382.311).

Release Authorization

With my signature below, I am authorizing you to release all information in regards to any alcohol and/or controlled substance program and/or testing to which I was a party 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 date listed below.

Name of Company: Willow Tree Management Services Ltd., 140 Horseshoe Lake Drive, Halifax, NS CANADA B3S 0B7
Phone: 866-360-7233 Fax: 902-450-0918

Date: _____

Name of Applicant: _____

Applicant's Signature: _____

Witness: _____

TO:

Company Name

Name & Title

City, Province, Postal Code

City, Province, Postal Code

Phone

Fax

(Mr., Mrs., Ms.) _____ with Social Security Number _____ has made application to our company for a safety sensitive position as outlined in 49 CFR, Part 382.107 (driving a commercial motor vehicle in cross border operation). We are hereby requesting copies of records regarding this individual's involvement with your company testing program as specified in Part 382.201(b), as we are required to be in compliance with the regulations. A consent form signed by the applicant is attached. (SIN # is Optional)

Driver Name: _____

Please answer the following questions:

- 1. What were the dates of the applicant's employment? From _____ to _____
- 2. Was he/she employed in a safety sensitive function, as defined under the regulations? Yes _____ No _____
- 3. Was this applicant subjected to alcohol testing or controlled substance (drug) testing pursuant to Parts 382 and 40? Yes _____ No _____

If you answered no for 2 and 3, please sign at the bottom of the page. No other information is required.

For the following questions, no information should be provided for testing/refusals prior to July 1, 1996.

- 4. Did the applicant test positive during the preceding two years for:
 - Alcohol concentration of 0.04 or greater? Yes _____ No _____
 - Verified positive (by MRO) for controlled substances covered under Part 40 (marijuana, etc)? Yes _____ No _____
- 5. In the past two years has the applicant refused a required alcohol or controlled substance test required by Part 382? Yes _____ No _____
- 6. If positive or refusal, was this applicant referred to a substance abuse professional? Yes _____ No _____
- 7. If refusal, which test did the applicant refuse? _____
(ie: reasonable suspicion alcohol, reasonable suspicion controlled substance, random alcohol, random controlled substance, follow up alcohol, follow up controlled substance, post accident alcohol or post accident controlled substance)
- 8. If employment with your company continued, the following information is requested:
 - a. Did this applicant see a substance abuse professional? Yes _____ No _____
 - b. If yes, did the substance abuse professional recommend treatment? Yes _____ No _____
 - c. If treatment was recommended, did the applicant complete treatment? Yes _____ No _____
 - d. Did the applicant undergo a return to duty test? Yes _____ No _____
 - e. If yes, did the return to duty test indicate a verified negative result? Yes _____ No _____

I confirm that the above information is accurate

Name (Please Print)

Company

Signature

Date

Please return to Clarke Road Transport Inc. by fax to: (902) 450-0918



ANNUAL REVIEW OF DRIVING RECORD

NAME OF DRIVER: _____

ADDRESS: _____

SOCIAL SECURITY No: _____

DATE OF EMPLOYMENT: _____

INSTRUCTIONS TO CARRIER: Review the driving record of the employee in accordance with Section 391.25 and as outlined below. Complete the Certificate of Review as listed. Any remarks may be shown on the reverse side.

In accordance with Department of Transportation Section 391.25 a motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving and operating vehicle under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

CERTIFICATE OF REVIEW

I hereby reviewed the driving record for the above named driver in accordance with Section 391.25 and find that he (check one):

DATE	NAME OF PERSON REVIEWING	METS MINIMUM REQUIREMENTS FOR SAFE DRIVING	IS QUALIFIED TO DRIVE A MOTOR VEHICLE PURSUANT TO SECTION 391.15
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMARKS TO BE MADE ON REVERSE SIDE CONCERNING DISQUALIFICATION



ANNUAL REVIEW OF DRIVING RECORD

REMARKS SECTION

REMARKS – INITIAL REVIEW FOR 12 MONTH PERIOD

Date _____

YES

NO

Company ID & Qualification Card Issued
Letter of Disqualification Issued

REMARKS – SUBSEQUENT REVIEW DURING 12 MONTH PERIOD

Date _____

YES

NO

Company ID & Qualification Card Issued
Letter of Disqualification Issued



**PRE-EMPLOYMENT URINALYSIS
NOTIFICATION**

The Federal Motor Carrier Safety Regulations, Section 391.102 – pre-employment testing requirements, apply to driver applications of this Company.

391.103 – Pre-Employment testing requirements

- | |
|--|
| <ul style="list-style-type: none"> a) A motor carrier shall require a driver applicant, who the motor carrier intends to hire or use, to be tested for the use of controlled substances as a prequalification condition. b) A driver applicant shall submit to controlled substance testing as a prequalification condition. c) Prior to collection of a urine sample, under Section 391.107 of the subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances. |
|--|

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances, based on the Urinalysis Test, will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Reviewing Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis test results to be given to other parties.

I have read and understood the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (Print Clearly)

Applicant's Signature

Witnessed by:

Company Representative's

Month Day Year

**AUTHORITY TO RELEASE INFORMATION TO FUTURE EMPLOYERS
FOR TWO YEARS AFTER LEAVING CLARKE ROAD TRANSPORT INC.**

I, _____, SIN Number* _____, authorize Willow Tree Management Services Ltd. to release the following information with regards to the Drug and Alcohol Test Program to all future employers for a period of two (2) years from the date of termination with Clarke Road Transport Inc.:

1. All alcohol tests with a result of 0.04 BAC alcohol concentration or greater.
2. Verified positive controlled substance test results.
3. All refusals to be tested.

Applicant's Signature

Date

*SIN # Optional



Willow Tree Management Services Limited

RELEASE AUTHORIZATION FOR CLIENT RECORD ABSTRACT

Driver abstracts are required is four times per year, for insurance purposes. These abstracts are required on the following dates:

January
April
July
October

By signing this form I agree and authorize **CLARKE ROAD TRANSPORT INC., A DIVISION OF CLARKE INC.**, to obtain these abstracts from the various motor vehicle branches throughout Canada.

AND

I authorize the Registrar of Motor Vehicles to release a copy of my Client Record Abstract upon request to **CLARKE ROAD TRANSPORT INC., A DIVISION OF CLARKE INC.**

Client Master Number

Client Name (Print)

Client Date of Birth

Client Signature

Date



DRIVER DATA SHEET

(For Casuals, New Hires & Temporary Employees)

NAME: _____

S.I.N. # _____

DL No.: _____

TYPE: _____

Instructions: Motor Carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on-duty and the date and time when the driver was last relieved from duty, for the 7 days immediately prior to beginning work for the carrier.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ on _____
(Time) (Day) (Month) (Year)

Signature

Witness (Company Representative)

Date



Willow Tree Management Services Limited

DIRECT DEPOSIT APPLICATION

I hereby authorize Willow Tree Management Services Ltd., through ADP, to make deposits to my chequing or savings or savings account at the financial institution of my choice. I will advise you of any change in this regard and the authorization is to remain in effect until cancelled in writing.

Name: _____

Financial Institution

Employee Signature

Institution Number

Employee Name (Please Print)

Branch Transit Number

Account Number

Bank Address:

ATTACH A BLANK CHEQUE clearly marked **VOID** and forward to the payroll department. If savings account, the transit number and account number should be recorded on the cover of your passbook.

Your account information is stored in a confidential computer file. Willow Tree Management Services Ltd., has NO access to your account except to make deposits. Each payday the net amount is sent directly to your financial institution and a copy of your pay stub to you. If your banking information changes, please notify the payroll department in writing, by the Friday prior to the payroll date, in order for your pay to be deposited into the correct account.