

GN Transport Driver Check List

163 Bowes Rd. Concord, ON, L4k 1H3

Contact Information

Driver Name _____
Company Name _____
Address _____
Assigned Unit # _____

Date of Hire

Phone # _____
Cell # _____
SIN # _____
Email _____

Required Documentation

- | | |
|---|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Police Clearance |
| <input type="checkbox"/> Driver's Abstract | <input type="checkbox"/> Authorization for PSP (Pre-Screening Program from US) |
| <input type="checkbox"/> CVOR Abstract | <input type="checkbox"/> PSP Report |
| <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Disability Insurance/Out of Province Insurance |
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Minimum Insurance Requirements |
| <input type="checkbox"/> Contract / Agreement | <input type="checkbox"/> Request for Information From Previous Employer |
| <input type="checkbox"/> Drug & Alcohol Test | <input type="checkbox"/> Employment Gap Sheet |
| <input type="checkbox"/> Road Test | <input type="checkbox"/> Authorization for Driver Record Search |
| <input type="checkbox"/> Certification of Road Test | <input type="checkbox"/> Emergency Contact Information |

Safety & Compliance Forms

Statements & Certificates

- On-Duty Hours Statement
- Driver Certification for Other Compensated Work
- Owner Operator Maintenance Policy Agreement
- Motor Vehicle Driver Certification of Compliance
- Disciplinary Policy
- CMV Inspection Policy Acknowledgement
- Hours of Service Policy Acknowledgement
- Overweight Responsibility
- Load Security Responsibility
- Damage Responsibility

Tests

- Hours of Service
- Vehicle Inspection Verification

Programs

- Vehicle Inspection Report
- C-TPAT Program
- Medical Declaration
- Speed Limiters