



SUB-CONTRACTOR AGREEMENT

Name of Incorporation: _____

Name _____ Date _____
Surname, Given Name and Middle Initials

Address _____ Phone _____

Province/Territory Postal Code
Email _____

Address for previous 3 years (if different from above):

Street City/Town Province Postal Code

Contract position applied for: _____

Desired Shift: **AM PM** Weekends? **Yes No** Able/Willing to Hand Bomb? **Yes No**

License: AZ - # of Years Experience _____ DZ - # of Years Experience _____ Other _____

License Number: _____ **Expiry Date:** _____

Do you have manual transmission experience? Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

IF the answer to either of the above two statements is **YES**, attach statement giving details.

Are you legally able to work in Canada ? Yes No

Do you have any limitations, medical conditions or chronic ailments that will affect your performance as a contracted commercial driver? Yes No If **YES**, describe _____

Are you currently employed/contracted? Yes No

Emergency Contact Person _____ **Phone** _____

Relationship _____

How did you hear about Inter-Link Contract Services?

Newspaper/Magazine: Which one? _____ Referral/Other _____

CONTRACTED DRIVING/EMPLOYMENT HISTORY

All applicants to drive commercial vehicles in Canada and the United States must provide the following information on all previous employers during the preceding 3 years.

*****List the truck lines, not the Owner Operator you drove for*****

(NOTE: An additional sheet has been added for use if necessary.)

DRIVER NAME:

LIC#:

PAST EMPLOYER/ FORMERLY CONTRACTED BY:		DATE	
Company Name		From	To
Address		Position Held	
City	Province	Postal Code	
Salary/Wage		Reason for Leaving	
Contact Person	Phone Number		
Type of Equipment Driven	Type of Trailer		
Type of Freight Hauled	Areas You Drove In		
Commercial motor vehicle violations or accidents while with this company? Y ___ N ___			

CONTRACTORS: PLEASE DO NOT FILL THIS SECTION IN.

Rate: Good/Fair/Poor

Quality of Paperwork: _____ Backing Skills: _____ Customer Relations: _____ Co-Worker Relations: _____

Timeliness: _____ Safety & Compliance: _____ Trip Planning: _____ Hours of Service(Logs): _____

Attitude/Appearance: _____ Equipment Handling: _____

Any Accidents/Incidents? Y / N If yes please describe: _____

Would you rehire: Y / N Notice Given: Y / N WSIB Claims: Y / N Time Lost: Y / N

APPLICANT AUTHORIZATION:

I authorize the company to release all my employment/contracted driving information to Interlink/United Services for the purposes of investigation for a contracted position.

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EXPERIENCE AND QUALIFICATIONS

Drivers License	Province/State	License No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment Van, Tank, Flat, Etc. (Please Specify)	Dates		Approx. No. Of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers Type (A,B,C,)				
Other				

List Provinces, States, or Territories operated in for the last five years _____

Show Special Courses or Training that will help you as a sub-contracted driver _____

Which safe driving awards do you hold and from whom? _____

List special equipment skills/training/license _____

Sub-contractor Sign: _____ **Date:** _____

ACCIDENT REPORT INFORMATION

Contractor Instructions : Complete information for all reportable accidents (**preventable and non-preventable**) in which you were involved during the past 5 years. List the oldest reportable accidents first. (Attach sheet if more space is needed).

Date	Type of Vehicle	Nature of Accident (Head-on, Rear-End, Upset, Etc.)	Chargeable/ Non- Chargeable	Fatalities	Injuries

DRIVER’S OFFENSE CONVICTION RECORD

DRIVER’S INSTRUCTIONS: Provide data for all traffic offences and criminal driving offences for which you were convicted during the past five years. This information is to be updated at the time of each conviction.

Location	Date	Charge	Penalty

I certify that the above information is accurate and true.

Sub-contractor Sign: _____ **Date:** _____

Accidents, Incidents, Spills, Vehicle Damage Report and Procedures

1. ALL ACCIDENTS, INCIDENTS, TICKETS, SPILLS AND VEHICLE DAMAGE MUST BE REPORTED AT THE TIME OF OCCURANCE TO DISPATCH, AND INTER-LINK.
2. Immediate reporting gives us the chance to send Safety & Compliance to the scene to take control and minimize costs.
3. If this is a motor vehicle accident involving yourself and other vehicles on the road, please notify the police (911) as well.
4. After verbal notification, the following will be required :
 - Time, date and location of the accident or incident
 - Unit numbers (Tractor, trailer) and other vehicle information
 - Other parties' information : license, insurance, plate number, vehicle make, year, description of damage and driver's personal information
 - Witness (if any) information
 - Police reports / information
 - Written statement that describes the events leading up to the accident / incident
 - A drawing indication position of vehicles is very helpful in the investigation
5. **As a sub-contractor you reserve the right to accept or refuse any shift assigned to you.**
6. **You will not use any equipment that you are not trained on.**
7. **No passengers under any circumstances.** This includes: wives, girlfriends, husbands, boyfriends, pets, friends, children, acquaintances, hitchhikers or anyone else unless instructed otherwise by the customer you're contracting for.

**FAILURE TO REPORT, OR LATE REPORTING OF ANY:
ACCIDENT, INCIDENT, SPILL, TICKETS, OR VEHICLE DAMAGE
WILL RESULT IN A REVIEW OF YOUR CONTRACTUAL STATUS
WITH INTER-LINK OR UNITED SERVICES.**

Sub-contractor Sign: _____ **Date:** _____

TO BE READ AND SIGNED BY SUB-CONTRACTOR

This certifies that this agreement was completed by me, and that all entries on it, and information in it are true and complete to the best of my knowledge. I authorize Interlink and United Contract Services to make such investigations and inquiries of my personal employment/sub-contracting history, CVOR, Driver Abstract, criminal record search, medical history from previous employers or their consortium and other related matters as may be necessary in arriving at a decision to contract me or not. If contracted by Inter-Link/United Services, this authorization shall remain on file and shall serve as on-going authorization to re-check driving abstracts or reports as deemed necessary at any time throughout my contract period at my cost. I authorize Inter-Link and United Contract Services to deduct the associated fees for updating or testing and/or any other fees or fines that I have incurred from any payments to my Incorporation. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application/agreement. I understand that false or misleading information provided in this agreement may result in the termination of my contract. Furthermore, I understand that Inter-Link and United may keep any information on file including driving abstracts and work performance as related to my contract period and make it available to any second party including Inter-Link and United clients. I also understand that I am required to abide by all rules, regulations and Health and Safety policies of Inter-Link and United and operate in compliance with Federal and Provincial Laws while under contract. I have been provided and read the "Driver" Information package and also have current Transportation of Dangerous Goods training. For purposes of gathering information, I agree to supply the information which may be required by law enforcement agencies and other entities for positive identification purposes and/or proof of training when checking records. It is confidential and will not be used for any other purpose.

*I also understand that I am financially responsible for any damages that I cause to equipment and/or property resulting from my actions, as well as any fines I incur as a result of my actions. I authorize Inter-Link/United Services to deduct any costs related to damages or fines which arise from my actions from any payments made to my Incorporation. **I realize that I am not an employee of Inter-Link or United Services, I am a sub-contractor being paid to my Incorporation in a business to business relationship.** As a sub-contractor I am therefore not entitled to vacation pay, statutory holiday pay, or any other type of employee benefits. My pay will not have the following deducted: EI, CPP or income tax.

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