

SPECIALIZED • PERSONALIZED • SERVICE



24 Forwell Rd., Unit 1
Kitchener, Ontario
Canada N2B 3E8
Call: (519) 745-5781
Fax: (519) 745-2883
wiersmatrucking.com

APPLICATION FOR EMPLOYMENT

(Read and complete all questions on this application)

First Name Middle Last Social Insurance No. Owner/Operator/Driver

Date Of Birth Home Phone Cell Phone E -Mail

Street address City Postal Code How Long

(Addresses for past three years)

Street address City Postal Code How Long

Street address City Postal Code How Long

Street address City Postal Code How Long

Street address City Postal Code How Long

Marital Status _____ Children _____ Other Dependents _____

Are you legally entitled to work in Canada & USA? _____

If working under a work permit give expiry date & Number _____

Any bar to extension? _____

Are you bondable (if required for the job) _____

If no state reasons _____

In case of emergency notify: _____

Name Phone Home/Business

Street Address City Postal Code

EDUCATION

Name of Public School	City Province/State	Last Grade Completed
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Name of High School	City Province/State	Last Grade Completed
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Name of College/University	City Province/State	Last Grade Completed
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Other	City Province/State	Course
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List all trucking industry related training courses and schooling attended

Course	Name of Facility	City Province/State
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Course	Name of Facility	City Province/State
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Course	Name of Facility	City Province/State
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List all safe driving awards you have acquired

Award	Issued By	City Province/State
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Award	Issued By	City Province/State
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What are your goals for next year? _____

What are your goals over next five years? _____

Why would you be successful at the job applied for? _____

What should an employer provide for an employee? _____

What should an employee provide for an employer? _____

DRIVING EXPERIENCE

Drivers Licence Information:

Province/State	Licence Number	Class	Endorsements	Conditions	Expiry Date
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Have you ever been denied a license, permit to operate a motor vehicle in Canada or USA? Yes ___ No ___

Has any licence, permit or privilege ever been suspended or revoked in Canada or USA? Yes ___ No ___

If answer is yes to either of the previous two questions attach statement giving details.

List Types of equipment operated during past 5 years:

Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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List Provinces and States operated in last 5 years: _____

Accident record for past 3 years: Number of accidents: Preventable _____ Non Preventable _____

Last accident location	City/Province/State	Type/Head-on/Rear-end/Upset/etc.	Fatal/Injuries
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Previous accident location	City/Province/State	Type/Head-on/Rear-end/Upset/etc.	Fatal/Injuries
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Previous accident location	City/Province/State	Type/Head-on/Rear-end/Upset/etc.	Fatal/Injuries
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TRAFFIC CONVICTIONS & FORFEITURES FOR THE LAST 3 YEARS (Other than parking violations)

Last Conviction/Charge	Type of Equipment	Date	Location-City/State/Province	Penalty
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Previous Conviction/Charge	Type of Equipment	Date	Location-City/State/Province	Penalty
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TO BE READ AND SIGNED BY APPLICANT

By completing and submitting this application, I:

- * authorize Ed Wiersma Trucking Inc. (Employer) or its agents to investigate my background, character, general reputation and prior employment by contacting my prior employers, references or any other individuals Employer considers necessary, (understanding that I may have the right to request in writing disclosures of certain information obtained by Employer in the course of its investigation of my background and experience);
- * authorize Employer, my prior employers references and any other individuals contacted by Employer to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so;
- * Acknowledge that any employment offered to me is at the will of Employer and may be terminated by Employer at any time, with or without cause;
- * certify by my signature that all entries on this application and all information in it are true and complete to the best of my knowledge and agree that not updating or providing false, misleading or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

Print Name _____

Signature of Applicant _____ Date _____