



Specialized Carrier
WINKLER · MB

Insured – Bonded – Licensed – Wide Load Specialist – Canada and United

Box 869 Winkler, Manitoba R6W 4A9

Phone: 204-325-1345 – Toll Free: 888-407-3707 – Fax: 204-325-0045

APPLICATION for EMPLOYMENT

In compliance with Federal and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date: _____

Personal Information:

Position(s) Applied For: _____

Last Name: _____ First Name: _____ Initial(s) _____

Social Insurance Number: _____

Do you have the legal right to work in Canada? Yes ___ No ___

Address:

Current Address: _____ City: _____ Province: _____

Postal Code: _____ Phone #: _____ How Long There?: _____

Cell #: _____

Previous Address (if current is less than 3 years): _____ City: _____

Province: _____ Postal Code: _____ How Long There?: _____

General Information:

Who Referred You?: _____

Is there any reason you might not be able to perform the functions of the job for which you have applied?: Yes ___ No ___ If yes, please explain: _____

List special equipment or technical materials you can work with (if any): _____

Work History:

Have you worked for GVT Inc. before ? Yes___ No___ If yes, when: From:_____ To:_____

Are you presently employed ? Yes___ No___ If not, how long since leaving last employment?_____

Past Employer 1

Name:_____ Address:_____

Phone #:_____ Fax #:_____ Position:_____ From:_____ To:_____

Salary/Wage:_____ Reason for Leaving:_____

May we contact this employer? Yes___ No___ If yes, Contact Name:_____

Comments:_____

Past Employer 2

Name:_____ Address:_____

Phone #:_____ Fax #:_____ Position:_____ From:_____ To:_____

Salary/Wage:_____ Reason for Leaving:_____

Contact Name:_____ Comments:_____

Past Employer 3

Name:_____ Address:_____

Phone #:_____ Fax #:_____ Position:_____ From:_____ To:_____

Salary/Wage:_____ Reason for Leaving:_____

Contact Name:_____ Comments:_____

Past Employer 4

Name: _____ Address: _____

Phone #: _____ Fax #: _____ Position: _____ From: _____ To: _____

Salary/Wage: _____ Reason for Leaving: _____

Contact Name: _____ Comments: _____

Past Employer 5

Name: _____ Address: _____

Phone #: _____ Fax #: _____ Position: _____ From: _____ To: _____

Salary/Wage: _____ Reason for Leaving: _____

Contact Name: _____ Comments: _____

Please Note: All driver applicants to drive interstate commerce must provide the preceding information on all employers during the past three- (3) years. List should include complete mailing address, street number, city, province and postal code.

Applicants to drive a commercial vehicle (includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport fifteen (15) or more passengers, or any size vehicle used to transport hazardous materials (in a quantity requiring placarding.) in intrastate or interstate commerce shall also provide an additional seven (7) years information on these employers for whom the applicant operated such vehicle. (Total of ten (10) years)

Education:

Highest Grade of Schooling Completed: ____ College Level Achieved: _____

Name of Last School Attended: _____ City: _____

List all courses and training other than above: _____

Comments: _____

For Driver Applicants Only

Date of Birth (mm/dd/yy): ___/___/___ Can you provide proof of age ? Yes___ No___

Criminal Information:

Have you ever been convicted of a felony? Yes___ No___ If yes, please explain: _____

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Do you have a Current Arrest Record? Yes___ No___

Are there any Warrants out for your Arrest? Yes___ No___

Experience, Qualifications & Driving History:

Please list all current Driver Licenses you hold:

| <u>Province</u> | <u>License #</u> | <u>Type</u> | <u>Expiration Date</u> |
|-----------------|------------------|-------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes___ No___

Has any license, permit or privilege ever been suspended or revoked? Yes___ No___

If yes to either question please explain: _____

Driving Experience:

| <u>Class of Equipment</u> | <u>Van, Tank, Flat, etc.</u> | <u>From:</u> | <u>To:</u> | <u>Number of Miles</u> |
|---------------------------|------------------------------|--------------|------------|------------------------|
| Straight Truck | _____ | _____ | _____ | _____ |
| Tractor & Trailer | _____ | _____ | _____ | _____ |
| Tractor & 2 Trailers | _____ | _____ | _____ | _____ |
| Motorcoach, School Bus | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ |

Traffic Convictions & Forfeitures (for past three (3) years, other than parking violations):

None _____

Last Offense - Location: _____ Date: _____ Charge: _____ Penalty: _____

Next Previous -Location: _____ Date: _____ Charge: _____ Penalty: _____

Next Previous -Location: _____ Date: _____ Charge: _____ Penalty: _____

Next Previous -Location: _____ Date: _____ Charge: _____ Penalty: _____

Accident Record (for past three (3) years or more.):

None _____

Last - Date: _____ Nature of Accident (Head-on, Rear-end, Upset, etc.): _____

Fatalities: Yes ___ No ___ Injuries: Yes ___ No ___

Next Previous – Date: _____ Nature of Accident: _____

Fatalities: Yes ___ No ___ Injuries: Yes ___ No ___

Next Previous – Date: _____ Nature of Accident: _____

Fatalities: Yes ___ No ___ Injuries: Yes ___ No ___

Next Previous – Date: _____ Nature of Accident: _____

Fatalities: Yes ___ No ___ Injuries: Yes ___ No ___

List States / Provinces operated in for the last five years: _____

Are you prohibited from driving in any State or Province? Yes ___ No ___

If yes, list States or Provinces: _____

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

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

Show any trucking, transportation or other experience that may help in your work for this company:

This certifies that this application 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 also authorize GVT Inc. to make inquiries and investigations pertaining to any information I have given in this application. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge.

Signature: _____ Date: _____