

# DRIVER'S APPLICATION FOR EMPLOYMENT

Company: **WSC Transport Inc.**

Address: 1900 Bassett Ave. S

City: Listowel Province: Ontario Postal Code: N4W 3G9

In compliance with Federal, State 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 of application: \_\_\_\_\_

Position(s)

\_\_\_\_\_

Name: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_ (to be filled in at time of employment)  
Last First Middle

Address: \_\_\_\_\_  
Street City

Prov. Postal Code Phone#

ADDRESS FOR PAST THREE YEARS \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City

Date of Birth:- D \_\_\_\_\_ / M \_\_\_\_\_ / Y \_\_\_\_\_  
(Required for Truck Drivers)

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment?

\_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

\_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants to drive must provide the following information on all employers during the preceding 10 years. \*\*\* List the truck lines, not the Owner Operator you drove for. \*\*\*

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

WORK DATES: From Month/Year \_\_\_\_\_ To Present \_\_\_\_\_

Company \_\_\_\_\_ Type of Trailer \_\_\_\_\_

Address \_\_\_\_\_ Type of equip. Driven \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Supervisor \_\_\_\_\_ Reasons For Leaving \_\_\_\_\_

Full Time or Part Time \_\_\_\_\_ Position Held \_\_\_\_\_

WORK DATES: From Month/Year \_\_\_\_\_ to Month/ Year \_\_\_\_\_

Company \_\_\_\_\_ Type of Trailer \_\_\_\_\_

Address \_\_\_\_\_ Type of equip. Driven \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Phone# \_\_\_\_\_ Cell \_\_\_\_\_

Supervisor \_\_\_\_\_ Reasons For Leaving \_\_\_\_\_

Full Time or Part Time \_\_\_\_\_ Position Held \_\_\_\_\_

**WORK DATES:** From Month/Year \_\_\_\_\_ To Present \_\_\_\_\_

**Company** \_\_\_\_\_ **Type of Trailer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Type of equip. Driven** \_\_\_\_\_

**City** \_\_\_\_\_ **Prov.** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Reasons For Leaving** \_\_\_\_\_

**Full Time or Part Time** \_\_\_\_\_ **Position Held** \_\_\_\_\_

**WORK DATES:** From Month/Year \_\_\_\_\_ to Month/ Year \_\_\_\_\_

**Company** \_\_\_\_\_ **Type of Trailer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Type of equip. Driven** \_\_\_\_\_

**City** \_\_\_\_\_ **Prov.** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Reasons For Leaving** \_\_\_\_\_

**Full Time or Part Time** \_\_\_\_\_ **Position Held** \_\_\_\_\_

**WORK DATES:** From Month/Year \_\_\_\_\_ To Present \_\_\_\_\_

**Company** \_\_\_\_\_ **Type of Trailer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Type of equip. Driven** \_\_\_\_\_

**City** \_\_\_\_\_ **Prov.** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Reasons For Leaving** \_\_\_\_\_

**Full Time or Part Time** \_\_\_\_\_ **Position Held** \_\_\_\_\_

**WORK DATES:** From Month/Year \_\_\_\_\_ to Month/ Year \_\_\_\_\_

**Company** \_\_\_\_\_ **Type of Trailer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Type of equip. Driven** \_\_\_\_\_

**City** \_\_\_\_\_ **Prov.** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Reasons For Leaving** \_\_\_\_\_

**Full Time or Part Time** \_\_\_\_\_ **Position Held** \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

INJURIES

DATE

Type OF Vehicle  
NATURE OF ACCIDENT  
(HEAD-ON, REAR-END, UPSET, ETC.)  
FATALITIES  
CHARGABLE NON-CHARGEABLE

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION  
DATE  
CHARGE  
PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED

\_\_\_\_\_  
(NAME) (CITY)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVERS LICENCE

LICENCE No.  
CLASS  
EXPIRATION DATE

PROV.

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

**DRIVER CERTIFICATION: I certify that I have read and understood the above**

requirements.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ Prov. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Notes: \_\_\_\_\_