



DRIVER'S APPLICATION FOR EMPLOYMENT

WORLD WIDE CARRIERS LTD.

125 CLAIREPORT CRESCENT
ETOBICOKE, ONTARIO
M9W 6P7

(answer all questions - please print)

In compliance with federal and state 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) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years,

Current Address _____
Street _____ City _____
Phone _____ How Long? _____
State _____ Zip Code _____
Previous Addresses _____ How Long? _____
Street _____ City _____ State & Zip Code _____
How Long? _____
Street _____ City _____ State & Zip Code _____
How Long? _____
Street _____ City _____ State & Zip Code _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Truck Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ to _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as directed in the attached job description)?

If yes, explain if you wish _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle * in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

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

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO FMCSRS* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO FMCSRS* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PARTS 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
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**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when vehicle: (1) has a GVWR or weighs 10,000 pounds or more. (2) Is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

ACCIDENT RECORDS FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIUOS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

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)

DRIVER'S LICENCE – LIST EACH LICENCE HELD IN THE PAST 3 YEARS

DRIVERS LICENCES	PROVINCE	LICENSE NO.	TYPE	EXPIRY DATE

- 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 ____
- C. Have you ever been convicted of a felony? Yes ____ No ____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS EQUIPMENT	TYPE OF EQUIPMENT VAN,TANK,FLAT	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOPU AS DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EXPERIENCE AND QUALIFICATIONS- OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWING)

TO BE READ AND SIGNED BY APPLICANT

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 authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employer, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

_____ Date _____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF rejected, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Criminal and Traffic Convictions						

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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