
WARNER Transport

Warner Transport
7726 Oil Heritage Rd. RR 17
Plympton-Wyoming, ON, N0N 1J6
Canada
Phone: (519) 899-2185
Fax: (519) 899-2186
warnerstransport@xcelco.on.ca

Guidelines for Warner Transport Driver Applicants

PURPOSE of the GUIDELINES

Thank you for your interest in joining our team! The purpose of these guidelines is to enable the applicant to review their qualifications as guided by Warner Transports needs. As you complete the attached application, please remember that the following information is required in order to proceed with your application:

REQUIRED DOCUMENTS

- Carefully complete the application form, taking time to give us the details of: your work history (driving and non-driving jobs), contact numbers, experience and accident history.
- Provide references (contact information is very important!)
- Attach a copy of your current drivers abstract and C.V.O.R abstract (within 30 days)
- Attach a copy of your birth certificate, citizenship card or Passport
- Attach a copy of a current Criminal Record Search (within 30 days)
- Attach a copy of your current and valid drivers license.

How to Submit Your Application

1. Print out the completed application and attach your supporting documents and send to:

Warner Transport
7726 Oil Heritage Rd. RR 17
Plympton-Wyoming, ON, N0N 1J6

2. Or fax to:

Warner Transport
Fax: (519) 899-2186

3. Please keep a copy of your completed *application* and bring it with you if you are invited to an interview for future employment.

**NOTE: In compliance with Federal and Provincial equal employment opportunity laws, qualified applicants are considered for all positions regardless of race, colour, religion, sex, national origin, marital status or the presence of a non-job related medical condition or handicap.*

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Driver Application for Employment

Warner Transport
7726 Oil Heritage Rd. RR 17
Plympton-Wyoming, ON, N0N 1J6
Phone: (519) 899-2185
Fax: (519) 899-2186
warnertransport@xcelco.on.ca

Complete this application in full. Please Print.

Date of Application: _____

Name: _____
First Middle Last

Current Address: _____
Number & Street Name City Postal Code

How long have you lived here? _____ Mailing Address same as above? Yes / No

If No -- Mailing Address: _____
Number & Street Name City Postal Code

Previous address if at current address less than 3 years:

Address: _____
Number & Street Name City Postal Code

Address: _____
Number & Street Name City Postal Code

Date of Birth: _____ / _____ / _____ Gender: Male / Female

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Social Insurance Number: _____ - _____ - _____ Passport #: _____

FAST CARD: Yes / No If yes, what your FAST #? _____

Marital Status: _____ Spouses Name: _____

EMERGENCY CONTACT INFORMATION

Name: _____
First Middle Last

Current Address: _____
Number & Street Name City Postal Code

Home Phone #: _____ Cell Phone #: _____

Relationship: _____

EMPLOYMENT EXPERIENCE (attach a sheet if more space is needed)

Have you ever been employed by us? Yes / No

If yes, provide position held and the dates employed: _____

Are you available/willing to work flexible hours? Yes / No

Are you available/willing to work weekends? Yes / No

DRIVERS LICENSE (attach a photocopy of the back and front to this application)

License Number	Province	Class	Expiration Date
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In the past five years have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No

In the past five years, has any license, permit or privilege ever been suspended or revoked? *If the answer is yes to either A or B, please attach a statement giving details.* Yes / No

Do you have a legal right to drive a commercial vehicle in the United States? Yes / No

Have you operated a commercial vehicle in the United States in the last 5 years? Yes / No

Are there any reasons you may not be able to perform the functions of this position? Yes / No

Have you attended a truck driving school? Yes / No School Name & When? _____

Do you have a high school diploma or GED? Yes / No School Name & When? _____

Have you been driving the type of Vehicle that your driving class indicates for the past 3 years?
Yes _____ If not, please explain _____

Driving experience (in years) driving within the following radius of operation:

Up to 200 miles _____ 201-500 miles _____ 500+ miles _____

Are you currently an (please select whichever applies):

Owner Operator _____ Company Driver _____ Driver Trainee _____

CRIMINAL RECORD

Have you ever been BONDED? Yes / No Name of Bonded Company: _____

Have you ever been convicted of a felony? _____

Have you ever been known by any other name other than the one on this application? Yes / No

If yes, please state the name: _____

EMPLOYMENT RECORD

Show ALL employment for the past 3 years as well as all driving experience for the past 5 years.
Attach a sheet if more space is needed.

Last Employer:

Company Name: _____ Phone #: _____

Address: _____
Number & Street Name City Postal Code

Position Held: _____ From _____ to _____

Reason(s) for Leaving: _____

Longest Distance Travelled for this Employer: _____

Commodities Hauled for this Employer: _____

Select the vehicle type you most often drove for this employer (circle all that apply):

Straight Truck Light Heavy

Select the tractor-trailer type you drove most often (circle all that apply):

Dry Van Flat-Bed Reefer Logging

Tanker Grain Livestock B-Train

Other (please specify): _____

Second Last Employer:

Company Name: _____ Phone #: _____

Address: _____
Number & Street Name City Postal Code

Position Held: _____ From _____ to _____

Reason(s) for Leaving: _____

Longest Distance Travelled for this Employer: _____

Commodities Hauled for this Employer: _____

Select the vehicle type you most often drove for this employer (circle all that apply):

Straight Truck Light Heavy

Select the tractor-trailer type you drove most often (circle all that apply):

Dry Van Flat-Bed Reefer Logging

Tanker Grain Livestock B-Train

Other (please specify): _____

Third Last Employer:

Company Name: _____ Phone #: _____

Address: _____
Number & Street Name City Postal Code

Position Held: _____ From _____ to _____

Reason(s) for Leaving: _____

Longest Distance Travelled for this Employer: _____

Commodities Hauled for this Employer: _____

Select the vehicle type you most often drove for this employer (circle all that apply):

Straight Truck Light Heavy

Select the tractor-trailer type you drove most often (circle all that apply):

Dry Van Flat-Bed Reefer Logging
Tanker Grain Livestock B-Train

Other (please specify): _____

Fourth Last Employer:

Company Name: _____ Phone #: _____

Address: _____
Number & Street Name City Postal Code

Position Held: _____ From _____ to _____

Reason(s) for Leaving: _____

Longest Distance Travelled for this Employer: _____

Commodities Hauled for this Employer: _____

Select the vehicle type you most often drove for this employer (circle all that apply):

Straight Truck Light Heavy

Select the tractor-trailer type you drove most often (circle all that apply):

Dry Van Flat-Bed Reefer Logging
Tanker Grain Livestock B-Train

Other (please specify): _____

CLAIMS/ACCIDENT HISTORY

Have you had any accidents during the last 3 years?

Yes / No

If yes, please complete the table below. *If you do not provide information about accidents/incidents that are not recorded on your drivers abstract than this driver application will not be accepted.*

Date of Accident	Nature of Event/Location	Charge or % of fault	Penalty

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REFERENCES

*The below names and numbers are for the people you want and give us permission to contact for a reference. You are required to provide us with a minimum of **2 references**.*

Reference 1:

Name: _____

Contact Information: _____

Nature of Relationship: _____

Reference 2:

Name: _____

Contact Information: _____

Nature of Relationship: _____

Reference 3:

Name: _____

Contact Information: _____

Nature of Relationship: _____

****TO BE READ AND SIGNED BY APPLICANT****

CERTIFICATION OF APPLICATION

This certifies that I completed this application and that all the entries/information included on this form are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview may result in termination. I understand that I am required to abide by all rules and regulations of *Warner Transport*.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history (generally after a conditional offer of employment) and other revised matters as may be necessary in arriving at an employment decision. 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.

It is agreed and understood that this application for employment in no way obligates the employer to employ me and it is understood that if hired, I may be on a probationary period where I can be discharged without recourse.

Date: _____

Name (Print): _____

Signature of Applicant: _____