
WARNER Transport

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

Guidelines for Warner Transport Shop 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 contact numbers and experience.
- Provide references (contact information is very important!)
- Attach a copy of your birth certificate, citizenship card or Passport
- Attach a copy of a current Criminal Record Search (within 30 days)

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.*

WARNER Transport

Shop 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

Home Phone #: _____ Cell Phone #: _____

Email Address: _____ Social Insurance Number: ____ - ____ - ____

Marital Status: _____ Spouses Name: _____

.....
EMERGENCY CONTACT INFORMATION

Name: _____
First Middle Last

Current Address: _____
Number & Street Name City Postal Code

Home Phone #: _____ Cell Phone #: _____

Relationship: _____

EXPERIENCE

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

Are you able to cross the border? Yes / No

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

License Number	Province	Class	Expiration Date
----------------	----------	-------	-----------------

(a) In the past five years have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No

(b) In the past five years, has any license, permit or privilege ever been suspended or revoked? Yes / No

If you answered yes to either A or B, please explain: _____

What is the highest class & type of equipment that you have operated? _____

EDUCATION

What is the highest grade completed in high school? 8 9 10 11 12 College: 1 2 3 4

List any diploma's/degrees/certificates earned: _____

List any training taken: _____

EMPLOYMENT RECORD

Show ALL employment for the past 3 years. Attach another 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: _____

Second Last Employer:

Company Name: _____ Phone #: _____

Address: _____
Number & Street Name City Postal Code

Position Held: _____ From _____ to _____

Reason(s) for Leaving: _____

Third Last Employer:

Company Name: _____ Phone #: _____

Address: _____
Number & Street Name City Postal Code

Position Held: _____ From _____ to _____

Reason(s) for Leaving: _____

Fourth Last Employer:

Company Name: _____ Phone #: _____

Address: _____
Number & Street Name City Postal Code

Position Held: _____ From _____ to _____

Reason(s) for Leaving: _____

PHYSICAL HISTORY

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

List any handicap that prevents you from doing certain kinds of work: _____

Are you physically capable of doing manual work? Yes / No

Have you ever been injured on the job? Yes / No

Provide the details: _____

How much time has been lost from work in the past 3 years due to illness/injury? _____

Are you willing to get a medical physical examination? Yes / No

.....
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: _____

.....
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.

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.

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*.

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: _____