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# 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](mailto:warnertransport@xcelco.on.ca)

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## Guidelines for Warner Transport Wash Bay 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

Wash Bay Application for Employment

Warner Transport  
7726 Oil Heritage Rd. RR 17  
Plympton-Wyoming, ON, N0N 1J6  
Phone: (519) 899-2185  
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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: \_\_\_\_\_

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## 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

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**EDUCATION**

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

List any training taken: \_\_\_\_\_  
\_\_\_\_\_

.....  
**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: \_\_\_\_\_

**EMPLOYMENT RECORD (Attach a sheet if more space is needed)**

Show ALL employment for the past 3 years.

**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: \_\_\_\_\_

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

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Applicants Signature: \_\_\_\_\_