



125 Claireport Cres
Toronto, ON M9W-6P7
Tel. 416-213-1334
Fax. 416-213-8233
Toll Free 1877-274-7513
www.worldwide-carriers.com
info@worldwide-carriers.com

Application Form

In Compliance with Federal and State equal 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 disabilities. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, write "No" or "None".

Position(s) Applied for: Driver Owner-Operator Date of Application _____

Name _____ S.I.N Number _____ - _____ - _____
Last First MI

License Number: _____ Expiry Date: _____

Current & Three years previous addresses

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Phone: Home _____ Cell _____ Emergency _____

Person to be contacted in an emergency (PRINT): _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
Day Month Year

Do you have the legal right to work in Canada? Yes No

Have you ever worked for this company? Yes No. If yes, where? _____

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

Reason for leaving _____

Are you currently employed? _____ Who referred you to us? _____ Rate of pay expected _____

Are you available for trips to Western Canada? YES NO _____

Do you have a FAST Card? NO YES. If yes, Card No. _____

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, please explain below -



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Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
 From _____ To _____ Name _____
 Position Held _____ Address _____
 (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
 From _____ To _____ Name _____
 Position Held _____ Address _____
 (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
 From _____ To _____ Name _____
 Position Held _____ Address _____
 (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
 From _____ To _____ Name _____
 Position Held _____ Address _____
 (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
 From _____ To _____ Name _____
 Position Held _____ Address _____
 (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

**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 the vehicle: (1) has a GVWR or weighs 10,001 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.*



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ACCIDENT RECORDS FOR THE PAST 3 YEARS OR MORE.

Date	Nature of Accident (Head-on, rear-end, upset. etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Date	Location	Charge	Penalty

Education

the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

License Information - Driver

Driver Licenses	State	License No.	Type	Exp. Date

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

2. Has any license, permit or privilege ever been suspended or revoked? _____

If answer is yes to either 1 or 2, please attach a separate sheet giving detailed explanation.

Driving Experience

Class of Equipment	Type of Equipment (van, tank, etc.)	Date		Approx. Total Miles
		From	To	

List the States operated in for the last five years _____

List special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?



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Personal References:

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I _____ completed this application and that all entries on it and information in it is true and completed to the best of my knowledge.

I authorize you to make such investigations and inquiries on 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 employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing 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 also understand that I am required to abide by all rules and regulations of WORLD WIDE CARRIERS LTD..

 Date

 Signature

Process Record

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

If rejected summary report should be placed in file

(Please mark from 1-10: 1-poor, 10-excellent)

Application		Written Exam	
Interview		Road Test	
Past Employment		Criminal and Traffic Convictions	

Termination of Employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntary Quit _____ Other _____

Termination Report placed in file _____ Supervisor _____