

SPECIALIZED • PERSONALIZED • SERVICE

ED WIERSMA TRUCKING INC.



**WIERSMA  
TRUCKING**

24 Forwell Rd., Unit 1  
Kitchener, Ontario  
Canada N2B 3E8  
Call: (519) 745-5781  
Fax: (519) 745-2883  
wiersmatrucking.com

**APPLICATION FOR EMPLOYMENT**

(Read and complete all questions on this application)

\_\_\_\_\_  
First Name      Middle      Last      Social Insurance No.      Owner/Operator/Driver

\_\_\_\_\_  
Date Of Birth      Home Phone      Cell Phone      E -Mail

\_\_\_\_\_  
Street address      City      Postal Code      How Long

**(Addresses for past three years)**

\_\_\_\_\_  
Street address      City      Postal Code      How Long

\_\_\_\_\_  
Street address      City      Postal Code      How Long

\_\_\_\_\_  
Street address      City      Postal Code      How Long

\_\_\_\_\_  
Street address      City      Postal Code      How Long

Marital Status \_\_\_\_\_ Children \_\_\_\_\_ Other Dependents \_\_\_\_\_

Are you legally entitled to work in Canada & USA? \_\_\_\_\_

If working under a work permit give expiry date & Number \_\_\_\_\_

Any bar to extension? \_\_\_\_\_

Are you bondable (if required for the job) \_\_\_\_\_

If no state reasons \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

\_\_\_\_\_  
Name      Phone Home/Business

\_\_\_\_\_  
Street Address      City      Postal Code



**EDUCATION**

Name of Public School	City Province/State	Last Grade Completed
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Name of High School	City Province/State	Last Grade Completed
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Name of College/University	City Province/State	Last Grade Completed
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Other	City Province/State	Course
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List all trucking industry related training courses and schooling attended

Course	Name of Facility	City Province/State
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Course	Name of Facility	City Province/State
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Course	Name of Facility	City Province/State
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List all safe driving awards you have acquired

Award	Issued By	City Province/State
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Award	Issued By	City Province/State
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What are your goals for next year? \_\_\_\_\_

\_\_\_\_\_

What are your goals over next five years? \_\_\_\_\_

\_\_\_\_\_

Why would you be successful at the job applied for? \_\_\_\_\_

\_\_\_\_\_

What should an employer provide for an employee? \_\_\_\_\_

\_\_\_\_\_

What should an employee provide for an employer? \_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE**

Drivers Licence Information:

Province/State	Licence Number	Class	Endorsements	Conditions	Expiry Date
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Have you ever been denied a license, permit to operate a motor vehicle in Canada or USA? Yes \_\_\_ No \_\_\_

Has any licence, permit or privilege ever been suspended or revoked in Canada or USA? Yes \_\_\_ No \_\_\_

If answer is yes to either of the previous two questions attach statement giving details.

List Types of equipment operated during past 5 years:

Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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List Provinces and States operated in last 5 years: \_\_\_\_\_

\_\_\_\_\_

Accident record for past 3 years: Number of accidents: Preventable \_\_\_\_\_ Non Preventable \_\_\_\_\_

Last accident location	City/Province/State	Type/Head-on/Rear-end/Upset/etc.	Fatal/Injuries
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Previous accident location	City/Province/State	Type/Head-on/Rear-end/Upset/etc.	Fatal/Injuries
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Previous accident location	City/Province/State	Type/Head-on/Rear-end/Upset/etc.	Fatal/Injuries
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TRAFFIC CONVICTIONS &amp; FORFEITURES FOR THE LAST 3 YEARS (Other than parking violations)

Last Conviction/Charge	Type of Equipment	Date	Location-City/State/Province	Penalty
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Previous Conviction/Charge	Type of Equipment	Date	Location-City/State/Province	Penalty
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**TO BE READ AND SIGNED BY APPLICANT**

By completing and submitting this application, I:

- \* authorize Ed Wiersma Trucking Inc. (Employer) or its agents to investigate my background, character, general reputation and prior employment by contacting my prior employers, references or any other individuals Employer considers necessary, (understanding that I may have the right to request in writing disclosures of certain information obtained by Employer in the course of its investigation of my background and experience);
- \* authorize Employer, my prior employers references and any other individuals contacted by Employer to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so;
- \* Acknowledge that any employment offered to me is at the will of Employer and may be terminated by Employer at any time, with or without cause;
- \* certify by my signature that all entries on this application and all information in it are true and complete to the best of my knowledge and agree that not updating or providing false, misleading or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

Print Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_