



Driver Employment Application Package



Minimum requirements for AZ Drivers:

- Valid AZ license
- Minimum age 25
- Minimum 3 years experience (consideration may be given with less experience and additional training)
- Proof of Covid-19 vaccine status may be required
- Abstracts (max. 1 minor violation)
- Accidents last 2 years (max. 1 minor)
- Negative criminal records search
- Negative drug test
- Willingness to follow company policies
- Willingness to cooperate with other team members
- Willingness to wear company uniform
- Mentally and physically able to perform all job functions

“PROGRESSIVE COMPANY LOOKING FOR QUALITY PEOPLE”

PHONE: (613) 283-0225
(800) 267-7937

Internet: www.willstransfer.com
E-mail: info@willstransfer.com

PLEASE RETURN THIS COMPLETED APPLICATION WITH ALL REQUESTED DOCUMENTATION ATTACHED



**TO ALL PROSPECTIVE DRIVER EMPLOYEES
OF WILLS TRANSFER LIMITED**

This application must be completely filled out to the best of your ability.

- We require:
- Driver's CVOR abstract – 10 days old or less (original document)
 - Driver's abstract – 10 days old or less (original document)
 - Criminal record search – 90 days old or less (original document)
 - Copy of birth certificate, passport of Canadian citizenship/US VISA
 - Copy of resume

We require your work history, driving and non driving jobs included. The dates you worked there and the phone number are very important.

Note: All employees who drive their own vehicle on company business must maintain a minimum of \$1,000,000 automobile insurance coverage.

Remember the more helpful you are, the faster and easier it is for the recruiting department to process your application.

Thank you.

Wills Transfer Limited, Box 340, Smiths Falls, ON K7A 4T2

Fax: 613-283-9805

Wills Transfer Limited, 10 Industrial Avenue, Perth, ON K7H 3P2

Fax: 613-267-1149

Wills Transfer Limited, 2210 Parkedale Avenue W, Brockville, On K6V 6M2

Fax: 613-345-3649

Wills Transfer Limited, 3100 Swansea Cres, Ottawa, On K1G 3W4

Fax: 613-744-1855

DRIVER'S APPLICATION FOR EMPLOYMENT



(answer all questions-please print)

Date of Application _____

Position(s) Applied for _____

Name: Last _____ First _____ Middle _____ Social Insurance No. _____

Address:
Street _____ City _____

Province _____ Postal Code _____ Cell # _____ Phone _____

ADDRESS FOR THE PAST 3 YEARS

Street _____ City _____ Province & Postal Code _____ How Long? _____

Street _____ City _____ Province & Postal Code _____ How Long? _____

Are you 21 years or more and less than 65 years of age? _____ Can you provide proof of age? _____ (required for Truck Drivers)

ARE YOU BONDABLE? _____

In case of emergency notify: Name _____ Address _____ Phone _____

Have you worked for this company before? _____ Where? _____

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

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

PHYSICAL HISTORY

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

Are you physically capable of heavy manual work? _____

Ever injured on the job? _____ Give nature and degree of such injuries _____

How much time lost from work in the past three years for illness? _____

Would you be willing to take a physical examination? _____

Have you ever: A) Tested positive for a controlled substance? Yes _____ No _____ B) Refused a drug test? Yes _____ No _____

C) Had a breath alcohol test greater than 0.4? Yes ___ No ___ for a company to which you applied but did not work for?

Consistent with this, at Wills Transfer Limited, we want to ensure safe operations for all employees, and therefore, can not allow marijuana use in conjunction with any commercial motor vehicle operation for any reason

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle* in interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent.)

EMPLOYER			DATES	POSITION HELD
NAME			From	
ADDRESS			Mo Yr	REASON FOR LEAVING
CITY	PROVINCE	POSTAL CODE	From	
PHONE NUMBER			Mo Yr	

Was your job designed as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER			DATES	POSITION HELD
NAME			From	
ADDRESS			Mo Yr	REASON FOR LEAVING
CITY	PROVINCE	POSTAL CODE	From	
PHONE NUMBER			Mo Yr	

Was your job designed as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER			DATES	POSITION HELD
NAME			From	
ADDRESS			Mo Yr	REASON FOR LEAVING
CITY	PROVINCE	POSTAL CODE	From	
PHONE NUMBER			Mo Yr	

Was your job designed as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER			DATES	POSITION HELD
NAME			From	
ADDRESS			Mo Yr	REASON FOR LEAVING
CITY	PROVINCE	POSTAL CODE	From	
PHONE NUMBER			Mo Yr	

Was your job designed as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER			DATES	POSITION HELD
NAME			From	
ADDRESS			Mo Yr	REASON FOR LEAVING
CITY	PROVINCE	POSTAL CODE	From	
PHONE NUMBER			Mo Yr	

Was your job designed as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER			DATES	POSITION HELD
NAME			From	
ADDRESS			Mo Yr	REASON FOR LEAVING
CITY	PROVINCE	POSTAL CODE	From	
PHONE NUMBER			Mo Yr	

Was your job designed as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*Include vehicles having a GVWR of 26,001lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

EXPERIENCE AND QUALIFICATION-DRIVER

DRIVER LICENSES	PROVINCE	LICENSE NO.	CLASS	EXPIRATION DATE

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 B) Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST PROVINCES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVER AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATION – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRES OF MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES 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 UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY, AS PERMITTED BY LAW. I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS, HAVE ERRORS CORRECTED BY PREVIOUS EMPLOYER AND RESUBMITTED TO WILLS TRANSFER LIMITED AND/OR HAVE A REBUTTAL STATEMENT ATTACHED TO ERRONEOUS INFORMATION IF MY PREVIOUS EMPLOYER AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION. I UNDERSTAND THAT I MUST REQUEST PAST EMPLOYER INFORMATION OBTAINED BY WILLS TRANSFER LIMITED IN WRITING WITHIN 30 DAYS OF EMPLOYMENT OR DENIAL OF EMPLOYMENT.

DATE

SIGNATURE

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

A. You, as a commercial vehicle driver, may not possess more than one license.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

B. Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License No. _____ Province _____ Exp Date _____

Driver's Signature _____

Notes _____

MEDICAL DECLARATION

Transport Canada and U.S. Federal Highway Administration (FHWA) have entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of a commercial vehicle in the U.S., as currently contained in the Federal Motor Carrier Safety Regulations, Part 391.41 et seq, and vice-versa. The reciprocal agreement removes the requirement for a Canadian driver to carry a copy of a medical examiner's certificate indicating that the driver is physically qualified. (In effect, the existence of valid driver's license issued by a province in Canada is deemed to be proof that a driver is physically qualified to drive in the U.S.) However, FHWA will not recognize a Provincial license if the driver has certain medical conditions and those conditions would prohibit him from driving in the U.S.

I, _____ certify that I am qualified to operate a commercial motor vehicle in the United States. I further certify that:

A. I have no clinical diagnosis of diabetes currently requiring insulin for control.

B. I have no established medical history or clinical diagnosis of epilepsy.

C. I do not have impaired hearing. (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 1000Hz, or 2000Hz with or without a hearing aid when tested by an audiometric device calibrated to American National Standard Z24.5-1951.)

D. I have not been issued a waiver by any Canadian Province allowing me to operate a commercial motor vehicle pursuant to Section 20 or 21 of Ontario Regulation 340/94.

I further agree to inform Wills Transfer Limited should my medical status change, or if I can no longer certify conditions A to D, described above.

Driver Name: _____

Signature: _____

Date: _____



REQUEST AND CONSENT

FOR INFORMATION FROM PREVIOUS EMPLOYER

I, (Print Name) _____, hereby authorize that:

Previous Employer _____ Telephone: _____

May release and forward information requested by section 2 (page 2) of this document concerning my past employment record and Alcohol/Controlled Substances testing records to:

Prospective Employer: WILLS TRANSFER LIMITED.

Attention: LINDSAY ALLEN - fax 613 283 9805

I hereby authorize you or your agents, as my previous employer or company, to release all information concerning dates of employment, oral or written assessments of my job performance, over all work performance including safety records, reason for leaving and eligibility for rehire to Wills Transfer Limited for the purpose of investigations as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

I also hereby authorize you or your agents, as my previous employer or company to release the information concerning my Alcohol and controlled Substances Testing during the past three years; (1) alcohol tests with a result of 0.04 or higher alcohol concentration; (2) verified positive controlled substances test results; (3) refusals to be tested (including verified adulterated or substituted drug test results; (4) other violations of the DOT agency drug and alcohol testing regulations; (5) with respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employees successful or failure to completion of DOT return to duty requirements (including follow up tests) and the name and phone number of any substance abuse professional who evaluated me over the past three years.

You are released from any liability, which may result from giving such information; I understand that the information in this form will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulation. For the purpose of facilitating this verification request I consent to providing my Social Insurance Number _____

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employer and resubmitted to Wills Transfer Limited and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Wills Transfer Limited in writing within 30 days of employment or denial of employment.

This request is in compliance with 49 CFR Part 40, 49 CFR 391.23, 382.413 and 382.405

Applicants Signature _____ Date _____

To Be Completed By Previous Employer

Previous Employer: _____ Telephone # : _____

Candidate's Name: _____ Position: _____

Start Date: _____ **End Date:** _____

1. What was the general quality of the applicants work: Excellent ___ Good ___ Satisfactory ___ Fair ___ Poor ___
2. Reason for leaving: Terminated ___ Quit with notice ___ Quit without notice ___ Laid Off ___
3. Available for rehire: Yes ___ No ___ Upon review ___ Reason _____
4. Equipment Operated: Straight Truck ___ Tractor-Trailer ___ Flat Deck ___ Trains ___ Other ___
5. Position: Co Driver ___ Owner Operator ___ Driver or O/O ___ City ___ Single ___ Team ___ Other _____
6. Areas of Travel: US ___ Canada ___ Mountains ___ Local ___ Other _____
7. Number of accidents: _____ Preventable: _____ Non preventable: Accident details: _____

8. Cargo Claim History: (in detail) _____
9. Was Candidate off for any length of time with an illness or injury? YES ___ NO ___
10. Are you aware of any border crossing problems he/she may have? YES ___ NO ___
11. Any issues with: Paperwork, Attendance, Attitude, Equipment, & Dispatch? YES ___ NO ___
12. If yes to questions 9, 10, & 11 please provide details: _____

13. If driver was not subject to Part 382 testing requirements while employed by this employer, please check here ___ then sign and date below. IF yes, please complete:

- | | | |
|---|---------|--------|
| 1. Did the driver participate in a Drug and Alcohol random program? | YES ___ | NO ___ |
| 2. Did the program comply with DOT requirements? | YES ___ | NO ___ |
| 3. Is the driver qualified to drive under the rules of Part 382? | YES ___ | NO ___ |
| 4. Has this person ever tested positive for a controlled substance in the last three years? | YES ___ | NO ___ |
| 5. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last 3 years? | YES ___ | NO ___ |
| 6. Has this person ever refused a required test for drugs and alcohol in the last three years? | YES ___ | NO ___ |
| 7. Has this Driver ever violated any other provision of the DOT testing requirements? | YES ___ | NO ___ |
| 8. Have you received any information from a previous employer that this driver violated the drug and alcohol regulations? | YES ___ | NO ___ |
- If YES to questions 4 to 8 please give the SAP's (Substance Abuse Professional) info for further reference.

SAP Name	Address	Phone Number
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SECTION 2 COMPLETED BY PREVIOUS EMPLOYER:

NAME (Please print): _____ DATE: _____

SIGNATURE: _____ TITLE: _____

SECTION 3: TO BE COMPLETED BY WILLS TRANSFER LIMITED:

This form was completed by CMF: _____ *DATE:* _____ *Method: Faxed* __ *Mailed* __ *Phone Interview* __

Other Comments: _____



Motor Carrier Truckmen
Driver History Supplementary Form - Ontario

Intact Insurance Company

Broker: _____ Broker No.: _____ Producer: _____

Applicant / Name Insured: _____

Policy Number: _____

This supplementary form is a declaration of the indicated drivers motor carrier driving experience. The following documentation is required to be submitted by the broker:

- Driver Abstract (MVR)
- CVOR Driver Abstract / CVDR
- Letter of Experience from prior insurer(s)
- Letter of Experience from prior employer(s)

DRIVER INFORMATION

Name:	
Drivers License Number:	Date of Birth:
Current License Class:	Date of receipt:
Date First License in Canada or U.S.A. (Class G or equivalent)	

DRIVING EXPERIENCE

Years of experience with current class of license?	
Years of experience driving in the U.S.A.?	
CHECK YOUR CURRENT STATUS BELOW:	
Owner Operator <input type="checkbox"/>	Company Driver <input type="checkbox"/> Contractor Operation <input type="checkbox"/>

PRIOR INSURANCE COMPANY EXPERIENCE INFORMATION

List the details of the Driver's prior insurer.

Effective Date	Expiry Date (Y/M/D)	Policy No.	Insurance Company

TRUCKING COMPANY EMPLOYMENT INFORMATION (Minimum 3 years history must be provided)

Current Employer	
Company Name:	
Type of Vehicle(s) Driven:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End date:
Comments:	

Previous Employer 1	
Company Name:	
Type of Vehicle(s) Driven:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Comments:	

Previous Employer 2	
Company Name:	
Type of Vehicle(s) Driven:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Comments:	

List any Driver Training and/or Special Training (i.e. Hazardous Goods Training, etc.)	
1. _____	2. _____
3. _____	4. _____

Previous Accidents and Insurance Claims Regardless of Fault for the past 6 years?				
Date (Y/M/D)	Type of Loss (BI, PD, AB, DC-PD, UA, COL/AP, COMP/SP)	Amount Paid	Location	Details

ADDITIONAL COMMENTS:

Consent

I am applying to be added as a driver for automobile insurance based on the information provided above. With respect to the application or any renewal or change in coverage, I authorize you to collect, use and disclose my driving record, auto insurance history and auto claims history as permitted by law for the limited purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud.

Signature of Driver

Date

Broker/Agent Signature

Date