3101517 CANADA INC. O/A
WIN-MAR
Freight Systems
Box 1, Grp. 587, RR#5
1008 Redonda Street
Winnipeg, MB R2C 2Z2

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Date Available to Begin Work: _____

Name: _____
Surname Given Name Middle Name Social Insurance Number

Address: _____
Street and Number

_____
City, Town Province Postal Code

Contact Information: _____
Home Phone Number Cell Number Fax

***If at the above residence less than three years, please provide prvious residence for past three years. Attach a separate sheet if necessary.**

_____
Street **City** **Province** **Postal Code**

How Long: _____

_____
Street **City** **Province** **Postal Code**

How Long: _____

Do you have the legal right to work in Canada? _____

Are you 21 years of age or older? _____

Have you worked for our Company before? _____

Date: From _____ TO _____ Rate of Pay _____/mile

Reason for leaving: _____

_____

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

_____

How did you hear of our Company? _____

Referal (If yes, by whom) _____

Advertising (If yes, what form) _____

Other _____

Rate of pay expected: _____/mile

EDUCATION

HIGHEST EDUCATION COMPLETED

Grade/Secondary School: 1 2 3 4 5 6 7 8 9 10 11 12 13

Business, trade or technical school: _____Years. Course of Study: _____

Type of certificate or diploma obtained: _____

OTHER COURSES, WORKSHOPS, OR SEMINARS

DATES	NAME	LOCATION	LICENCE,CERTIFICATE

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, and postal code.
(NOTE: list Employers in reverse order starting with the most recent.)

EMPLOYER	DATE		
NAME	From Mo: YR:	To Mo: Yr:	
ADDRESS	Position Held		
CITY	Salary/Wage		
CONTACT PERSON	Reason for Leaving:		
Were you subject to the FMCRs while employed?	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 cft part 40?		Yes □	No □

EMPLOYER	DATE		
NAME	From Mo: YR:	To Mo: Yr:	
ADDRESS	Position Held		
CITY	Salary/Wage		
CONTACT PERSON	Reason for Leaving:		
Were you subject to the FMCRs while employed?	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 cft part 40?		Yes □	No □

EMPLOYER	DATE		
NAME	From Mo: YR:	To Mo: Yr:	
ADDRESS	Position Held		
CITY	Salary/Wage		
CONTACT PERSON	Reason for Leaving:		
Were you subject to the FMCRs while employed?	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 cft part 40?		Yes □	No □

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION
(Note: List employers in reverse order starting with the most recent)

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(NOTE: list Employers in reverse order starting with the most recent.)

EMPLOYER	DATE	
NAME	From Mo: YR:	To Mo: Yr:
ADDRESS	Position Held	
CITY	Salary/Wage	
CONTACT PERSON	Reason for Leaving:	
Were you subject to the FMCRs while employed?	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 cft part 40?	Yes □	No □

EMPLOYER	DATE	
NAME	From Mo: YR:	To Mo: Yr:
ADDRESS	Position Held	
CITY	Salary/Wage	
CONTACT PERSON	Reason for Leaving:	
Were you subject to the FMCRs while employed?	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 cft part 40?	Yes □	No □

EMPLOYER	DATE	
NAME	From Mo: YR:	To Mo: Yr:
ADDRESS	Position Held	
CITY	Salary/Wage	
CONTACT PERSON	Reason for Leaving:	
Were you subject to the FMCRs while employed?	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 cft part 40?	Yes □	No □

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVERS LICENCE	PROVINCE/STATE	LICENSE NO.	TYPE	EXPIRY DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT(VAN, FLAT, TANKER)	DATES TO FROM	APPROX. NO FOR MILES(TOTAL)
Straight Truck			
Tractor and Semi Trailer			
Tractor - Two Trailers			
Other			

List of Provinces, States, and/or Territories Operated in For the Last 5 Years

_____

Indicate special courses or training that will help you as a driver and any safe driving awards you may hold and from whom:

_____

_____

_____

This certifies that I have completed this application, 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 inquiries of my personal, employment, and financial or medical history and other related matters as may be necessary in arriving at any 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 appplication 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 permittted by law.

_____ _____

Date Applicant's Signature

DRIVER DISCLOSURE OF LICENSE

DRIVER'S NAME

_____

Pursuant of Section 318.1(1) of the Highway Traffic Act, namely a driver shall disclose in writing each jurisdiction in which the driver is licensed, the class of license held, and the status of the license. Pursuant to Section 318.1(3), namely the river shall without delay disclose in writing to the motor carrier a suspension, cancellation, prohibition or change in classification of the driver license.

DECLARATION

I, _____ hereby disclose the only jurisdiction in which I am licensed, the class of license held, whether or not the license is suspended, and the name in which the license is issued.

_____	_____	_____	_____	_____
Jurisdiction	**License Number**	**Class**	**Suspended?**	**Name**

* **I understand that I can possess only one driver's license.**
* **I understand that I must inform my employer immediately of any convictions or accidents while operating a motor vehicle.**
* **I understand that I must immediately inform my employer of any suspensions, restrictions, prohibitions or any other changes in status to my driver's license.**

Signed _____ **Date** _____

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DRIVER'S CERTIFICATION OF VIOLATIONS AND ACCIDENTS

I certify that the following is a true and complete list of convictions (other than parking violations) and accidents to be reported under the Highway Traffic Act during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations or accidents are listed above, I certify that I have not been convicted or forfeited bond or collateral because of any violation required to be listed during the past 12 months.

Date of Certification

Drivers Signature

Win-Mar Freight Systems
Motor Carrier

1008 Redonda St. Winnipeg, MB
Motor Carrier Address

Reviewd by: Signature

Title

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WIN-MAR
Freight Systems
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1008 Redonda Street
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NEW EMPLOYEE DATA

(Please Print)

Last Name: _____ **First Name:** _____

Street Address: _____ **Apartment #** _____

City: _____ **Province/State:** _____

Postal/Zip Code: _____

Phone (Home): _____ **Cell:** _____

Emergency Contact: _____

Emergency Phone: _____

Marital Status: _____

Date of Birth (dd/mm/yyyy): _____

Drivers License # : _____

Social Insurance Number: _____

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TRACTOR INFORMATION

(Please Print)

Make: _____

Model: _____

Year: _____

Serial Number: _____

Color: _____

Odometer: _____

Transponder **Yes**_____ **No**_____

Transponder Serial Number: _____

Purchase Price: $_____

Value For Insurance $_____

Tractor Purchase **Yes** _____ **No** _____

Tractor Lease **Yes** _____ **No** _____

Safety Due Date: _____