



HIRING CRITERIA

Drivers and Owner-Operators hired by **Wolverton Transport and Logistics Inc.** must meet the following requirements:

- ✓ Must be at least 30 years of age.
- ✓ Must be legally able to work in Canada.
- ✓ Must have at least three years Tractor/Trailer experience.
- ✓ Must possess a Class "AZ" driver's license.
- ✓ Must have stable work history.
- ✓ Must have or get a Passport and FAST card.
- ✓ Must have no more than three (3) moving violations within the past three (3) years.
- ✓ Must have no DOT and MTO reportable accidents which were preventable in the past three (3) years.
- ✓ Must have no "failure to report an accident" on record while driving Commercial Vehicle.
- ✓ Must have no felony charges or convictions.
- ✓ Must possess adequate education to read and write legibly and have the ability to understand the rules of the company, the DOT, the MTO and the requirements of the particular driving classification for which they are applying.
- ✓ Must be able to pass DOT physical and test negative on drug screen.
- ✓ Must pass Road Test and attend 1 day at Company for Driver Orientation Process.
- ✓ Must be able to complete 4 Safety Classes with **Wolverton Transport & Logistics Inc.**
 - Pre-Trip & Post-Trip Inspection
 - Defensive Driving
 - Cargo Securement

Please ensure that you provide us with the following information at your earliest convenience in order that we may continue to process your application.

- CVOR abstract (Should be at least 30 days current)
- Driver's Abstract (30 days current)
- Up To Date Criminal Record Search (Current to 90 days)

Wolverton Transport & Logistics Inc.
Owner Operator & Driver Application

LAST NAME	FIRST NAME	MIDDLE NAME
Phone # HOME	CELL	EMAIL-ADDRESS
Social Insurance Number	Health Card Number	

ADDRESS/STREET: _____ **HOW LONG:** _____

CITY/TOWN: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

If less than 3 years at above address please complete the following: (Attach Sheet If More Space Is Needed)

Address	City	Province	Number of Years

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

CMV Driver’s License #	Expiry Date	Province	Number of Years

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? **YES** **NO**

IF YES PLEASE SPECIFY _____

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? **YES** **NO**

IF YES PLEASE SPECIFY _____

Tractor year: _____ Make: _____

O/OP Name: _____ Unit # _____

Position Applying For: PERMANENT PART TIME TEMPORARY

Owner Operator: Yes No Tractor year: _____ Make: _____

Driver for O/OP: Yes No O/OP Name: _____ Unit # _____

Company Driver: Yes No

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA YES NO

LANGUAGES WRITTEN FLUENTLY: ENGLISH FRENCH OTHER _____

LANGUAGES SPOKEN FLUENTLY: ENGLISH FRENCH OTHER _____

ARE YOU BONDABLE? YES NO

HAVE YOU EVER BEEN BONDED? YES NO

ARE YOU LEGALLY ELIGIBLE TO ENTER THE U.S.A? YES NO

HAVE YOU EVER BEEN DENIED ENTRY INTO THE U.S.A? YES NO

IF YES WHY? _____

DO YOU REQUIRE A WAIVER TO ENTER THE U.S.A? YES NO

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____

PHONE NUMBER: _____

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO OF KM (MILES)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				
OTHER				

PLEASE SPECIFY THE GEOGRAPHIC AREAS YOU HAVE OPERATED IN:

ACCIDENT RECORD FOR PAST 3 YEARS (EVEN IF NOT AT FAULT)

IF NONE, WRITE NONE (Attach Sheet if more space is needed)

DATE MM/YYYY	TYPE OF ACCIDENT	EQUIPMENT TYPE (CAR/TRUCK)	DEATH OR INJURIES	PROVINCE / STATE	NIGHT OR DAY	CHEMICAL SPILLS
						YES / NO
						YES / NO
						YES / NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (other than Parking)

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS 391.27

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the 12 months.

IF NONE, WRITE NONE (Attach Sheet if more space is needed)

DATE CONVICTED	STATE OF VIOLATION LOCATION	TYPE OF VEHICLE OPERATED-CAR/TRUCK	CHARGE	PENALTY

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

DATE: _____

DRIVER'S SIGNATURE: _____

EMPLOYMENT HISTORY PAST 3 YEARS

Applicants that desire to drive in intrastate /interstate commerce provide the following information on all employees during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total 10 years employment record).

LAST or CURRENT EMPLOYER			DATE
NAME			From: MONTH YEAR
ADDRESS			To: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and/or Unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? **YES** **NO**

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? **YES** **NO**

2 nd LAST EMPLOYER			DATE
NAME			From: MONTH YEAR
ADDRESS			To: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and/or Unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? **YES** **NO**

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? **YES** **NO**

3 rd LAST EMPLOYER			DATE
NAME			From: MONTH YEAR
ADDRESS			To: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and/or Unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? **YES** **NO**

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? **YES** **NO**

715 Reaker Rd. Welland, Ontario L3B 5N7
 Phone: (905) 732-0001
 Fax: (905) 813-3938

4 th LAST EMPLOYER			DATE
NAME			From: MONTH YEAR
ADDRESS			To: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and/or Unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? **YES** **NO**

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? **YES** **NO**

5 th LAST EMPLOYER			DATE
NAME			From: MONTH YEAR
ADDRESS			To: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD
CONTACT PERSON	PHONE #	FAX #	REASON FOR LEAVING

Any Gap in Employment and/or Unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? **YES** **NO**

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? **YES** **NO**

6 th LAST EMPLOYER			DATE
NAME			From: MONTH YEAR
ADDRESS			To: MONTH YEAR
CITY	PROVINCE	POSTAL CODE	POSITION HELD

Any Gap in Employment and/or Unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? **YES** **NO**

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? **YES** **NO**

EDUCATION

TYPE	NAME OF SCHOOL	LOCATION	DIPLOMA/DEGREE
HIGH SCHOOL			
UNIVERSITY/COLLEGE			
OTHER TRAINING			

REFERENCES

Name	Relationship	Telephone #	Years Known
1.			
2.			
3.			

HAVE YOU EVER COMPLETED A DRIVING COURSE?**YES****NO**

IF YES PLEASE SPECIFY LOCATION AND DATE:

HAVE YOU EVER RECEIVED A SAFE DRIVING AWARD?**YES****NO**

IF YES PLEASE SPECIFY EMPLOYER

TO BE READ AND SIGNED BY APPLICANT

I hereby authorize WOLVERTON TRANSPORT AND LOGISTICS INC. to make sure investigations and inquiries to 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, health care providers and other persons from all liability in responding to inquiries 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 understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provided regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.32(d) and (e).

I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information".

DATE; _____

SIGNATURE: _____

*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.*

Note; A motor carrier may require an applicant to provide information in addition to the information required by Federal Motor Carrier Safety Regulations.

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 Phone: (905) 732-0001
 Fax: (905) 813-3938

I hereby authorize you to release the following information to WOLVERTON TRANSPORT & LOGISTICS INC. for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

*Applicant's Signature: _____ *Date: _____

***Applicant, please sign and date above only.**

To: _____ Date: _____

Dear Sir/Madam,

Name of Applicant	Driver's License	S.I.N. #

The above named individual has made application to this company for a position as a _____ and states that he/she was employed by you as a _____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Please fax this back to Wolverton Transport 905-732-0334 or email: dispatch@wolvertontransport.com

Sincerely,

Safety Department

- | | | |
|------------------------------------------------------------------------|------------|-----------|
| 1. Is the employment record with your company correct as stated above? | YES | NO |
| 2. What kind(s) of work did the applicant do? _____ | | |
| 3. Did he/she drive commercial vehicles for you? | | |

Straight Truck _____ Flat Bed _____
Tractor-Semi Trailer _____ Tractor-Train Combinations (A) _____ (B) _____ (C) _____

Other (specify) _____

- | | | |
|--------------------------------------------------------------------------------------------------|-----------------|--------------------|
| 4. Was the applicant a safe and efficient driver? | YES | NO |
| 5. Please indicate the following occurrences which occurred during employment with your company: | | |
| • Accidents: | Preventative | Non-Preventable |
| • Infractions: | Traffic Tickets | License Suspension |
| • Damage: | Cargo | Equipment |

Details: _____

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Reason for leaving your employ:

Discharged _____ Laid Off _____ Resigned _____

Remarks: _____

Was the applicant's general conduct satisfactory? **YES** **NO**

Is the applicant competent for the position sought? **YES** **NO**

Did the applicant drink any alcoholic beverages while on duty? **YES** **NO**

Would you rehire this person? **YES** **NO**

	Excellent	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____
Driving Habits	_____	_____	_____	_____
Attitude	_____	_____	_____	_____

Completion of Paperwork _____

Maintenance Records (O/O Only) _____

Any WSIB or other reported injuries _____

Freight Claims _____

Tickets/Citations _____

Hours of Service Violations _____

US Experience _____

Additional Comments:

Form Completed By (Print) _____

Name of Company: _____ **Title:** _____ **Date:** _____

Signature: _____

Driver Statement of ON-DUTY Hours

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(1) (2) Federal Motor Carrier Safety Regulation. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
DATE															TOTAL HOURS
HOURS WORKED															

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work on _____

Date

Driver's Signature

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.3 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations including time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another company? **YES** **NO**

At this time do you intend to work for another employer while still employed by this company? **YES** **NO**

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Witness:

Company Representative

Date

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