

US DoT Alcohol and Drug Testing Program: Willing to enrol in program with Wilson's.

Current Participant

Previous Participant

Canadian Passport

Enhanced Drivers License

Is there any legal reason to prohibit you from crossing the international border: Yes No

If yes please detail: _____

Have you had any major illnesses or injuries during the past five (5) years: Yes No

If yes please describe: _____

List all motor vehicle accidents in which you were involved during the past five (5) years, including date, nature of accident, and personal injuries/fatalities. _____

List all motor vehicle violations for which you were convicted of during the past five (5) years.

Commercial vehicles and/or equipment operated: _____

Please Attach: ICBC National Safety Code Drivers Abstract ("N" Print)

ICBC Claims History for last three (3) years (or relevant jurisdiction)

References – Three (3) (Name, Company, Phone, Email)

1. _____

2. _____

3. _____

As per US DoT Regulations prior motor carrier employers may be contacted to verify safety performance history. You have the right to review information provided by a previous motor carrier employer.

List below, beginning with most recent, your employers over the past ten (10) years:

1) Company: _____ Phone: _____

Address: _____

Position: _____ Salary: _____

Supervisor: _____ Email: _____

Dates of Employment: _____

Reason for Leaving: _____

2) Company: _____ Phone: _____

Address: _____

Position: _____ Salary: _____

Supervisor: _____ Email: _____

Dates of Employment: _____

Reason for Leaving: _____

3) Company: _____ Phone: _____

Address: _____

Position: _____ Salary: _____

Supervisor: _____ Email: _____

Dates of Employment: _____

Reason for Leaving: _____

4) Company: _____ Phone: _____

Address: _____

Position: _____ Salary: _____

Supervisor: _____ Email: _____

Dates of Employment: _____

Reason for Leaving: _____

Please attach a resume, including items requested, along with any relevant certificates and/or licenses.

Is there anything further you would like us to consider? _____

*I certify the information I provide in this application is correct and true to the best of my knowledge. I hereby acknowledge that I authorize Wilson's Transportation Ltd. to contact the references provided. **I understand that a confirmed misrepresentation may disqualify me from employment and/or result in dismissal at any point during my employment.***

Signature: _____

Date: _____

Submit in confidence to: Employment, Wilson's Transportation Ltd.
580 Ardersier Road, Victoria, BC, V8Z 1C7
F. 250-475-2911 or 800-975-8687
Email: employment@wilsonstransportation.com
No phone calls or in person interview requests please.
Thank you. Wilson's Transportation Ltd.