



# Wilson's Transportation Ltd.

Affiliated Companies: Tillicum Stage Lines Ltd. • Tyee Super Service Ltd. • Victorian Tour Guides

Administration: 109, 3347 Oak Street • Victoria, BC • V8X 1R2

Depot: 31 Regina Avenue • Victoria, BC • V8Z 1H8

Phone: (250) 475-3235 • TOLL FREE: 1-800-567-3288

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## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_ Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ #2: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expected Salary: \_\_\_\_\_ Are you bondable? \_\_\_\_\_

Some of the questions may be considered a violation of the "Privacy Act". Answers to these questions are however a precondition to employment, as the information is required by the U.S. Department of Transport.

Addresses during the last 3 years (if different than above) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you wish FULL TIME? \_\_\_\_\_ Do you wish PART TIME? \_\_\_\_\_

Which area of Wilson's Transportation are you interested in applying for?:

Driver \_\_\_\_\_ Shop \_\_\_\_\_ Administration \_\_\_\_\_

Customer Service \_\_\_\_\_ Dispatch \_\_\_\_\_

Date you would be available for work? \_\_\_\_\_

List any friends presently working for us \_\_\_\_\_

This is an International Company and has an active Drug/Alcohol program which may require various types of testing. This is a condition of employment. Do you agree to this? \_\_\_\_\_

Is there any legal reason that would prohibit you from crossing the International Border?  
(Yes \_\_\_\_\_ No \_\_\_\_\_)

Photocopy/attach a Drivers Abstract to the application (attached: Yes \_\_\_\_\_ No \_\_\_\_\_)  
NOTE: Attach a photocopy of your Drivers License if you are not in possession of an abstract (attached: Yes \_\_\_\_\_ No \_\_\_\_\_)

Contact person in the event of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Telephone Number (if different than above) \_\_\_\_\_

Have you had any major illness/injuries in the past 5 years? \_\_\_\_\_ If so please describe:

\_\_\_\_\_

BC Drivers License # \_\_\_\_\_ Class \_\_\_\_\_

Do you have an Air Brakes endorsement? \_\_\_\_\_

List any commercial vehicle experience, and types of equipment operated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all motor vehicle accidents involved during the past 3 years stating the date and nature of accident including any personal injuries/fatalities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all violations of motor vehicle laws (not including parking) of which you were convicted of during the past 3 years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal References: (Name, Occupation, Address & Telephone)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

As per U.S. D.O.T. 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 past employment for last 10 years:

- 1) Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

During your employment, were you subject to US DOT FMCSR's **(Y / N)**, and was this job designated as a safety designated function in any DOT regulated mode subject to alcohol and controlled substances testing requirements? **(Y / N)**

- 2) Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

During your employment, were you subject to US DOT FMCSR's **(Y / N)**, and was this job designated as a safety designated function in any DOT regulated mode subject to alcohol and controlled substances testing requirements? **(Y / N)**

3) Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

During your employment, were you subject to US DOT FMCSR's **(Y / N)**, and was this job designated as a safety designated function in any DOT regulated mode subject to alcohol and controlled substances testing requirements? **(Y / N)**

4) Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

During your employment, were you subject to US DOT FMCSR's **(Y / N)**, and was this job designated as a safety designated function in any DOT regulated mode subject to alcohol and controlled substances testing requirements? **(Y / N)**

May we contact the above employers? \_\_\_\_\_ If not, indicate by number which one(s) you do not wish us to contact \_\_\_\_\_

**The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient for dismissal.**

Signature: \_\_\_\_\_