

GORSKI BULK TRANSPORT INC.



PRIVACY POLICY

1. Gorski Bulk Transport Inc. is a federally regulated company that is required to maintain personal information about their employees on file.
2. GBT is responsible for the personal information under its control, and has designated personnel who are accountable for compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) to prevent misuse or unauthorized disclosure of that information to third parties.
3. Personal information is collected from driver applicants to meet the requirements of the Highway Traffic Act, the Transportation of Dangerous Goods Act, the U.S. DOT CFR 49, our customer's security protocols and the Commercial Trade Partnership Against Terrorism (CTPAT) and the Partners in Protection (PIP) programs.
4. Personal information may only be collected, used or disclosed with the knowledge and consent of the individual.
5. Company procedures define the retention times and disposition of personal information to ensure it is not misused.
6. Personal information must be accurate, complete and up to date as required. GBT will allow employees to review their personal information to ensure its completeness and accuracy within 30 days of requesting it, except when the information is being used in a formal dispute or for law enforcement purposes.
7. Information security is controlled according to our security program. Physical documents are kept in a secure location.
8. Complaints or problems will be brought to the attention of senior management for resolution.

DRIVER'S APPLICATION FOR EMPLOYMENT

5400 WALKER ROAD, OLDCASTLE, ONTARIO

Answer all questions – please print

Date of application _____ Driver: Owner Operator:

Name _____ Social Insurance No. _____
Last First Middle

DL # and state/prov _____ Email: _____

Phone _____ Cell _____ Fax _____

TWIC Card Yes No FAST Card Yes No FAST Transponder ID (RFID) No. _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Postal Code Phone _____ How Long? _____

Previous Address _____
Street City Prov. & Postal Code How Long? _____

Street City Prov. & Postal Code How Long? _____

Street City Prov. & Postal Code How Long? _____

Citizenship: _____ Visa Status (if applicable): _____

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? Yes No
mm dd yy

Have you worked for this company before? Yes No

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

Reason for leaving _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Total driving experience: _____ years _____ miles

Tank experience: _____ years _____ miles

HAZMAT experience: _____ years _____ miles

EMPLOYMENT HISTORY

Applicants to drive in interstate commerce must provide the following information on all employers during the preceding 7 years. Please list complete mailing address, street number, city, province, and postal code.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROV/STATE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROV/STATE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROV/STATE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROV/STATE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROV/STATE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROV/STATE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

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 5 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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, GIVE DETAILS IN AN ATTACHED STATEMENT.

DRIVING EXPERIENCE

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

TO BE READ AND SIGNED BY APPLICANT

This certifies that I 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, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 Gorski Bulk Transport Inc.

Date

Applicant's Signature