

GOLDi Transport Limited

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E-MAIL: golditransport0001@gmail.com

APPLICATION FORM

			Date of Application		
				(MM/DD/YY)	
lame:					
Last		First		Middle	
ocial Insurance No.		Position(s)	Applied For		
	-	200		Th	
ST YOUR ADDRESSE	ES OF RESID <mark>ENC</mark> Y FOR T	THE PAST 3 YEARS:			
irrent Address					
	Box # or Street	City		Province	
	Postal Code	How long	g have you lived at this addres	ss?	
	Phone No.	Cell	F	-ax	
evious				How long?	
dresses S	Street	City	Prov and P.C.		
				How long?	
9	Street	City	Prov and P.C.		
mail Address			Date of Birth	(MM/DD/YY)	
- 100					
urrent coun <mark>try of</mark> ci	tizenship?	Do you have th	ne legal rig <mark>ht to work in Cana</mark> c	da? L Yes L No	
ave you wo <mark>rked</mark> for	this company before?	Yes No	Position		
ates: From		То	Rate of pa	v	
	(MM/DD/YY)	(MM/	DD/YY)		
ason for leaving			0000	100	
hen are you availal	ole for work?		Are you currently emplo	oved? Yes No	
		ATEM WILLIAM		00 EN	
	<mark>oy</mark> ed, how long since le	eaving last employment	In the second state of	mi ANI	
ho referred ou?			Rate of pay expe	oted	
u:		AND THE PARTY AND	Nate of pay expe		
n you have any othe	er jobs or work (full or	part ti <mark>me) that may preve</mark> nt or pro	hihit you from heing available	e for work when required?	
you have any our	er jobs of work (full of)	part time, that may prevent or pro	more you from being available	e for work when required:	
e there any days o	r times (othe <mark>r than vac</mark> a	ation) <mark>when you will no</mark> t be availab	le for work? (please specify)		
the quant of an am	nergency, please contac	nt (in audor)			
the event of an eff	iergency, piease contac	ct (iii order)			
1			()	()	
Name		Relationship	Work Phone #	Home Phone #	
2			((
Name		Relationshin	Work Phone #	Home phone #	

A. EMPLOYMENT HISTORY

All persons applying to drive in interstate commerce must provide the following information on all employers during the preceding <u>3 years</u>. List complete mailing address, street number, city, province and postal code. 391.21(b)10.

Persons applying to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional <u>7 years'</u> information on those employers for whom the applicant operated such vehicle. 391.21(b)11.

(Total of ten-year employment record) Any gaps in employment must be explained.

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

LAS <mark>T O</mark> R PRESENT	T <mark>EMPLOYER</mark>	DA	TE		
Name		From:	From: To:		
Address		(Month/Year)	(Month/Year)		
City	Province	Position Held:			
Contact Person	Phone No. (A		
Were you employed in a safety sensitive posit	<mark>ion per Fed</mark> eral Motor Carrier Safety Admi	nistration (FMCSA)?	Yes No		
Were you subject to drug and alcohol testing	per FMCSA regulations?		Yes No		
Reason For Leaving			1000		
EMPL	OYER	DA	те		
Name	100	From:	То:		
Address	-	(Month/Year)	(Month/Year)		
City	Province	Position Held:			
Contact Person	Phone No. (320 662	d.		
Were you employ <mark>ed in</mark> a safet <mark>y sensiti</mark> ve posit	ion per Federal Motor Carrier Safety Ad <mark>mi</mark>	nistration (FMCSA)?	Yes No		
Were you subject to drug and alcohol testing	per FMCSA regulations?	DIP.	Yes No		
Reason For Leaving	A	Illand .	100		
SECOND LAST	EMPLOYER	DA	TE		
Name	the section of the	From:	To:		
Address		(Month/Year)	(Month/Year)		
City	Province	Position Held:	255		
Contact Person	Phone No. (200		
Were you emp <mark>loyed</mark> in a safety sensitive posit	ion per F <mark>ederal Motor Carrier Safety Admi</mark>	nistration (FMCSA)?	Yes No		
Were you subject to drug and alcohol testing	per FMCSA regulations?	MATERIAL STATES	Yes No		
Reason For Leaving	ARMS WINDS	Melderano Al	7		
		DA	TE		
THIRD LAST E	MPLOYER				
Name	MPLOYER	From:	То:		
	MPLOYER	From: (Month/Year)	To: (Month/Year)		
Name	Province Province				
Name Address City Contact Person	Province Phone No. ()	(Month/Year) Position Held:			
Name Address City	Province Phone No. ()	(Month/Year) Position Held:			
Name Address City Contact Person	Province Phone No. () ion per Federal Motor Carrier Safety Admi	(Month/Year) Position Held:	(Month/Year)		

EMPLOYER		DA	DATE		
Name		From:	To:		
Address		(Month/Year)	(Month/Year) (Month/Ye		
City	Province	Position Held:			
Contact Person	Phone No. ()				
Were you employed in a safety se	nsitive position per Federal Motor Carrier Safety Admir	nistration (FMCSA)?	Yes	No	
Were you subject to drug and alco	phol testing per FMCSA regulations?		Yes	No	
Reason For Leaving					
	EMPLOYER	DA	DATE		
Name	4	From:	To:		
Address	4	(Month/Year)	(Mo	nth/Year)	
City	Province	Position Held:			
Contact Person	Phone No. ()		ă.		
Were you employed in a safety se	nsit <mark>ive position per Fe</mark> deral Motor Carrier Safety Admir	nistration (FMCSA)?	Yes	No	
Were you subject to drug and alco	phol testing per FMCSA regulations?		Yes [No	
Reason For Leaving	Caldon	300	100		
5. //	EMPLOYER	DA	TE		
Name	7	From:	То:		
Address		(Month/Year)			
City	Province	Position Held:	Position Held:		
Contact Person	Phone No. ()	STATE OF THE PERSON NAMED IN			
	nsitive position per Federal Motor Carrier Safety Admir	nistration (FMCSA)?	Yes	No	
Were you subject to drug and alco	phol testing per FMCSA regulations?	18.37	Yes	No	
Reason For Leaving	A.I.	W			
	EMPLOYER	DA	TE		
Name	TO THE STREET STATES	From:	То:		
Address	TO ACCOUNT AND	(Month/Year)		nth/Year)	
City	Province	Position Held:	24		
Contact Person	Phone No. ()	1			
	ensitive position per Federal Motor Carrier Safety Admin	nistration (FMCSA)?	Yes	No	
Were you subject to drug and alco	phol testing per FMCSA regulations?	(45-0) (-50)	Yes	No	
Reason For Leaving		Alazana AV			
	EMPLOYER	DA	TE		
Name	E 30.0	From:	To:		
Address	BE 103-200 // /	(Month/Year)	(Mo	nth/Year)	
City	Province	Position Held:			
Contact Person	Phone No. ()	100			
Were you employed in a safety se	nsitive position per Federal Motor Carrier Safety Admir	nistration (FMCSA)?	Yes [No	
Were you subject to drug and alco	phol testing per FMCSA regulations?		Yes [No	
Reason For Leaving					

B. DRIVING AND ACCIDENT HISTORY

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED).

IF NONE, CHECK THE FOLLOWING BOX

NONE

	DATES	NATURE OF ACCID				WERE YOU AT
Look Applied to	(MM/DD/YY)	(HEAD-ON, REAR-E	ND, UPSET, ETC.)	FATALITIES	INJURIES	FAULT?
Last Accident					+	
Next Previous					+	
Next Previous	4					
Any injuries and/or Worker's Compensation Board claims for past 5 years? Yes No If yes, please give dates and details						
,, p 8	1 B A			1	1	
	ONS AND FORFEITURES FOR 1	THE PAST 3 YEARS (OTHER	THAN PARKING VIO	LATIONS). IF NOI	NE, CHECK THE	
LOCATION	NONE	DATE (MANA/DD (VV)		CHARGE	PENALTY	,
LOCATION	1 9 00	DATE (MM/DD/YY)		CHARGE	PENALI	
	A TAXAB					
	District Control		100		4	7
	100/329	(Attach Sheet If More	Snace Is Needed)			
		(Attach Sheet ii More	Space is Needed,			
		C. EDUCA	TION			
	A VESS			Service of the last	433	
1. Circle higher	st grade completed:	1 2 3 4 5 6 7 8	High school:	1 2 3 4	College: 1 2	2 3 4
2. Last school	attended					
		Name	110	N.V	City	
3. Show specia	al courses or training that wi	Il help you as a driver	100			
		D. QUALIFIC	ATIONS			
	- 4	D. QUALIFIC	ATIONS			
Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.						
				THE REAL PROPERTY.	AN	
Province	License I	Number	Туре		Expiry Date (MM/D	D/YY)
	e y <mark>ou ev</mark> er been denied a lice s give details	ense, permit or privilege t	o operate a motor v	vehicle?	Yes	No No
B. Has	any licen <mark>se, p</mark> ermit or privile s give detai <mark>ls</mark>	eg <mark>e ever been suspen</mark> ded	or revoked?		Yes	No No
C. Do y	ou meet Canadian and U.S.	medical standards?	9 4	100	Yes	No
D. Are you bondable?				No No		
	E. How would you rate your mechanical abilities? Good Fair Poor Poor					
F. You must provide a criminal record check.G. You must provide a current "Commercial Driver Abstract".						
H. You must provide a Canada customs 'CDRP' and 'FAST' card.						
Which safe driving awards do you hold and from whom?						

E. EXPERIENCE

		-			
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATE (MM/DD/	APPROX. NUMBER OF MILES (TOTAL)		
Straight Truck					
Tractor And Semi-Trailer	1	//4			
Tractor - Two Trailers	/				
Motorcoach - School Bus	4		N.		
Other	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I				
How many years/miles experience: 1. In deliveries direct to customer 2. In dealing with customs & customs brokers 3. In loading/unloading trailers to meet weight/axle reg's 4. Reefer equipment 5. Hauling dangerous goods 6. Filling out Canadian and U.S. logs 7. Filling out pre & post trip inspections List States & Provinces operated in for last five years (use 2 letter abbreviations) Show any trucking, transportation or other experience that may help in your work for our company List special equipment or technical materials you can work with (other than those already shown)					
	F. REFERENCES	1			
NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER		
700	AREA TOTAL COM-		()		
123	ASISS VAIGNOS	11 S. S. S.	()		
600	ARTON VERNING		()		
This certifies that this application was cobest of my knowledge. I authorize you to make such investigati matters as may be necessary in arriving and after a conditional offer of employr persons from all liability in responding to the event of employment, I understant	erread, Signed and Agreed ompleted by me, and that all entries on it ons and inquiries of my personal, employ at an employment decision. (Generally, in ent has been extended.) I hereby releas o inquiries and releasing information in cond that false or misleading information giuired to abide by all Canadian and U.S. Tr	ment, financial or medical nquiries regarding medical e employers, schools, healtonnection with my applicativen in my application or in	history and other related history are made only if th care providers and other tion. terview(s) may result		
DA 10	X	Applicant's Signa			
DATE (MM/DD/YY)		Applicant's Signa	iture		