

# 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 \_\_\_\_\_ e-mail: \_\_\_\_\_

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<br>MO.      YR. | TO<br>MO.      YR. |
| ADDRESS        |            |              | POSITION HELD        |                    |
| CITY           | PROV/STATE | POSTAL CODE  | SALARY/WAGE          |                    |
| CONTACT PERSON |            | PHONE NUMBER | REASON FOR LEAVING   |                    |

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

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

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

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

| EMPLOYER       |            |              | DATE                 |                    |
|----------------|------------|--------------|----------------------|--------------------|
| NAME           |            |              | FROM<br>MO.      YR. | TO<br>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<br>(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<br>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<br>(VAN, TANK FLAT, ETC.) | DATES |    | APPROX. NO. OF MILES<br>(TOTAL) |
|--------------------------|---|-------|----|---------------------------------|
|                          |   | FROM  | TO |                                 |
| STRAIGHT TRUCK           |   |       |    |                                 |
| TRACTOR AND SEMI-TRAILER |   |       |    |                                 |
| TRACTOR - TWO TRAILERS   |   |       |    |                                 |
| MOTORCOACH-SCHOOLBUS     |   |       |    |                                 |
| OTHER                    |   |       |    |                                 |

LIST PROVINCES AND/ OR STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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**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

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE HIRED \_\_\_\_\_  
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

|                                     | SUPERIOR | GOOD | AVERAGE | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|-------------------------------------|----------|------|---------|---------------|------|------------------------|
| 1. APPLICATION                      |          |      |         |               |      |                        |
| 2. INTERVIEW                        |          |      |         |               |      |                        |
| 3. PAST EMPLOYMENT                  |          |      |         |               |      |                        |
| 4. WRITTEN EXAM                     |          |      |         |               |      |                        |
| 5. ROAD TEST                        |          |      |         |               |      |                        |
| 6. CRIMINAL AND TRAFFIC CONVICTIONS |          |      |         |               |      |                        |

SIGNATURE OF INTERVIEWING MANAGER \_\_\_\_\_

**TRANSFERS**

|                           |                           |
|---------------------------|---------------------------|
| FROM: _____ TO: _____     | FROM: _____ TO: _____     |
| DATE: _____               | DATE: _____               |
| REASON FOR TRANSFER _____ | REASON FOR TRANSFER _____ |

|                           |                           |
|---------------------------|---------------------------|
| FROM: _____ TO: _____     | FROM: _____ TO: _____     |
| DATE: _____               | DATE: _____               |
| REASON FOR TRANSFER _____ | REASON FOR TRANSFER _____ |

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_ GBT ISSUES RECEIPT FILED BY: \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_