

APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Date of Application: _____

In compliance with applicable equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

To Be Read and Signed by Applicant

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 my 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 the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by applicable regulations. I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____

Date: _____

FOR COMPANY USE

Process Record

Applicant Hired _____

Rejected _____

Date Employed _____

Point Employed _____

Department _____

Classification _____

Name and Signature of Interviewer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____

Department Released From _____

Dismissed _____

Voluntarily Quit _____

Other _____

Termination Report Placed in File _____

Supervisor _____

APPLICANT TO COMPLETE

Position(s) Applied for: _____

Name: _____ SIN: _____
Last First Middle

List your addresses of residency for the past 3 years:

Current Address: _____
Street City Province Postal Code
Home Phone _____ How Long? _____
yr./mo.

Previous Addresses: _____ How Long? _____
Street City Province Postal Code yr./mo.
_____ How Long? _____
Street City Province Postal Code yr./mo.
_____ How Long? _____
Street City Province Postal Code yr./mo.

Do you have the legal right to work in: Canada _____

Date of Birth: _____ / _____ / _____ Can you provide proof of age? _____

Have you worked for this company before? _____

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

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Bonding company: _____

Have you ever been convicted of a crime under the Criminal Code of Canada?

If yes, please explain fully on a separate piece of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there a reason you might be unable to perform the functions of the job for which you have applied (as described)? If yes, please explain.

EMPLOYMENT HISTORY

All commercial motor vehicle driver applicants must provide the following information. Please list employer's complete mailing address, street number, city, province and postal codes, in reverse order starting with most recent for the past seven (7) years. Add another sheet as necessary.

EMPLOYER			DATE	
Name			From / /	To / /
Address			Position	
City	Province	Postal Code	Salary/Wage	
Contact Person			Reason for Leaving	

EMPLOYER			DATE	
Name			From / /	To / /
Address			Position	
City	Province	Postal Code	Salary/Wage	
Contact Person			Reason for Leaving	

EMPLOYER			DATE	
Name			From / /	To / /
Address			Position	
City	Province	Postal Code	Salary/Wage	
Contact Person			Reason for Leaving	

EMPLOYER			DATE	
Name			From / /	To / /
Address			Position	
City	Province	Postal Code	Salary/Wage	
Contact Person			Reason for Leaving	

EMPLOYER			DATE	
Name			From / /	To / /
Address			Position	
City	Province	Postal Code	Salary/Wage	
Contact Person			Reason for Leaving	

EMPLOYER			DATE	
Name			From / /	To / /
Address			Position	
City	Province	Postal Code	Salary/Wage	
Contact Person			Reason for Leaving	

EMPLOYER			DATE	
Name			From / /	To / /
Address			Position	
City	Province	Postal Code	Salary/Wage	
Contact Person			Reason for Leaving	

DRIVING RECORD

Collisions for the past 3 years or more starting with most recent. Attach sheet if more space is needed. If none, write **NONE**.

Dates	Nature of Incident (Head-on, Read-End, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill

Traffic Convictions and forfeitures for the past 3 years (other than parking violations), starting with most recent. If none, write **NONE**.

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS

Driver licenses or permits held in the past 3 years	Province	License No.	Class	Endorsement(s)	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:

DRIVING EXPERIENCE

Class of Equipment	Circle Type of Equipment	Dates from (M/Y) to (M/Y)	Approx. No. of Kms (total)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Reefer		
Tractor – single trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Reefer		
Tractor – double trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Reefer		
Tractor – triple trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Reefer		
Motor Coach <input type="checkbox"/> Yes <input type="checkbox"/> No	Seating capacity #		
School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	Seating capacity #		
Other			

EXPERIENCE AND QUALIFICATIONS - OTHER

List the states and provinces you have operated in for the past five years:

List any trucking, transportation or other experience that may aid your performance of your job functions:

List any courses and training you have received:

List any special equipment you are trained to operate (other than those previously indicated):

List any safe driving awards you have received and from whom:

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8

Secondary 1 2 3 4 5

Post-Secondary 1 2 3 4

Last School Attended

Name:

City:

Province:

TO BE READ AND SIGNED BY APPLICANT

I certify that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge.

Signature: _____

Date: _____