

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: () _____ Alternate Phone #: () _____

Date Available: _____ Desired Position: _____

Date of Birth _____ Drivers License # _____

_____/_____/_____
 Year Mth Day Do you have at least 3 years of verifiable driving experience? YES [] NO []
 Are you at least 21 years old? YES [] NO []

Are you Bondable? YES NO Has your licence ever been suspended? YES NO

Have you ever worked for this company? YES NO If yes, explain: _____

Have you accumulated any demerit points in the last 2 years? YES NO _____

If yes, explain: _____

Have you been convicted of any offence under the Highway Traffic Act during the past 5 years:

If yes, explain: _____

Have you been involved in a motor vehicle accident in the last 5 years? YES [] NO []

If yes, explain: _____

Last Accident: _____ Date: _____

Previous Accident: _____ Date: _____

Have you ever been involved in a motor vehicle accident involving serious injury or fatalities? YES [] NO []

If yes, explain: _____

Have you ever been convicted of an offence under the Criminal Code for which a pardon has not been granted?

YES [] NO []

If yes, explain: _____

Have you ever been convicted for driving under the influence of alcohol, (including .02 to .05 suspensions) a narcotic drug, or derivatives thereof, or are charges pending?

YES [] NO [] Date: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Were you referred by another driver? YES [] NO [] Driver's name: _____

Are you currently working for any other employers, full or part time? YES [] NO []

If yes, will you continue this employment if offered a position with our company? YES [] NO []

If yes, do they hold a CVOR (Commercial Vehicle Operators Registration)? YES [] NO []

If yes, give company name and current scheduled hours worked indicating start and end times.

Company name: _____

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Driving Experience

Car: [] Number of years: _____

[] Highway Coach or

School Bus: [] Number of years: _____

[] Transit Bus:

Number of years: _____

Other

(specify): _____ Number of years: _____

As a driver applicant, I acknowledge the following conditions of employment must be met:

- 1) I must pass a mandatory MTO medical examination.
- 2) I must obtain and hold a valid class BZ licence.
- 3) I must pass a criminal background search and vulnerable sector screen.

PLEASE NOTE THAT YOU ARE NOT AN EMPLOYEE DURING THE TRAINING PROGRAM AND WILL NOT BE PAID WAGES. AN OFFER OF EMPLOYMENT MAY BE MADE UPON SUCCESSFUL COMPLETION OF THE TRAINING PROGRAM.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____