



# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

## PERSONAL

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS: \_\_\_\_\_  
NO STREET APT  
CITY PROVINCE POSTAL CODE

JOB(S) APPLIED FOR 1.: \_\_\_\_\_ RATE OF PAY EXPECTED: \_\_\_\_\_

JOB(S) APPLIED FOR 2.: \_\_\_\_\_ RATE OF PAY EXPECTED: \_\_\_\_\_

DO YOU WANT TO WORK:  FULL TIME  PART TIME

SPECIFY DAYS AND HOURS IF PART TIME: \_\_\_\_\_

HAVE YOU WORKED FOR US BEFORE? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

IF HIRED, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? \_\_\_\_\_

ARE THERE ANY OTHER EXPERIENCES, SKILL OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU TO WORK WITH US? (IF NECESSARY ADDITIONAL SPACE IS PROVIDED TO COMPLETE THIS SECTION ON PAGE 3 UNDER PERSONAL REFERENCES.) \_\_\_\_\_

IF HIRED DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? \_\_\_\_\_

ARE YOU BONDABLE? (ANSWER QUESTION ONLY IF YOU HAVE BEEN ADVISED THAT THIS INFORMATION IS REASONABLE AND RELEVANT TO POSITION APPLIED FOR.)  YES  NO

# APPLICATION FOR EMPLOYMENT: DRIVER

DRIVER LICENCE NO.: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

CONDITIONS: \_\_\_\_\_

DUE DATE: \_\_\_\_\_ MEDICAL DUE DATE: \_\_\_\_\_

HAVE YOU SUPPLIED A DRIVERS RECORD SEARCH?  YES  NO

IF YES, SEARCH DATE: \_\_\_\_\_

HAVE YOU RECEIVED DANGEROUS GOODS TRAINING?  YES  NO

IF YES, EXPIRY DATE: \_\_\_\_\_

PLEASE (✓) ALL ACTIVITIES OF WHICH YOU HAVE EXPERIENCE:

CONTAINER WORK

FLAT BED WORK

TANKER WORK

TRAIN TRAILER WORK

"A" TRAINS  "B" TRAINS

HAULING STEEL

(EXPLAIN TYPE – COIL, FLAT, BAR, ETC.) \_\_\_\_\_

ANY OTHER SPECIALIZED EQUIPMENT? (HIAB, WINCH, WRECKERS OR DUMP) \_\_\_\_\_

HAVE YOU EVER CROSSED THE AMERICAN BORDER WHILE TRANSPORTING ANY TYPE OF FREIGHT  YES  NO

HAVE YOU EVER BEEN REFUSED ENTRY TO THE UNITED STATES?

IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION BACKGROUND

	ELEMENTARY SCHOOL					HIGH SCHOOL					UNDERGRADUATE COLLEGE / UNIVERSITY				GRADUATE / PROFESSIONAL			
SCHOOL NAME AND LOCATION																		
YEARS COMPLETED	4	5	6	7	8	9	10	11	12	13	1	2	3	4	1	2	3	4
DIPLOMA / DEGREE																		
DESCRIBE COURSE OF STUDY																		
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP SKILLS AND EXTRA-CURRICULAR ACTIVITIES																		
DESCRIBE ANY HONOURS YOU HAVE RECEIVED																		

## PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
DESCRIBE IN DETAIL THE WORK YOU DID						
<b>PHONE NO.</b>						
DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
DESCRIBE IN DETAIL THE WORK YOU DID						
<b>PHONE NO.</b>						
DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
DESCRIBE IN DETAIL THE WORK YOU DID						
<b>PHONE NO.</b>						
DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
DESCRIBE IN DETAIL THE WORK YOU DID						
<b>PHONE NO.</b>						

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? \_\_\_\_\_ IF NOT, INDICATE BELOW WHICH ONE(S) YOU DON NOT WISH US TO CONTACT

## PERSONAL REFERENCES

GIVE THE NAMES OF AT LEAST 3 PERSONS WHO CAN SUPPLY INFORMATION PERTINENT TO YOUR JOB PERFORMANCE (EXCLUDING FORMER EMPLOYERS OR RELETIVES.)

NAME AND OCCUPATION	ADDRESSES	PHONE NUMBER
1 _____	_____	
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	

OCCASIONALLY THE FORM OF AN APPLICATION BLANK MAKES IT DIFFICULT FOR AN INDIVIDUAL TO ADEQUATELY SUMMARIZE THEIR COMPLETE BACKGROUND. TO ASSIST US IN FINDING THE PROPER POSITION FOR YOU IN OUR COMPANY, USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS.

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN EMPLOYMENT WITH US. WE WOULD LIKE TO ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY WILL BE BASED ONLY ON YOUR MERIT AND ON NO OTHER CONSIDERATION.

**PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT**

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT: \_\_\_\_\_

**QUESTIONNAIRE**

GIVE THE SHORTEST ROUTES:

1) FROM HWY. 401 AND DIXIE RD. – TO COMMISSIONER ST.

---

---

2) FROM HWY. 401 AND MARKHAM RD. – TO CHERRY ST.

---

---

3) FROM LANGSTAFF AND KEELE ST. – TO D.V.P. AND LAKESHORE BLVD.

---

---

NAME (5) ITEMS YOU WOULD LOOK FOR ON A BILL OF LADING?

---

---

WHEN WOULD YOU SIGN A BILL OF LADING S.L.C.?

---

---

GIVE THE PROCEDURE FOR PICKING UP A TRAILER (HOOK UP)

---

---

IN THE EVENT OF AN ACCIDENT, OF WHICH YOU ARE INVOLVED (NO PERSONAL INJURIES TO EITHER PARTY!) WHAT PROCEDURES WOULD YOU TAKE? \_\_\_\_\_

---

---

NAME (5) PIECES OF DOCUMENTATION THAT YOU MUST PRODUCE WHILE OPERATING A COMMERCIAL VEHICLE?

---

---