

APPLICATION FOR EMPLOYMENT

Driver applicants please understand that information you provide regarding current and previous employers may be used, and those employers will be contacted to investigate your safety performance history as required.

Name	Date of Application			mm/dd/yyyy				
Address	City			Postal Code				
Home Phone	Cellular Phone							
Date of Birth mm/dd/yyyy	SIN				<u> </u>			
EXPERIENCE A	ND QUA	LIFICA	TIONS					
Driver's License								
Province	_Number							
Class	_Expiry date	<u> </u>			<u> </u>			
Have you ever been denied a driver's license?		No	☐ Yes					
Has your driver's license ever been suspended or revoke	es?	No	☐ Yes	if so when_				
Have you had any accidents in the past three years?		No	☐ Yes	if so when_				
Have you ever tested positive for either drugs or alcohol	l? 🗖	No	☐ Yes	if so when_				
Have you had any traffic convictions in the past three ye	ears?	No	☐ Yes	if so when_				
What year did you first obtain your class 1 license?								
How many years' experience do you have with the follow	wing?							
Straight truck	Tra	Tractor & semi-trailer						
Reefer trailer	Fla	_Flat deck trailer						
CERTIFICATIONS								
Do you have a current WHIMIS certification?		Yes	☐ No					
Do you hold a St John's Ambulance Certification?		Yes	☐ No					
Do you have a fork lift training course?		Yes	☐ No					

Full Name	Date mm/dd/yyyy		
Current Employer	Un employed 📮	Yes if so since when	
EMPLOYMENT RECORD. Please provide	hree years empl	oyment history	
Employer 1(most resent)			
Contact Information			
Reference contact			
Dates of Employment (to-from)			
Duties of Employment			
Reason for Leaving			
Employer 2			
Contact Information			
Reference contact			
Dates of Employment (to-from)			
Duties of Employment			
Reason for Leaving			
Employer 3			
Contact Information			
Reference Contact			
Dates of Employment (to-from)			
Duties of Employment			
Reason for Leaving			