



APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

SURNAME FIRST NAME MIDDLE NAME

ADDRESS APT#

CITY PROVINCE POSTAL CODE

HOME PHONE # CELL PHONE #

EMAIL ADDRESS

Location you are applying for: Bracebridge Oro Parry Sound Lindsay

Are you legally permitted to work in Canada? YES NO

Wage expected: _____

Date available to commence employment: _____

Please circle ALL times you are available to drive:

AM PM Charters Weekdays Weekends

EDUCATION

Please circle highest grade completed 9 10 11 12 College 1 2 3 4

Other courses or related training: _____

DRIVING RECORD

Do you have a valid licence? _____ Class of licence? _____ Expiry Date? _____

Do you hold any safe driving awards? _____

DRIVING EXPERIENCE

TYPE OF EQUIPMENT:

YEARS OF EXPERIENCE:

CAR	_____
SCHOOL BUS	_____
HIGHWAY COACH	_____
OTHER (please specify)	_____

WORK HISTORY (Please begin with most recent employer)

From -To	Name and Address of Employer	Last Rate of Pay	Supervisor's Name	Reason for Leaving
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please indicate by number any employer you do not wish us to contact. _____

PERSONAL REFERENCES (excluding former employers, employees and relatives)

NAME AND OCCUPATION	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ACCIDENT AND DRIVING INFRACTION HISTORY:

1. Have you been charged and/or convicted of a driving infraction within the last 5 years?
 YES NO Description: _____

 2. Have you been involved in an at fault or not at fault accident within the last 5 years?
 YES NO Description: _____

 3. When is your medical due date? _____
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As a driver applicant, I acknowledge the following conditions of employment must be met and maintained:

- A:** I must pass a mandatory Ministry of Transportation medical examination.
- B:** I must obtain and hold a valid class B licence.
- C:** I must submit a valid (within 30 days) Driver Abstract as supplied by MTO.
- D:** I must attach a photocopy of my current drivers licence.

I hereby certify that the information given on this form is true, correct and complete, to the best of my knowledge and belief. I understand that any false information or consequential omission contained in this application is cause for my immediate discharge. This information may be used to obtain a fidelity bond.

APPLICANT SIGNATURE

DATED

FOR OFFICE USE ONLY

Date Received	<input type="text"/>
Date Interviewed	<input type="text"/>
Date Hired	<input type="text"/>
Date Started	<input type="text"/>