

ACCIDENT RECORD

Date of Accident (each occurrence)	Nature of Accident (head-on, rear end, etc)	Penalty	Injuries

TRAFFIC CONVICTIONS (excluding parking violations)

Date of conviction (each occurrence)	Charge	Fatalities (if any)	Injuries

EMPLOYMENT HISTORY (You must account for the last 7 years)

Employer	Employment Dates	Position	Eligible for Rehire?
Name:	From:		Yes <input type="checkbox"/>
Address:	To:		No <input type="checkbox"/>
Supervisor:	Reason for Leaving:		
Phone:			
Employer	Employment Dates	Position	Eligible for Rehire?
Name:	From:		Yes <input type="checkbox"/>
Address:	To:		No <input type="checkbox"/>
Supervisor:	Reason for Leaving:		
Phone:			
Employer	Employment Dates	Position	Eligible for Rehire?
Name:	From:		Yes <input type="checkbox"/>
Address:	To:		No <input type="checkbox"/>
Supervisor:	Reason for Leaving:		
Phone:			
Employer	Employment Dates	Position	Eligible for Rehire?
Name:	From:		Yes <input type="checkbox"/>
Address:	To:		No <input type="checkbox"/>
Supervisor:	Reason for Leaving:		
Phone:			

List periods of Unemployment of more than 30 days, and explain

Are you willing to undergo a Medical Examination, which may include an alcohol and drug screen test?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

PERSONAL INFORMATION

Have you been convicted or pled no contest to any criminal offences?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, indicate nature of offense, date, and court. A conviction will not necessarily disqualify an applicant from employment.				
Is there anything that will interfere with your ability to perform, on a regular basis, the essential duties of the job for which you are applying?				
Have you applied for work with us before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently employed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
May we contact your employer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
When would you be available to start work?				

REFERENCES

Please list addresses and phone numbers of three (3) persons not related to you, who can comment on your education or job related experience.

Name	Address	Phone

PLEASE REVIEW YOUR APPLICATION TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS. PROVIDE ONLY THE INFORMATION REQUESTED. FAILURE TO DO SO MAY RESULT IN NON-CONSIDERATION.

NO PHONE CALLS PLEASE. APPLICANTS SELECTED FOR INTERVIEW WILL BE CONTACTED

If someone helped you fill out this application form, who was it?	
Name:	Relationship:
This company is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, colour, religion, national origin, marital status, veteran status, disability status or any other basis prohibited by Federal, State or Local law.	

END OF APPLICATION

FOR OFFICE USE ONLY

INTERVIEW

Interviewer:
Comments:
Possible Jobs:
Date:

REFERENCE CHECKS / FOLLOW UPS

ENTRY

Date	Department							
Job Title								
Wage / Salary								
Driver Classification	LR	<input type="text"/>	MR	<input type="text"/>	HR	<input type="text"/>	HC	<input type="text"/>
	MC	<input type="text"/>						

REQUESTED ACTIONS FOR INTERVIEWER:

	Yes	No	Done	YES/NO	DATE	INITIAL
Request Drug and Alcohol screen	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Request Road Test	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Request Vic Road Check	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

RECOMMENDATION AND COMMENTS FROM INTERVIEWER

Signature	Print Name
Date	