

8. Length of time worked at type of job applied for? _____

9. Do you have any objection to the company checking with your former employer(s) about your work habits and employment record? Yes No

If yes, please explain: _____

10. Personal References

NAME	OCCUPATION	ADDRESS	PHONE NUMBER

11. Do you have any physical disability, which would affect your ability to perform any of the functions of the job for which you have applied? Yes No

If yes, what functions can you not perform and what accommodations could be made which would allow you to do the work adequately?

Questions 12 to 14 to be completed by those applying for driving positions.

12. _____

DRIVER'S LICENSE NUMBER PROVINCE CLASS

13. Have you received any Safe Driver Awards or other driving commendations? If yes, describe: _____

14. List each motor vehicle accident you have been involved in during the past five years and its type (rear end, sideswipe etc.) Show how each was classed as preventable or non-preventable.

DATE	LOCATION	TYPE OF ACCIDENT	PREVENTABLE OR NON-PREVENTABLE

15. Education

TYPE	NAME OF INSTITUTION	NUMBER OF YEARS	TYPE OF COURSE	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE				
VOCATIONAL				
UNIVERSITY				
OTHER				

The following questions are to be completed by all applicants.

16. What are your employment goals? Are there talents or skills you would like to develop for future career opportunities?

17. I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal. I understand also that if this application is for a driving position I may be required to take a company administered road test from time to time at the company's request. Failure to satisfactorily complete this road test may disqualify me from employment or cause my dismissal. If this application is for a driving position, I hereby give my consent to the company to obtain a copy of my driving record from the appropriate government authority and should the company hire me, it may undertake to obtain copies of my driving record as and when they may so require without further consent. I acknowledge that any job offer may be conditional upon the passing of a medical examination and/or test for alcohol or drug dependency if requested by the company and as administered by a company appointed doctor. I understand that failure to meet the company's standards pertaining to medical fitness is sufficient to disqualify me from employment or cause my dismissal.

Signature _____

Social Insurance Number _____

Hire Date _____