

CLEMENT CARTAGE INC.

Date: _____

Position Applied For: _____

Name: _____
Last First Initial

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Health Card No: _____

Social Insurance Number: _____

Emergency Contact Name: _____ Number: _____ Relationship: _____

Are you currently employed: _____ Where? _____

How long? _____ Supervisor: _____

Can we contact them? _____ Phone: _____

Reason for Leaving? _____

Who Referred you here? _____ Rate of Pay Expected: _____

PHYSICAL HISTORY

List any disabilities you may have that would affect your work:

Are you physically capable of manual labour? _____

Would you be willing to have a medical? _____

EDUCATION

Last school attended: _____ Grade Completed: _____

Special courses taken: _____ Year: _____

EXPERIENCE AND QUALIFICATIONS

Driver License # _____ Class: _____ Expiry: _____

Have you ever had your license suspended? _____ If yes, why? _____

Have you ever been denied a license or permit to operate a motor vehicle? _____

If yes, why? _____

Types of equipment you have operated: _____

APPLICATION FOR EMPLOYMENT

Which safe driving awards have you received? _____

Have you taken any driver improvement courses? _____

Taken with? _____ When? _____

Have you taken dock handling improvement courses? _____

Taken with? _____ When? _____

Have you been in an accident in the past three (3) years? _____

Have you ever been convicted of a criminal offense for which a pardon has not been granted? Y / N

EMPLOYMENT RECORD FOR THE PAST THREE YEARS

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position held: _____ From: _____ To: _____

Reason for leaving: _____

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position held: _____ From: _____ To: _____

Reason for leaving: _____

REFERENCES

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigation and enquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Thereby release employers, schools or persons from liability in responding to enquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in Discharge. I understand also, that I am required to abide by all the rules and regulations of the company, as permitted by law.

Dated: _____ Signature: _____