

# APPLICATION FOR EMPLOYMENT

## Ontario Driver

Muskoka Transport Limited  
456 Ecclestone Drive, Box 1336  
Bracebridge, ON P1L 1R1

HR USE ONLY

Employee No. \_\_\_\_\_

Hire Date: \_\_\_\_\_

**Documents Received:**

- Driver's License
- Criminal Search
- CVOR Abstract
- MTO Abstract

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED

**PLEASE PRINT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

DATE \_\_\_\_\_

Name \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
First Middle Last

Present address \_\_\_\_\_  
Street City Prov Postal Code How Long?

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

*List addresses for past 3 years*

Previous address \_\_\_\_\_  
Street City Prov Postal Code How Long?

Previous address \_\_\_\_\_  
Street City Prov Postal Code How Long?

Previous address \_\_\_\_\_  
Street City Prov Postal Code How Long?

Date of Birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
Month / Day / Year

In case of emergency notify \_\_\_\_\_  
Name Address Phone

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Position? \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Are you currently employed? \_\_\_\_\_ If not, when was your last day employed? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

List any handicaps that prevent you from doing certain kinds of work \_\_\_\_\_

Are you physically capable of doing heavy manual work? \_\_\_\_\_ Ever injured on the job? \_\_\_\_\_

Give nature and degree of such injuries \_\_\_\_\_

How much time lost from work in past three years for illness? \_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province and postal code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. List most recent employer first.

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	PROV.	P.C.	Salary/Wage	
CONTACT PERSON:		TEL: ( )	Reason for leaving	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Was your job designated as a Safety Sensitive function in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	PROV.	P.C.	Salary/Wage	
CONTACT PERSON:		TEL: ( )	Reason for leaving	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Was your job designated as a Safety Sensitive function in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	PROV.	P.C.	Salary/Wage	
CONTACT PERSON:		TEL: ( )	Reason for leaving	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Was your job designated as a Safety Sensitive function in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	PROV.	P.C.	Salary/Wage	
CONTACT PERSON:		TEL: ( )	Reason for leaving	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Was your job designated as a Safety Sensitive function in any DOT – regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN ALREADY SHOWN)

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**TO BE READ AND SIGNED BY THE APPLICANT**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer. 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_

REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVG	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL & TRAFFIC CONVICTIONS						

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_

DISMISSED  VOLUNTARILY QUIT  OTHER: \_\_\_\_\_