

C.S. Day Transport Ltd.

Application for Employment

115 Henderson Drive, Regina, Saskatchewan S4N 5W4

Phone: (306) 721-5966 Fax: (306) 721-5965 Email: jobs@daytransport.ca

Personal Information

Position Applied For: _____ Date of Application: _____

Name: _____ SIN # (optional): _____

Address: _____
Street City Province Country Postal Code

Contact Details: (____) _____ (____) _____
Home Phone Cell Phone Email

Are you legally able to work in Canada? Yes No

When would you be available to begin? _____

How did you hear about C.S. Day Transport? _____

Please attach copies of training certificates, drivers licence, and a current drivers abstract

Education

Secondary School: _____ Location: _____
Circle Highest Grade Completed: 9 10 11 12 13 Date Completed: _____

Post-Secondary School: _____ Location: _____
Qualification Obtained: _____ Date Completed: _____

Industry Training:	Completed	Date Completed
Dangerous Goods	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
WHMIS Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
PDIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Other Training or Professional Development: _____

Physical History

Are you able to lift 50 lbs (24 kgs) to shoulder height? Yes No

Are you physically and mentally able to perform the duties of the job? Yes No If no, please give details of any accommodations required in order to perform the duties of the position: _____

Driving Experience and Qualifications

Drivers License No. _____ Province: _____ Class: _____ Expiration Date: _____

Driving School(s): _____

Provinces or countries in which you have driven a commercial vehicle in the last 5 years: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If "Yes" to either of the above, please give details: _____

Operating Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From - To	Approx. # of Kilometres
Straight Truck:	_____	_____	_____
Tractor and Semi-Trailer:	_____	_____	_____
Tractor and Two Trailers:	_____	_____	_____
Other:	_____	_____	_____

Safety Awards

Date	Description
_____	_____
_____	_____
_____	_____
_____	_____

Accident History

(Please list five-year history – all incidents, including those of a “minor” nature)

Date	Nature of Accident	Estimated Damage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Traffic Convictions and Out of Service Violations

(Please list three-year history – all incidents other than parking violations)

Date	Charge
_____	_____
_____	_____
_____	_____

Past Employment

Present/Last Employer: _____ From ____/____/____ To ____/____/____
Month Year Month Year
Address _____ City _____ Province _____ Postal Code _____
Phone _____ Fax _____ Email _____
Position Held _____ Salary _____
Supervisor _____ Reason for leaving _____

Second Last Employer: _____ From ____/____/____ To ____/____/____
Month Year Month Year
Address _____ City _____ Province _____ Postal Code _____
Phone _____ Fax _____ Email _____
Position Held _____ Salary _____
Supervisor _____ Reason for leaving _____

Third Last Employer: _____ From ____/____/____ To ____/____/____
Month Year Month Year
Address _____ City _____ Province _____ Postal Code _____
Phone _____ Fax _____ Email _____
Position Held _____ Salary _____
Supervisor _____ Reason for leaving _____

Emergency Information

Allergies: _____

First Emergency Contact:

Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Second Emergency Contact:

Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Declaration

This certifies that the application was completed by me and that all answers on it are true and correct. I acknowledge that my personal information is protected by the Personal Information Protection and Electronic Documents Act, however, I authorize C.S. Day Transport, Ltd. to share such information and make such investigations and inquiries of my personal, employment, financial, and medical history and other related matters as may be necessary in arriving at an employment. I hereby release employers, schools, or persons, from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) is grounds for and may result in discharge. I understand and agree, also, that I am required to abide by all rules and regulations of the company, as permitted by law.

Name (Print)

Signature

Date