

OFFICE / ADMINISTRATION

Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of Application: _____

Position Applied for: _____

Name: _____ Social Insurance No. _____

Address: _____

Phone: _____ Cell: _____

Address for the past 3 years

_____ How Long: _____

_____ How Long: _____

Are you bondable: _____ Have you worked for this company before: _____

Are you employed at present: _____ How long since leaving last employer: _____

Who referred you: _____

Expected Pay Range: _____

Are you available/willing to work weekends? _____ Are you available/willing to work flexible hours? _____

PHYSICAL HISTORY

List any handicap that prevents you from doing certain kinds of work: _____

Have you ever been injured on the job: _____

Describe: _____

How much time lost from work in the past three years for illness: _____ Are you willing to take a physical: _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 5 years.

Please list employers starting with the most recent and attach a sheet if needed.

EMPLOYER: _____ DATE FROM: _____ TO: _____

ADDRESS: _____ PHONE: _____

POSITION HELD: _____ Rate of Pay: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATE FROM: _____ TO: _____

ADDRESS: _____ PHONE: _____

POSITION HELD: _____ Rate of Pay: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATE FROM: _____ TO: _____

ADDRESS: _____ PHONE: _____

POSITION HELD: _____ Rate of Pay: _____

REASON FOR LEAVING: _____

EDUCATION

Circle highest grade completed: 8 9 10 11 12 College: 1 2 3 4

Last School attended: _____

EXPERIENCE AND QUALIFICATIONS

Please list any training or qualifications you have that may be beneficial for this application:

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by myself, and that all information given is true and complete to the best of my knowledge.

I authorize DOBBIN TRANSPORTATION to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. 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) may result in discharge. I also understand, that I am required to abide by all rules and regulations of the company, as permitted by law.

Date: _____

Signature: _____

Print: _____