



EMPLOYMENT APPLICATION

Date: _____

Thank you for your interest in our company. To assist us in determining a suitable position in our organization, please ensure you complete this application in as much detail as possible. Please print clearly.

1. PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____
Number Street City Postal Code

Primary Contact Phone: (____) _____ Alternate (____) _____

Email: _____

Position(s) applied for: _____ Full Time Part Time

****If you are applying for any driving positions, you must attach a recent (less than 30 days) driver abstract.****

Days/hours you are available: _____

Salary Expectations: _____ per hour/annual Are you legally permitted to work in Canada? _____

Have you previously been employed by Gardewine? _____ if yes, when? _____
Y/N

If hired, on what date would you be available to start: _____

How did you hear about us? Website Internet Outside Sign Referral Other _____

2. EDUCATION

School	Last Year/Level Completed	Indicate Area of Study, Program, Diploma, or Degree Received	Did you Graduate?
High School: (Including Junior or Equivalency)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Secondary:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade or Technical School:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (eg: course, workshops, or seminars):			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. EMPLOYMENT HISTORY

List your previous employers beginning with your current or last employer.

Employer Name: _____	Type of Business: _____	
Job Title: _____	Period Employed From: _____ to _____ MM/YYYY MM/YYYY	
Salary / Wage Rate: _____	Reason for leaving: _____	
Name of Supervisor: _____	Can We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number (____) _____
Describe the job duties/responsibilities: _____ _____		
Employer Name: _____	Type of Business: _____	
Job Title: _____	Period Employed From: _____ to _____ MM/YYYY MM/YYYY	
Salary / Wage Rate: _____	Reason for leaving: _____	
Name of Supervisor: _____	Can We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number (____) _____
Describe the job duties/responsibilities: _____ _____		
Employer Name: _____	Type of Business: _____	
Job Title: _____	Period Employed From: _____ to _____ MM/YYYY MM/YYYY	
Salary / Wage Rate: _____	Reason for leaving: _____	
Name of Supervisor: _____	Can We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number (____) _____
Describe the job duties/responsibilities: _____ _____		
Employer Name: _____	Type of Business: _____	
Job Title: _____	Period Employed From: _____ to _____ MM/YYYY MM/YYYY	
Salary / Wage Rate: _____	Reason for leaving: _____	
Name of Supervisor: _____	Can We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number (____) _____
Describe the job duties/responsibilities: _____ _____		

4. MECHANICAL EXPERIENCE

Complete this section only if you are applying/interested in a mechanic/labourer position. Indicate the months/years of experience beside the applicable function.

<input type="checkbox"/> Diesel Mechanic	Years Exp _____	<input type="checkbox"/> Service Mechanic	Years Exp _____	<input type="checkbox"/> Carpentry	Years Exp _____
<input type="checkbox"/> Trailer Mechanic	_____	<input type="checkbox"/> Welding/Repairing	_____	<input type="checkbox"/> Parts Counter	_____
<input type="checkbox"/> Spray Painting	_____	<input type="checkbox"/> Vehicle Body Work	_____	<input type="checkbox"/> Wash Bay Person	_____
<input type="checkbox"/> Tire Work	_____	<input type="checkbox"/> Welding/Fabricating	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> General Labour	_____	<input type="checkbox"/> Heavy Equipment	_____		

5. DRIVER INFORMATION/EXPERIENCE

Complete this section only if you are applying/interested in a driver position.

Class of License: _____ Air Brake Endorsement: Yes No
 Province License Issued by: _____ License Expiry Date: _____

Please indicate the amount of experience for each applicable type:

<input type="checkbox"/> 5 -Axle	Years Exp _____	<input type="checkbox"/> B- Train	Years Exp _____	<input type="checkbox"/> Dry Freight	Years Exp _____
<input type="checkbox"/> Perishable Freight	_____	<input type="checkbox"/> Flat Deck	_____	<input type="checkbox"/> Bulk Freight	_____
<input type="checkbox"/> Extended Length	_____	<input type="checkbox"/> Other (please specify)	_____	<input type="checkbox"/> Shunt	_____

7. PERSONAL/BUSINESS REFERENCES

Please provide at least 2 business and 1 personal reference, that we may contact.

Name and Occupation	Company	Phone Number
<input type="checkbox"/> Business <input type="checkbox"/> Personal		
<input type="checkbox"/> Business <input type="checkbox"/> Personal		
<input type="checkbox"/> Business <input type="checkbox"/> Personal		

9. TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that all information provided is true and correct. Any misrepresentations of information given above, or attached to this application, shall be considered an act of dishonesty, and may result in termination of employment after I begin work.

I agree and understand that by signing below I authorize a representative of Gardewine Group Inc. to investigate my background (not limited to) contacting any and all of the above former employers and/or listed references to verify employment.

By signing below I authorize my former employer to release information to the representative of Gardewine Group Inc.

This application form in no way obligates Gardewine Group Inc. to employ the applicant and does not constitute an offer of employment.

New employees of Gardewine Group Inc., participate in a three month probationary period.

Print Name

Date of Application

Signature of Applicant

1. Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes No
2. Are you able to physically perform the job for which you are applying? Yes No
3. Have you ever had your license suspended or revoked? Yes No Not Applicable

REFERENCES:

Contacted:	Date	Comments	Would Rehire?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INFORMATION

Start Date: _____ Job Title: _____ Rate of Pay: _____

Supervisor Signature

Date