



| Box 669 | 405 Stampede Drive | Morris Manitoba | R0G 1K0
| Ph. 204-746-2053 Ext. 1001 | Fax: 204-746-2892

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".
This is important!

Date: _____

Check One

Experienced mechanic

Minimal, or no experience

Name: _____
(First) (Middle) (Last)

Email address: _____

Social Insurance Number: _____

Age: _____ Date of Birth: _____
(MM / DD / YYYY)

Cell Phone Number: (_____) _____

Current & Five Years Previous Address

	Month/Year	Month/Year
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

Employment

Give a **Complete Record** of all employment for the past **five** years, including any unemployment or self employment.

Month/ Year	Month/ Year	Present Employer:
From: _____	To: _____	Name _____
Phone Number: (_____) _____		Address _____
Position Held _____	Salary _____	Reason for Leaving _____

Month / Year Month / Year
From: _____ To: _____
Phone Number: (_____) _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason for Leaving _____

Month / Year Month / Year
From: _____ To: _____
Phone Number: (_____) _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason for Leaving _____

Month / Year Month / Year
From: _____ To: _____
Phone Number: (_____) _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason for Leaving _____

Month / Year Month / Year
From: _____ To: _____
Phone Number: (_____) _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason for Leaving _____

Month / Year Month / Year
From: _____ To: _____
Phone Number: (_____) _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason for Leaving _____

Position Held _____ Salary _____

Reason for Leaving _____

Personal References

Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given above shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he may be disqualified without recourse.

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.

Date _____ Signature _____

Remarks:
