



Jim Brown & Sons Trucking Inc.

662117 ONTARIO INC. O/A
JIM BROWN & SONS
TRUCKING
4 SHANNON CRT.
AMARANTH ON.
L9W 5L8

**PLEASE PROVIDE ALL REQUESTED INFORMATION PLEASE
PRINT LEGIBLY**

TODAY'S DATE: _____ DATE

AVAILABLE FOR WORK: _____

PERSONAL INFORMATION:

SURNAME: _____ GIVEN NAME: _____

ADDRESS: _____ APT.: _____

CITY: _____ PROV.: _____ POSTAL CODE: _____

HOME TELEPHONE: AREA CODE: _____ NUMBER: _____

CELL TELEPHONE: AREA CODE: _____ NUMBER: _____

.....
ARE YOU ELIGIBLE TO WORK LEGALLY IN CANADA? YES / NO _____

ARE YOU 21 YEARS OF AGE OR OLDER? YES / NO _____

ARE YOU CURRENTLY EMPLOYED? YES / NO _____

WHO REFERRED YOU TO JIM BROWN TRUCKING? _____

RATE OF PAY EXPECTED? _____

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DRIVING EXPERIENCE/QUALIFICATIONS: (Please provide a current abstract)

OF TRAFFIC ACCIDENTS IN PAST 5 YRS: _____ WHEN: _____

DEMERIT POINTS LOST IN PAST 3 YRS: _____ D/L SUSPENSIONS: YES / NO ?

EQUIPMENT EXPERIENCE:

<u>TYPE OF EQUIPMENT EXPERIENCED WITH</u>	<u>DATES</u>		<u># MILES DRIVEN APPROXIMATELY</u>
	<u>FROM</u>	<u>TO</u>	
PANEL/CUBE VAN	_____	_____	_____
STRAIGHT TRUCK	_____	_____	_____
TRACTOR	_____	_____	_____
TRAILER:			
VAN 48 / 53 / REEFER	_____	_____	_____
FLAT	_____	_____	_____
HOPPER	_____	_____	_____
END DUMP	_____	_____	_____

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YOU ARE REQUIRED BY LAW TO HAVE A CLEAN *CRIMINAL RECORD SEARCH* TO ENTER THE UNITED STATES. YOU MUST SUBMIT A CURRENT CRIMINAL RECORD SEARCH ALONG WITH THIS APPLICATION (*FREIGHT APPLICANTS ONLY*)

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE IN CANADA FOR WHICH A PARDON HAS NOT BEEN GRANTED? _____

IF YES, SPECIFY THE NATURE OF THE OFFENCE & CONVICTION DATE: _____

HAVE YOU EVER BEEN BONDED? YES / NO **REFUSED A BOND? YES / NO**

IF YES, FOR WHAT JOB? _____

IN ORDER TO DETERMINE IF YOU ARE A GOOD FIT FOR OUR TEAM WE WILL CONDUCT A REFERENCE CHECK. PLEASE PROVIDE SOME REFERENCES WHO CAN HELP US VERIFY YOUR CHARACTER AND WORK HISTORY.

NAME: _____ **CONTACT:** _____ - _____

NAME: _____ **CONTACT:** _____ - _____

NAME: _____ **CONTACT:** _____ - _____

EMPLOYMENT HISTORY

PLEASE PROVIDE YOUR RECENT EMPLOYMENT HISTORY

☞ LIST THE MOST RECENT EMPLOYER FIRST

Company: _____

Address: _____

City: _____ **Prov.:** _____

Contact Person: _____ **Salary:** _____

Position Held: _____ **Dates:** _____

Reason For Leaving: _____

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Company: _____

Address: _____

City: _____ **Prov.:** _____

Contact Person: _____ **Salary:** _____

Position Held: _____ **Dates:** _____

Reason For Leaving: _____

.....

Company: _____

Address: _____

City: _____ **Prov.:** _____

Contact Person: _____ **Salary:** _____

Position Held: _____ **Dates:** _____

Reason For Leaving: _____

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IF YOU NEED MORE SPACE PLEASE TURN PAGE OVER AND/OR PROVIDE A RESUME.

EDUCATION:

IN WHICH LANGUAGES DO YOU HAVE FLUENCY?

SPEAK

READ

WRITE

WHAT WAS YOUR LAST SCHOOL GRADE COMPLETED? _____

WHAT WAS YOUR LAST HIGH SCHOOL GRADE COMPLETED? _____

WHAT COLLEGE/UNIVERSITY EXPERIENCE DO YOU HAVE? _____

PLEASE LIST WHICH PROVINCES/STATES YOU HAVE OPERATED IN WITHIN THE PAST FIVE YEARS? _____

PLEASE LIST ANY COURSES OR TRAINING YOU MAY HAVE TAKEN THAT WILL HELP YOU AS A DRIVER OR BENEFIT YOU IN YOUR POSITION? _____

PLEASE LIST ANY SAFE DRIVING AWARDS HELD AND FROM WHOM YOU RECEIVED THEM: _____

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PLEASE READ THE FOLLOWING STATEMENT & SIGN ONLY AFTER THIS APPLICATION HAS BEEN TOTALLY COMPLETED:

I hereby declare that the foregoing information is true and correct and that any misrepresentation may be just cause for employment dismissal or contract cancellation. I understand that the company may obtain reports containing personal information in conjunction with this application and I hereby authorize any former employer to furnish this company with my record of previous employment, together with my reasons for leaving the service of said employer. I hereby release said employers from any liability for any damage whatsoever arising from furnishing my record. I further understand that my employment or contractual relationship maybe subject to the results of a medical examination/drug/alcohol test, and that I may be required to subject myself to further such medical examinations/drug/alcohol tests at random intervals thereafter.

Date: _____

Applicant's Signature: _____