

PLEASE COMPLETE REQUESTED INFORMATION (PLEASE PRINT OR TYPE)

Application for : <input type="checkbox"/> Office <input type="checkbox"/> Parts <input type="checkbox"/> Service <input type="checkbox"/> Sales <input type="checkbox"/> Other		
What location is the application for? <input type="checkbox"/> Cambridge <input type="checkbox"/> Corporate <input type="checkbox"/> London <input type="checkbox"/> Sarnia <input type="checkbox"/> Windsor		
Full Name:		
Address:		
City:	Province:	Postal Code:
Primary Number: ()		Cell Phone Number: ()
Social Insurance Number (<i>Optional</i>):		
Email Address:		
Position Desired: _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Would you be willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Where? _____
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes: Location _____ Year(s) _____
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you of legal age to work in Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No		
As a condition of employment, you are required to be fully vaccinated against COVID-19, do you wish to continue with this employment application form? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you qualify to be bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , please provide details regarding the nature of the infraction(s):		
<i>(a criminal conviction will not necessarily be a bar to employment)</i>		

Do you have any commitments or obligations that are likely to affect regular work attendance?

Yes No If Yes, What? _____

Are there any specific dates you are unable to work in the next 3 months which you are aware of now?

Yes No If Yes, When? _____

Are you willing to rotate shifts? Yes No

Are you willing to work overtime? Yes No If Yes, when?: Daily Saturday Sunday

Do you have a valid driver's license? Yes No If Yes, What license classification: _____

Do you have reliable transportation to and from work? Yes No

<i>Type of School</i>	<i>Highest Grade/ Year Completed (Circle One)</i>	<i>Name of School and Course of Study or Major</i>	<i>Date Attended</i>
High School or equivalent	9 10 11 12 13		
College or University	1 2 3 4		
Vocational/Trade School			
Graduate School			
Other			

List any other certifications or licenses you currently possess:

-
-

If you are applying for a Technician or Apprentice Technician position please list below:

310T Certificate or Qualification Number from the Ministry: _____ Province: _____

Apprentice Registration Number: _____

TEAM Truck Centres plans to contact the applicant's current and previous employers to verify employment status, please start with the most recent place of employment.

<i>Position One</i>	
Name of Company:	
Start Date:	End Date:
Position Title:	Salary:
What were your duties/responsibilities in this position?	
Why did you leave?	
May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor Name: _____ Contact Information: _____	
<i>Position Two</i>	
Name of Company:	
Start Date:	End Date:
Position Title:	Salary:
What were your duties/responsibilities in this position?	
Why did you leave?	
May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor Name: _____ Contact Information: _____	

Why do you want to work for TEAM Truck Centres Limited?

Name of acquaintances, relatives or referral who currently work for **TEAM**? _____

REFERENCES:

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

Name	Telephone #	Relationship	# of Years Known

APPLICANT SIGNATURE:

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).

Your authorization on this application form is your consent that as a condition of being considered for employment at **TEAM** Truck Centres Limited, references about past work performance will be obtained from your current and previous employers.

I agree to undergo a pre-employment medical questionnaire in order to determine that I am fit to perform the essential duties of the position for which I am applying.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

Signature:

Date Signed:

Earliest Available Start Date: