



Application for Employment

Position Applying for

Full Name

Street Address

City, Province, Postal Code

Previous address if less than 3 years

Home Phone # Drivers Licence #

Cell Phone # Social Insurance #

Email Address Fast Card # (if applicable)

Years driving AZ Years U.S. driving

Locations : Canada US Eastern US Central US Western

- Are you admissible into the United States? Yes No
- Do you require a waiver to enter the United States? Yes No
- Are you willing to take a physical exam? Yes No
- Have you ever been convicted of a crime? Yes No

If yes provide details: _____

- Have you ever been injured on the job? Yes No

If yes provide dates and details on the nature and degree of injury: _____

How much time have you lost in the past three years due to illness/injury: _____

- Have you ever been denied a driver license? Yes No

If yes provide details: _____

- Has your license ever been revoked/suspended? Yes No

If yes provide details: _____

Are there any reasons you may not be able to perform the function of the position you have applied for?

In the past 3 years have you had any accidents?		
Date	Details	Were you charged
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide 3 references	
Name Address	Phone Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you worked for this company before? Yes No
 If yes provide dates and reason for leaving: _____

Are you currently employed? Yes No

Last/Current Employer	<input type="text"/>		
<u>Dates</u>	From	<u>Contact Info</u>	Phone
	To		Fax
Position Held	<input type="text"/>		
Reason for Leaving	<input type="text"/>		

Previous Employer	<input type="text"/>		
<u>Dates</u>	From	<u>Contact Info</u>	Phone
	To		Fax
Position Held	<input type="text"/>		
Reason for Leaving	<input type="text"/>		

Previous Employer	<input type="text"/>		
<u>Dates</u>	From	<u>Contact Info</u>	Phone
	To		Fax
Position Held	<input type="text"/>		
Reason for Leaving	<input type="text"/>		

Previous Employer	<input type="text"/>				
<u>Dates</u>	From	<input type="text"/>	<u>Contact Info</u>	Phone	<input type="text"/>
	To	<input type="text"/>		Fax	<input type="text"/>
Position Held	<input type="text"/>				
Reason for Leaving	<input type="text"/>				

Previous Employer	<input type="text"/>				
<u>Dates</u>	From	<input type="text"/>	<u>Contact Info</u>	Phone	<input type="text"/>
	To	<input type="text"/>		Fax	<input type="text"/>
Position Held	<input type="text"/>				
Reason for Leaving	<input type="text"/>				

Previous Employer	<input type="text"/>				
<u>Dates</u>	From	<input type="text"/>	<u>Contact Info</u>	Phone	<input type="text"/>
	To	<input type="text"/>		Fax	<input type="text"/>
Position Held	<input type="text"/>				
Reason for Leaving	<input type="text"/>				

Highest Grade Completed	<input type="text"/>	Post-Secondary Education	<input type="text"/>
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List any courses, training or experience not already shown: _____

My signature below certifies that this application was completed by me, and that all entries on it and information given are true and complete to the best of my knowledge. I authorize Chantler Transport Inc to make such investigation and inquiries 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, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of my 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.

Date

Applicant's Signature
for email certify by clicking here