



PARKINSON COACH LINES

Application for Employment

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Brampton, Ontario L6V 1X4
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ALL QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY.

Date of Application: dd ____ mm ____ yyyy ____

Position (s) applied for: _____

Name: _____ Male Female

(Last) (First) (Middle)

List Your Addresses of Residency for The Past (3) Years

| |
|---|
| <p>Current Address: _____</p> <p style="text-align: center;">(Name & Number of Street / Ave.) (City)</p> <p>_____</p> <p style="text-align: center;">(Province) (Postal Code) How Long ____ Phone # _____</p> |
| <p>Previous Address: _____</p> <p style="text-align: center;">(Name & Number of Street / Ave.) (City)</p> <p>_____</p> <p style="text-align: center;">(Province) (Postal Code) How Long ____ Phone # _____</p> |
| <p>Previous Address: _____</p> <p style="text-align: center;">(Name & Number of Street / Ave.) (City)</p> <p>_____</p> <p style="text-align: center;">(Province) (Postal Code) How Long ____ Phone # _____</p> |

Have you ever worked for this company before? Yes No If Yes, Where: _____

Dates: From _____ To _____ Position: _____

Reason for Leaving: _____

Are you now employed? Yes No If not, how long since leaving last employment: _____

Did someone refer you? No Yes _____ Rate of pay expected: _____

Ever convicted of any Criminal Offense(s) that will prevent you from driving a commercial vehicle into U.S.? Yes No

During the past 5 years have you ever experience or had to report a problem or injury, which would affect your ability to perform the position for which you are currently applying for? Yes No

If yes, please explain: _____

Accidents in The Past (3) Years:

| Dates of All Accidents | Accident i.e. Head On / Rear End / Side Swipe etc. @ Fault - over \$1,000 or Fatality or Injury | Fatalities | Injuries |
|------------------------|--|--|--|
| Last: | | None <input type="checkbox"/> Yes <input type="checkbox"/> # ___ | None <input type="checkbox"/> Yes <input type="checkbox"/> # ___ |
| Previous: | | None <input type="checkbox"/> Yes <input type="checkbox"/> # ___ | None <input type="checkbox"/> Yes <input type="checkbox"/> # ___ |
| Previous: | | None <input type="checkbox"/> Yes <input type="checkbox"/> # ___ | None <input type="checkbox"/> Yes <input type="checkbox"/> # ___ |
| Previous: | | None <input type="checkbox"/> Yes <input type="checkbox"/> # ___ | None <input type="checkbox"/> Yes <input type="checkbox"/> # ___ |

PCL requires a record of all convictions and administrative penalties for Provincial and Federal legislation relating to the operation of a commercial motor vehicle within the past 3 years. (Other than parking violations)

| Location | Date | Charge | Penalty (Fine) |
|----------|------|--------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

EDUCATION:

High School _____ College: _____ University _____ Trade School _____

A driver is not allowed to hold more than one valid driver's licence issued by any jurisdiction at any one time. In order to be hired you must disclose the name of each province or territory in Canada or district or territory of the United States of America where you are licensed; the class of licence you hold; whether or not that licence has been suspended; and the name in which your driver's licence is issued. While during your employment you must also inform us, without delay, of any suspensions, cancellation, prohibition or change in classification of your driver's licence

| Driver License / Province | Licence # | Type/Class | Expiry Date |
|---------------------------|-----------|------------|-------------|
| | | | |
| | | | |

(A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

(B) Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, give brief details. _____

DRIVING EXPERIENCE

| Class of Power Equipment | From : | To: | Kms Approx. |
|---|---------------|-------------|----------------|
| Straight Truck <input type="checkbox"/> | M ___ Y ___ - | M ___ Y ___ | |
| Tractor & Semi Trailer <input type="checkbox"/> | M ___ Y ___ - | M ___ Y ___ | |
| Motor Coach <input type="checkbox"/> | M ___ Y ___ - | M ___ Y ___ | |
| School Bus <input type="checkbox"/> | M ___ Y ___ - | M ___ Y ___ | N/A |
| City Transit Bus <input type="checkbox"/> | | | N/A |

List Provinces / States operated in for the last five years: _____

EMPLOYMENT HISTORY

**PCL requires all applicants to provide the following information on all employers during the previous 10 years to present.
Note: List employers in reverse order starting with the most recent.**

| | |
|---|--|
| Employer Name: _____ Address : _____ City: _____ Contact Person: _____ | Date: From: _____ To; _____ Position: _____ Salary/Wage _____ Phone # _____ |
| Employer Name: _____ Address : _____ City: _____ Contact Person: _____ | Date: From: _____ To; _____ Position: _____ Salary/Wage _____ Phone # _____ |
| Employer Name: _____ Address : _____ City: _____ Contact Person: _____ | Date: From: _____ To; _____ Position: _____ Salary/Wage _____ Phone # _____ |

OTHER – EXPERIENCE & QUALIFICATIONS

List any bussing, or other transportation experience, previous training, courses or special equipment or technical materials you can work with that will be an asset to this company, if hired.

TO BE READ & SIGNED BY THE APPLICANT

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.
 I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.
 (NOTE: INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED)

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 event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also that I am required to abide by all rules and regulation of the company.

Date Signed

Applicants Signature

Application Review & Process Record

| | | |
|--------------|---|--|
| Application: | Superior - <input type="checkbox"/> Good - <input type="checkbox"/> Fair- <input type="checkbox"/> Below Average - <input type="checkbox"/> Poor - <input type="checkbox"/> | Filed - Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--------------|---|--|

| | | |
|-------------------------------------|---|--|
| Interview: | Superior - <input type="checkbox"/> Good - <input type="checkbox"/> Fair- <input type="checkbox"/> Below Average - <input type="checkbox"/> Poor - <input type="checkbox"/> | Filed - Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Past Employment: | Superior - <input type="checkbox"/> Good - <input type="checkbox"/> Fair- <input type="checkbox"/> Below Average - <input type="checkbox"/> Poor - <input type="checkbox"/> | Filed - Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Written Exam: | Superior - <input type="checkbox"/> Good - <input type="checkbox"/> Fair- <input type="checkbox"/> Below Average - <input type="checkbox"/> Poor - <input type="checkbox"/> | Filed - Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Road Test: | Superior - <input type="checkbox"/> Good - <input type="checkbox"/> Fair- <input type="checkbox"/> Below Average - <input type="checkbox"/> Poor - <input type="checkbox"/> | Filed - Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Accident Record | Superior - <input type="checkbox"/> Good - <input type="checkbox"/> Fair- <input type="checkbox"/> Below Average - <input type="checkbox"/> Poor - <input type="checkbox"/> | Filed - Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Criminal/Traffic Convictions | Superior - <input type="checkbox"/> Good - <input type="checkbox"/> Fair- <input type="checkbox"/> Below Average - <input type="checkbox"/> Poor - <input type="checkbox"/> | Filed - Yes <input type="checkbox"/> No <input type="checkbox"/> |

Applicant Hired Rejected Date Employed: DD ____ MM ____ YYYY ____