



Application for Employment (Please Print)

Position Applied For	Expected Wages	Date Available
Surname	First	Middle
Address – Street	City/Province	Postal Code
Phone Number	Are you legally eligible to work in Canada? Yes ___ No ___	Are you bondable? Yes ___ No ___

Education Record

	School Name	Subject	Years Attended	Diploma Recd.
High School			From To	Yes No
Business Trade or Technical School				Yes No
College or University				Yes No

Additional Courses, Seminars, Workshops and dates:

Describe any of your work related skills, experience or training that is related to the position being applied for:

Employment Record (Most recent employer first)

Company Name	From _____ To _____ Last Salary	Job Title
Address	Type of Business	Responsibilities
Reason for leaving	Supervisor	Phone #
Company Name	From _____ To _____ Last Salary	Job Title
Address	Type of Business	Responsibilities
Reason for leaving	Supervisor	Phone #
Company Name	From _____ To _____ Last Salary	Job Title
Address	Type of Business	Responsibilities
Reason for leaving	Supervisor	Phone #
Company Name	From _____ To _____ Last Salary	Job Title
Address	Type of Business	Responsibilities
Reason for leaving	Supervisor	Phone #

References – List two persons we may contact (not relatives or previous employers)

Name	Address	Telephone
Occupation		
Name	Address	Telephone
Occupation		

Hobbies/Interests/Service Clubs or Professional Assoc.

(Do not list any of a religious, political or racial nature).

Will you work shift work? Yes _____ No _____	Preferred Shift?
Have you ever applied to Cavalier before? Yes _____ No _____ If Yes, when?	What source referred you to this company?
Have you ever been employed by this company before? Yes _____ No _____ If Yes, from _____ to _____	What was your position when you left?
I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal. I also authorize a credit and/or personal information investigation report to be made at any time in connection with my employment.	
Signature _____	Date _____

For Office Use Only

Comments
Interviewer

This Section to be completed only if applicant is hired.

In case of emergency notify:				
Address		Telephone		
Family Doctor		Telephone		
Date Hired	Department	Starting Rate	Regular hours	Position

CONSENT

I hereby consent to the release of all personal information, including medical records, WSIB information, driver abstracts and all other personal information relating to my employment with the Company and hereby authorize the Company to obtain and/or transmit such information, as may be necessary, for the continuing conduct of the business of a motor/carrier to any third party.

Date: _____ Signed: _____