

Rainbow TRANSPORT LTD

QUALIFICATION RECORD

Date of Application _____ Date Available _____

Work Applied for: Driver Mechanic Laborer Dock Owner Operator Administrative

Drivers License Number _____ Class _____ Since _____

PERSONAL INFORMATION

Name _____ Social Insurance Number _____
(Last) (First) (Middle)

Current Address _____ How long at this address _____
(Street)

_____ Telephone _____
(City) (Province) (Postal Code)

Did this Company previously employ you? _____
(Yes /no)

If yes, Terminal: _____ Date Left _____

Relatives or friends currently employed by the Company

Name _____ Terminal Location _____

Emergency Contact _____ Relationship _____

Address _____ Home Phone _____ Work _____

MEDICAL INFORMATION

Do you have any condition or disability, which may affect your ability to perform the intended work? _____
(Yes / no)

If yes, please explain

How much work time have you lost in the last three years due to illness or injury? _____ Please explain

Have you ever been injured on the job? _____
(Yes/No)

Have you received Workers' Compensation? _____
(Yes/No)

If yes to either question, please explain

EDUCATIONAL INFORMATION

Highest formal education completed _____

School _____ Location _____ Date _____

Other training or course work completed and certificates earned _____

EXPERIENCE AND QUALIFICATIONS

Driving Positions Only

How long have been driving tractor-trailers regularly? _____

Has your Driver's License ever been revoked or suspended? _____
(Yes /No)

Have you ever been convicted of an offence involving consumption of illegal or intoxicating substances? _____
(Yes /No)

Class of Equipment	Type of Equipment (van, tank, flat, etc)	Total Years of Experience	Approximate Total Miles	Make of Trucks
Straight Truck				
Semi-Trailer				
Bodyjob				
Trains				

Accident Record for Past Three years

Date	Nature of Accident	Where	Injuries/Fatalities

List Safe Driving Awards received: _____

All Other Positions

List Experience for position applied for _____

List relevant experience not noted

above _____

EMPLOYMENT HISTORY

May We Contact Your Current Employer: Yes No

List all jobs held, including self-employment for past ten (10) years for driving positions and five (5) years for all others. Begin with most recent and attach additional paper if necessary.

Supervisor's Name _____ Reason for Leaving _____

Name of Company _____ Telephone _____

Address _____ City _____

Dates Employed From: _____ To _____
M/D/Y M/D/Y

Jobs Held (Title) _____ Job Duties _____

Supervisor's Name _____ Reason for Leaving _____

Name of Company _____ Telephone _____

Address _____ City _____

Dates Employed From: _____ To _____
M/D/Y M/D/Y

Jobs Held (Title) _____ Job Duties _____

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Name of Company _____ Telephone _____

Address _____ City _____

Dates Employed From: _____ To _____
M/D/Y M/D/Y

Jobs Held (Title) _____ Job Duties _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all statements in it are true and complete. I authorize you to make sure investigations and inquires of my personal, employment and other related matters as may be necessary in at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event that I am hired I understand that false or misleading information given in my application or interview(s) may result in discharge or termination of my contract, as the case may be and that I will subject to a probationary period during which I may be dismissed without recourse.

FOR COMPANY USE

DATE

APPLICANT'S SIGNATURE

Does Applicant meet minimum company hiring criteria? _____

Yes / No

DATE

INTERVIEWER'S SIGNATURE