



Mon Tues Wed Thurs Fri Sat Sun

What day(s) do you prefer to have off [ ] [ ] [ ] [ ] [ ] [ ] [ ] Start time [ ]

APPLICANT INFORMATION

Last Name [ ] First Name, Middle Name [ ]

Street Address [ ] Unit number [ ] City [ ] Postal Code [ ]

Phone Number [ ] E-mail Address [ ]

VfH License Number [ ] Provincial Driver License Number [ ]

VfH Accessible Endorsement [Yes/No] Date of Abstract [MM/DD/YYYY] Vulnerable Police Check [Yes/No] Current 3 years Commercial insurance experience letter [Yes/No]

HST Number [##### RT00001] Read English [Yes/No] Write English [Yes/No]

References

Full Name [ ] Relationship [ ] Phone Number [ ]

Previous Employment

Company [ ] Phone Nuber [ ] # Street, City [ ] Provence, Postal Code [ ] Job Title [ ] Supervisor [ ] Address [ ] From [MM/DD/YYYY] To [MM/DD/YYYY] Reason for Leaving [ ]

May we contact your previous supervisor for a reference?

[Yes/No] How did you hear about us? [ ]

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

[Signature box] Signature [ ]

[Date box] Date MM/DD/YYYY [ ]