

# Application of Employment



Date:		Position Applied For:	
Available to work:	<input type="checkbox"/> Nights <input type="checkbox"/> Weekends	Legally entitled to work in Canada:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Personal Information

First Name:		Middle Name:		Last Name:	
DOB:		SIN:		Health Card #:	
Home Phone:		Cell Phone:		Email:	
Emergency Contact:				Emergency Contact #:	
Mailing Address:				City:	
Province:		Postal Code:		Country:	
License #:		Class:		Province:	
				Expiry:	
Highest Academic or Vocational Training:					

## Education

Name of trucking school attended:	
Year of Graduation:	
Additional Training:	

## Driving Experience

Vehicle Experience	Straight		Shunt			Semi/Trailer	
Years/ Months							

  

Trailer Experience (tick all that apply)	Dry Van	Reefer	Flat Bed	Bulk	Tanker	A Train	B Train
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

Transmission Experience (tick all that apply)	Automatic	6 Speed	8 Speed	10 Speed	Super 10	13 Speed	15 Speed	18 Speed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Certificates

Defensive Driving:	WHMIS:
Smart Driving:	First Aid / CPR:
TDG:	Other- Please specify:

## Accident & Moving Violation History

Non-preventable Accident(s):		
Date(s):		
Preventable Accident(s):		
Date(s):		
Traffic Violation(s):		
Date(s):		

## Work History

Please provide up to tens years' work experience. Include only work that is not included on your resume.

Employer:		Supervisor:	
Start Date:		End Date:	
		Phone #:	
Position:			
Reason for Leaving:			
Employer:		Supervisor:	
Start Date:		End Date:	
		Phone #:	
Position:			
Reason for Leaving:			
Employer:		Supervisor:	
Start Date:		End Date:	
		Phone #:	
Position:			
Reason for Leaving:			

I certify that I have personally completed this application for employment and that all of the information is true and correct. I hereby request and authorize Scotian Distribution Services and it's authorized representatives cause to be conducted, at any time, an investigation of my background for employment purposes, which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, educational background, alcohol or drug testing results, or failure to submit and alcohol or drug test, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

Have you been convicted of a criminal offence for which you have not been pardoned?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (year, charge) _____
Are you related, friends, or acquaintances with any current employee at SDS?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (name, relation) _____
Were you referred to Scotian Distribution Services by a current SDS employee?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (name) _____

How did you hear about us?  SDS Employees  Kijiji  Truck Show  Indeed  Other: \_\_\_\_\_

Date:		Print Name:		Signature:	
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Please return completed application and resume by email to [hr@scotian.ca](mailto:hr@scotian.ca) or by fax to 902-481-8895.