

APPLICATION FOR EMPLOYMENT

Thank you for considering Enviro EZE Transport for your place of employment. Please take some time to fill out the attached application and return it in full along with a copy of the list of the following to recruiting@enviro-eze.com or by Fax to 519-669-1733 or by mail/in person to:

Human Resources Enviro EZE Transport Inc. 7201 Line 86, RR#3 Wallenstein, ON. NOB 2S0

Thank you!

☐ Completed Application
☐ Signed Request for information from previous employer
☐ Copy of driver's license front and back
☐ Copy of, or proof of Medical (A/Z driver's only)
☐ Current CVOR
☐ Current Drivers Abstract
☐ Current Criminal Check







APPLICATION FOR EMPLOYMENT

7201 Line 86, Wallenstein, ON Tel: 519-669-1733 Fax:519-669-8301

PLEASE ANSWER FOLLOWING QUESTIONS IN PRINTING

DATE OF APPLICATION:___/___/. YOUR APPLICATION WILL BE KEPT ON FILE FOR 2 YEARS

DATE OF APPLICATION:/ YOUR APPLICATION WILL BE REPT ON FILE FOR 2 YEARS								
PERSONAL INFORMATION								
Position applied for:		Part Time						
Name: Middle	Given	Phone:						
*Current Address Street Address for Past 3 years	City	Prov.	Postal Code					
Address for Past 3 yearsStreet	City	Prov.	Postal Code					
(Attach a separate sheet if Necessary.) Street	City	Prov.	Postal Code					
Have you ever been convicted of a crime for which a pardon has not been granted? Yes \square No \square								
Who referred you? Rate of Pay expected?								
Have you worked for this company before?	Dates:	From	To					
Reason for Leaving?								
Names of any relatives employed by this company								
Are you currently employed? If not, h	ow long since leavin	g last employment						
EDUC	ATION							
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Post Secondary: College University 1 2 3 4 More								
Last school attended								
PHYSICAL HISTORY								
List any handicap that prevents you from doing certain kinds of work								
Are you physically capable of heavy manual work? Yes \square No \square								
Ever injured on the job? Yes \square No \square If yes, give the nature and degree of such injuries								
How much time lost from work in the past three years for illness?								
Will you be willing to take a physical examination? Yes \square No \square								



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Class of Equipment Type of Equipment (Van, Tank, Flat, Etc.) From To #KM Straight Truck Tractor and Semi Tractor Twin Trailers — LCV's Other List of States / Prov. Operated in during last five years List special courses or training that will help you has a driver Accident Review for Past three years (Attach separate sheet of paper if more space is needed) Nature of Accident Dates (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous		DRIVER EX	XPERIEN(CE & QU	ALIFI	CATION		
Drivers Licence held in past 3 years must be Shown. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license. Note of Pates of Equipment (Van, Tank, Plat, Etc.) From To Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit	Licenses — Answer t	he questions in this sec	tion only if ap	plying for a	driver po	ostion		
in past 3 years must be Shown. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any of the above, please attach statement giving details. Drivers Experience		Province	License No. Cla		ass / type Expi		piration Date	
Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege been suspended or revoked? Yes No Has any license, permit or privilege to operate a motor vehicle? Yes No List of States of Equipment (Van, Tank, Flat, Etc.) From To Has Approximate A								
Has any license, permit or privilege been suspended or revoked? If yes to any of the above, please attach statement giving details. Drivers Experience								
Has any license, permit or privilege been suspended or revoked? If yes to any of the above, please attach statement giving details. Drivers Experience			 					
Has any license, permit or privilege been suspended or revoked? If yes to any of the above, please attach statement giving details. Drivers Experience								
If yes to any of the above, please attach statement giving details. Drivers Experience	Have you ever been d	enied a license, permit	or privilege t	to operate a	motor ve	chicle? Ye	es 🗌	No 🗆
Class of Equipment Type of Equipment (Van, Tank, Flat, Etc.) From To #KM Straight Truck Tractor and Semi Tractor Twin Trailers — LCV's Other List of States / Prov. Operated in during last five years List special courses or training that will help you has a driver Accident Review for Past three years (Attach separate sheet of paper if more space is needed) Nature of Accident (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Has any license, perm	nit or privilege been sus	spended or re	voked?		Ye	es 🗌	No 🗆
Class of Equipment Type of Equipment (Van, Tank, Flat, Etc.) Straight Truck Tractor and Semi Tractor Twin Trailers — LCV's Other List of States / Prov. Operated in during last five years List special courses or training that will help you has a driver Accident Review for Past three years (Attach separate sheet of paper if more space is needed) Nature of Accident Dates (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	If yes to any of the ab	ove, please attach state	ement giving	details.				
Straight Truck Tractor and Semi Tractor Twin Trailers — LCV's Other List of States / Prov. Operated in during last five years List special courses or training that will help you has a driver Accident Review for Past three years (Attach separate sheet of paper if more space is needed) Nature of Accident Dates (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Drivers Experience							
Tractor and Semi Tractor Twin Trailers — LCV's Other List of States / Prov. Operated in during last five years List special courses or training that will help you has a driver Accident Review for Past three years (Attach separate sheet of paper if more space is needed) Nature of Accident Dates (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Class of Equipmen							
Twin Trailers — LCV's Other List of States / Prov. Operated in during last five years List special courses or training that will help you has a driver Accident Review for Past three years (Attach separate sheet of paper if more space is needed) Nature of Accident (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Straight Truck							
List of States / Prov. Operated in during last five years List special courses or training that will help you has a driver Accident Review for Past three years (Attach separate sheet of paper if more space is needed) Nature of Accident Dates (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Tractor and Semi Tractor							
List of States / Prov. Operated in during last five years List special courses or training that will help you has a driver Accident Review for Past three years (Attach separate sheet of paper if more space is needed) Nature of Accident Dates (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Twin Trailers — LCV's							
List special courses or training that will help you has a driver Accident Review for Past three years (Attach separate sheet of paper if more space is needed) Nature of Accident Dates (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Other							
Accident Review for Past three years (Attach separate sheet of paper if more space is needed) Dates	List of States / Prov. 0	Operated in during last	five years					
Dates Nature of Accident (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	List special courses or	r training that will help	you has a dri	iver				
Dates (Head on, Rear end, Overturn, Etc.) Fatalities Injuries Last Accident Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Accident Review for P	ast three years (Attach	separate shee	et of paper if	more spa	ace is needed)		
Next Previous Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Dates				c.)	Fatalitie	s	Injuries
Next Previous Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Last Accident							
Traffic Convictions and Forfeitures for the past 3 years, other than parking violations	Next Previous							
	Next Previous							
Location Date Charge Penalty	Traffic Convictions an	d Forfeitures for the p	ast 3 years, otl	her than par	king viol	ations		
	Location		Date			Charge		Penalty
							\longrightarrow	
							\longrightarrow	
							\longrightarrow	
							\longrightarrow	



Transport	Transport INC. Tel: 519-669-1733 Fax:519-669-8301				
MAINTEN	ANCE EX	PERIENC	E & QUALIFICATION	S	
List Courses and Training in Mainten					
Job Function					
Indicate training and experience in the Following	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections		
Refrigeration (Cargo)			General Car Repair		
Shop Equipment		_			
Indicate training and experience in the Following	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Diagnostic Equip.			Wheel & Tire Balancing machine		
Sheet Metal Equip.			Tire Recapping		
Frame & Axle Straightening Equip.			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equip.			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions/ Smoke Testing		
	CLERI	CAL EXP	ERIENCE		
List Courses and Training in Mainten	nance work				
Indicate training and experience in the Following	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Shorthand (WPM)			Bookkeeping Machine		
Billing			Switchboard Equipment		
Filling			Tabulator		
Computers (indicate Software)			Accounting		
Word Processing Equipment			OS & D		
Key Punch			Interline		
Calculater / Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		
Rates (indicate tariffs with which you have	worked)				



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	PLATFORM EXPERIENC	CE	
PLATFORM EXPERIENCE & QUILL List types of Platform Experience and Nu			
List Platform Equipment you can operate	(lift truck, Etc.)		
List Courses or Training in platform work	Κ:		
	EMPLOYMENT RECOR	D	
Start with last or current position, including	ng military experience, and work	back. (attach a sepa	arate sheet if necessary)
Last Employer:	Supervisor's Full	Name:	
Full Address:	Postal Code:	Phone:	 Salary:
Position Held:		To:	Salary:
reason for Leaving.			
Second Last Employer:	Supervisor's Full	Name:	
Full Address:	Postal Code:	Phone:	 Salary:
Position Held:	From:	To:	Salary:
Reason for Leaving:			
Third Last Employer:	Supervisor's Full	Name:	
Full Address:	Postal Code:	Phone:	 Salary:
Position Held:		To:	Salary:
Reason for Leaving:			
Fourth Last Employer:	Supervisor's Full		
Full Address:	Postal Code:	Phone:	
Position Held:	From:	To:	Salary:
Reason for Leaving:			
Fifth Last Employer:	Supervisor's Full	Name:	
Full Address:	Postal Code:	Phone:	
Position Held:	From:	To:	Salary:
Reason for Leaving:			
Sixth Last Employer:	Supervisor's Full	Name:	
Full Address:	Postal Code:	Phone:	
Position Held:	From:	To:	Salary:
Reason for Leaving:			
Seventh Last Employer:	Supervisor's Full	Name:	
Full Address:	Postal Code:	Phone:	
Position Held:	From:	To:	Salary:
Reason for Leaving:			



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APPLICANT MUST READ & SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herin from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with Enviro-EZE Transport Inc. I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditional on the results of a physical examination and drug test. I certify that I am genuine for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. If hired, I agree to abide by all the rules and policies of the employer.

job. I also understand that if offered a job, it may be conditional on the results of a physical examination and drug test. I certify that I am genuine for employment and this application is being submitted solely for the purpose of seek-This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Applicant Signature FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE PROCESS RECORD Date of Birth: _____ (month/day/year) Applicant Hired? Yes \square No \square Date Employed: ______ Point Employed: ______ Department: Classification: (If hired, summary report of reasons should be placed in file) IN CASE OF EMERGENCY NOTIFY: _____ Phone: _____ Address: THIS SECTION TO BE FILLED OUT BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE Superior Good Fair Below Poor Written Record Average In File 1. Application 2. Interview 3. Physical Exam* 4. Past Employment 5. Written Exam 6. Road Test* 7. Policy and Traffic Record * driver applicants only Signature of Interviewing Personnel: ______ Date: _____ NOTES:



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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

To: Previous Employer Company:		From: Prospective Employer Company : Enviro-Eze Transport Inc.					
Street:			Street: 7201 Line 86 City: Wallenstein				
Province: P			ce: Ontario	Postal Code:	N0B 2S0		
Tel #: Fax	#:	Tel #: :	519-669-1733	_ Fax #: <u>519-669</u>	9-8301		
Date Sent:	_ Mail:□ Fax: [Rec'd	Ву:	Date:			
You are hereby authorized to give to Enviro ~ EZE Transport Inc. all information regarding my services, character and conduct while in your employ, and you are released from any and all liability that may result from furnishing such information to Enviro ~ EZE Transport Inc.							
Applicant's Signatu	ıre			Date			
Personnel Manager,, Social position as to Please reply to dence and will in no way involve y	and states that the inquiry below	t he/she was em w respecting thi	ployed by you as s applicant. Your	reply will be held	from		
 What kind (s) of work did the second and the applicant drive motor of the second and the applicant a safe and estimated as the second and the second are second as the second are secon	wehicles for you? fficient driver? cidents in which loy: Discharge induct satisfactor the position soug coholic beverages son? Yes N	Straight Truck he/she was invo ge	lvedid off □	Resigned			
	Excellent	Good	Fair	Poor	Very Poor		
Quality of Work							
Cooperation with others							
Safety habits							
Personal habits					_		
Driving skill					_		
Attitude							
Remarks:							
Signature:							