

Date of Application: _____

Company applying to:

- Coach Atlantic Group - Local only
- Coach Atlantic Group - USA & Canada
- Maritime Bus
- Trius Transit - Charlottetown, PE only

Location

Applicants Name _____

(first) (middle) (last)

Address: _____ How long: _____

(street) (city/prov) (postal code)

Date of Birth: _____ Social Insurance Number: _____

Address for past 3 years _____
 (if different from above)

EXPERIENCE & QUALIFICATION - DRIVER

DRIVER LICENSES	PROVINCE	LICENSE #	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two Trailers				
Motorcoach/School Bus				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVINCTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

C. Do you have the legal right to work in the United States? Yes _____ No _____

D. Have you worked for this Company before? Yes _____ No _____

E. Dates: From _____ To _____ Rate of Pay _____ Position _____

F. Are you now employed _____ If not, how long since leaving last employment _____

G. Who referred you (if applicable) _____ Rate of Pay expected \$ _____

EMPLOYMENT HISTORY

Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history. All driver applicants must provide the following information on all employers for the past three (3) years, and/or Commercial Driving Experience for the past 10 years. (If more space is required, please include on a separate sheet of paper.)

LAST EMPLOYER:

NAME _____ Tel (____) _____ Fax _____

ADDRESS _____
(Street) (City) (Prov) (Postal Code)

POSITION HELD _____ From _____ To _____ Salary _____
(Month/Year) (Month/Year)

REASON FOR LEAVING _____

SECOND LAST EMPLOYER:

NAME _____ Tel (____) _____ Fax _____

ADDRESS _____
(Street) (City) (Prov) (Postal Code)

POSITION HELD _____ From _____ To _____ Salary _____
(Month/Year) (Month/Year)

REASON FOR LEAVING _____

THIRD LAST EMPLOYER:

NAME _____ Tel (____) _____ Fax _____

ADDRESS _____
(Street) (City) (Prov) (Postal Code)

POSITION HELD _____ From _____ To _____ Salary _____
(Month/Year) (Month/Year)

REASON FOR LEAVING _____

FOURTH LAST EMPLOYER:

NAME _____ Tel (____) _____ Fax _____

ADDRESS _____

(Street)

(City)

(Prov)

(Postal Code)

POSITION HELD _____ From _____ To _____ Salary _____
(Month/Year) (Month/Year)

REASON FOR LEAVING _____

FIFTH LAST EMPLOYER:

NAME _____ Tel (____) _____ Fax _____

ADDRESS _____

(Street)

(City)

(Prov)

(Postal Code)

POSITION HELD _____ From _____ To _____ Salary _____
(Month/Year) (Month/Year)

REASON FOR LEAVING _____

I certify that this application was completed by me, and that all entries and information disclosed are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if, and after, a conditional offer of employment had been extended.) I hereby release employers, schools, health care providers and any other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s)

(Date)

(Applicant's Signature)

This section to be filled in by responsible officer or company representative

EXCELLENT GOOD FAIR BELOW AVERAGE POOR WRITTEN RECORD ON FILE

- 1. Application _____
- 2. Interview _____
- 3. Past Employment _____
- 4. Written Test _____
- 5. Road Test _____
- 6. Criminal and Traffic Convictions _____

PROCESS RECORD

Applicant hired/rejected date: _____

Date Employed: _____

Department: _____

Classification: _____ (If rejected, summary report of reasons should be placed in file)