

County of Warner – NSC Program

APPLICATION FOR EMPLOYMENT

☐ DRIVER ☐ FULL TIME ☐ SEASONAL ☐ EQUIPMENT OPERATOR

INSTRUCTIONS: Please use pen and print clearly.

NOTE: Information in this document will be considered confidential.
Some information is to be filled in AFTER hiring

APPLICATION DATE: _____ DATE AVAILABLE: _____

PERSONAL INFORMATION: Please READ Carefully

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

EMAIL: _____

HOW LONG AT THIS ADDRESS? _____ TELEPHONE NO: _____

PREVIOUS ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

HOW LONG AT THIS ADDRESS? _____

EVER PREVIOUSLY EMPLOYED BY COUNTY OF WARNER? YES ☐ NO ☐

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES ☐ NO ☐

IF NO, PLEASE EXPLAIN: _____

ARE YOU BONDABLE? YES ☐ NO ☐ IF NO, PLEASE EXPLAIN: _____

DO YOU HAVE RELATIVES OR FRIENDS CURRENTLY WORKING FOR THE COUNTY OF WARNER? YES ☐ NO ☐

IF YES, LIST: NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

County of Warner – NSC Program

MEDICAL INFORMATION:

NOTE: Pre-employment alcohol & drug testing and a physical examination may be required.

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT MAY AFFECT YOUR ABILITY TO PERFORM THE INTENDED WORK?

YES ☐ NO ☐ IF YES, PLEASE EXPLAIN: _____

ARE YOU A: SMOKER? ☐ NON-SMOKER? ☐

IF NO, PLEASE EXPLAIN: _____

HAVE YOU HAD ANY TIME OFF FROM WORK DUE TO ILLNESS OR INJURY? YES ☐ NO ☐

IF YES, PROVIDE LENGTH OF TIME AND EXPLAIN NATURE OF ILLNESS OR INJURY: _____

HAVE YOU EVER BEEN INJURED ON THE JOB? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

DATE OF LAST PHYSICAL EXAMINATION: _____

DOCTOR: _____
(NAME) (ADDRESS)

EDUCATION INFORMATION:

CIRCLE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12

TRADE SCHOOL OR COLLEGE: 1 2 3 4 YRS

LAST SCHOOL ATTENDED: _____
(NAME) (LOCATION) (YEAR)

OTHER TRAINING OR COURSES COMPLETED AND CERTIFICATES EARNED: _____

County of Warner – NSC Program

EXPERIENCE and QUALIFICATIONS:

NOTE: Attach current 5 YR Commercial Drivers Abstract Attached ☐ YES ☐ NO
Completed Drivers Abstract consent form ☐ YES ☐ NO

DRIVERS LICENSE: CLASS: _____ LICENSE NO.: _____ ISSUING PROVINCE: _____

HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED OR SUSPENDED? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

DRIVING EXPERIENCE:

CLASS of EQUIPMENT	TYPE of EQUIPMENT (VAN, FLAT DECK, HOPPER, ETC.)	TOTAL EXPERIENCE (YEARS)	APPROX. MILES (TOTAL)
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STRAIGHT TRUCK

5 OR 6 AXLE

TRAINS

OTHER

TYPES OF CARGO HANDLED: _____

ACCIDENT RECORD: (PAST FIVE YEARS)

DATE (MO / DAY/ YEAR)	NATURE of ACCIDENT (COLLISION, UPSET, ETC.)	LOCATION	INJURIES / FATALITIES (YES / NO)
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LIST SAFE DRIVING AWARDS RECEIVED AND FROM WHOM: _____

County of Warner – NSC Program

EMPLOYMENT HISTORY:

NOTE: List all jobs, including self-employment, for past five years, starting with your last employer first. Attach list, if necessary.

IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ☐ NO ☐

COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

POSITION: _____ RATE OF PAY: _____

DUTIES: _____

START DATE: _____ FINISH DATE: _____

CONTACT: _____ REASON FOR LEAVING: _____

COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

POSITION: _____ RATE OF PAY: _____

DUTIES: _____

START DATE: _____ FINISH DATE: _____

CONTACT: _____ REASON FOR LEAVING: _____

COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

POSITION: _____ RATE OF PAY: _____

DUTIES: _____

START DATE: _____ FINISH DATE: _____

CONTACT: _____ REASON FOR LEAVING: _____

COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

POSITION: _____ RATE OF PAY: _____

DUTIES: _____

START DATE: _____ FINISH DATE: _____

CONTACT: _____ REASON FOR LEAVING: _____

County of Warner – NSC Program

FORM: 5/12/102

PAGE 4

TO BE READ AND SIGNED BY APPLICANT:

NOTE: Please read carefully before signing.

This certifies that this application was completed by me, the undersigned, and that all entries on it are true and complete, to the best of my knowledge.

I authorize the County of Warner and/or their representative(s) to make such investigations and inquiries of my personal, employment, financial, insurance or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I further understand that as per privacy legislation I may leave some PERSONAL information blank until AFTER being hired.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or termination of my employment, as the case may be, and that I will be subject to a probationary period during which I may be dismissed without recourse.

I agree to abide by all policies, rules, regulations and procedures of the County of Warner, as permitted by law.

(DATE)

(APPLICANT SIGNATURE)

FOR OFFICE USE ONLY:

RESULTS OF INTERVIEW: _____

DOES APPLICANT MEET COUNTY'S MINIMUM HIRING CRITERIA? YES ☐ NO ☐

(DATE)

(INTERVIEWERS SIGNATURE)

FORM: 5/12/102

PAGE 5