



Contractor Application

We require the following:

- Copy of vehicle registration
- Copy of company and driver CVOR Abstract
- Insurance history
- Maintenance records for vehicle

DRIVER LAST NAME	FIRST NAME	MI
NAME OF CORPORATION OR OPERATION		
ADDRESS OF CORPORATION		
()		
TELEPHONE		

How did you learn of this contract position? _____

Are you interested in full-time or part-time employment? _____

Have you provided services or worked for us before? _____ If yes, when? _____

If contracted, on what date will you be available to start work? _____

Background

Education

Please check what is applicable to you.

- HIGHSCHOOL DIPLOMA
- COLLEGE DEGREE _____
- UNIVERSITY DEGREE _____

List any specialized training or apprenticeship skills: _____

Previous Employment

DATES: FROM _____ TO _____
COMPANY NAME AND ADDRESS _____ _____
RATE OF PAY: START _____ FINISH _____
NAME OF SUPERVISOR _____
REASON FOR LEAVING _____
YOUR COMPLETE JOB DESCRIPTION _____ _____

DATES: FROM _____ TO _____
COMPANY NAME AND ADDRESS _____ _____
RATE OF PAY: START _____ FINISH _____
NAME OF SUPERVISOR _____
REASON FOR LEAVING _____
YOUR COMPLETE JOB DESCRIPTION _____ _____

May we contact the above employers? _____

Personal References

We require at least 3 persons who can supply information pertinent to your job performance (excluding relatives).

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.	1.	1.
2.	2.	2.
3.	3.	3.

PLEASE READ THE APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if there are falsified statements it shall be considered sufficient cause for termination of contract.

SIGNATURE OF APPLICANT

DATE

81 Select Avenue, Scarborough, Ontario M1V 4A9
Tel: 416.754.8825 □ Fax: 416.754.7588