



131 Maple Dale, Cowansville, Quebec, Canada J2K 4M7
 Telephone : (450) 263-2631 • Fax : (450) 263-9115
 E-mail : info@rprtransport.com
 Web: www.rprtransport.com

INTERESTED JOB

PRESENT SALARY

SALARY REQUEST

PERSONAL INFORMATION

Last Name: First Name:
 Address: Province: Postal Code: Country:
 Birth Date: Social Insurance Number:
 Home Phone: Work Phone:
 E-mail: Cell Phone:
 Spoken Language: French English Spanish Other, specify:
 Written Language: French English Spanish Other, specify:
 Availability: Full Time Half Time On Call
 Location where driver's licence was obtained: Year of obtention of driver's licence:

SCOLARSHIP

High School Number of Years: Completion Date:
 School: Diploma obtained:
College Number of Years: Completion Date:
 School: Diploma obtained:
University Number of Years: Completion Date:
 School: Diploma obtained:
Others Diploma: Years:
 Diploma: Years:

EXPERIENCES AND QUALIFICATIONS

Only fill in this section for a truck driver's application.

Driving Hours:
 License Number: Class:
 Province: Restriction(s):
 Expiration Date:

Date <input type="checkbox"/>	Employer's Name	Job	Reason(s) for leaving job
From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been refused in the obtention of a motor vehicle driver's licence? YES NO
 Has your driver's licence ever been revoked or suspended? YES NO
 If you answered "YES" on the last question, please explain the reasons for the revokal or suspension.



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INFORMATION REGARDING HIGHWAY CODE

Only fill in for truck driver's application.

Did you receive fines during the last three (3) years relating to the operation of a motor vehicle?

YES NO If you answered YES, please fill in section A)

Section A)

Location:

Date of event:

Location:

Date of event:

Have you had accidents or incidents related to the operation of motor vehicles?

YES NO If you answered YES, please fill in section B)

Section B)

Describe the nature of the accidents or incidents and dates of occurrence:

Name of employers at date of events:

COMPETENCY CARDS

Only fill in for truck driver's application.

Do you possess these following cards?

Drug and alcohol certificate

Dangerous goods training

Written test (ICC)

US medical exam

HISTORY OF WORK RELATED INJURIES

Have you ever had a work related injuries?

YES NO

If answered YES, please fill in section c)

Section C)

From (date):

To (date):

Employer's Name:

Type of injury:

From (date):

To (date):

Employer's Name:

Type of injury:

From (date):

To (date):

Employer's Name:

Type of injury:

TO BE READ AND SIGNED BY THE CANDIDATE

It is hereby agreed and understood that any employee who makes a false or wrong declaration or by omission in the application form or other information, upon employment is liable of dismissal as soon as the false declaration or information is discovered. This measure conforms to the demands of "bond" according to internal rules of work conventions.

It is agreed and understood that the employer and his agents can investigate all of the candidates antecedents to verify the accuracy of his declarations.

The candidate accepts to give all additional information or documents required to complete the present employment form and to submit to a medical exam by a doctor chosen by the employer.

It is agreed and understood that if I am hired, I will be subject to a trial period during which I can be fired without any recourse.

Date:

I accept

I refuse