



ALL LINK LOGISTICS SYSTEM LTD.

560 Dougall Ave., Caledon, ON. L7C 3Z3

Phone: 647-938-4306

APPLICATION FOR EMPLOYMENT

Date: _____

Position applied for: _____

Name: _____ (LastFirstInitial) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Mobile: _____

Date of Birth: _____ Health Card: _____

In case of emergency, Contact: _____ **Phone:** _____

Are you currently employed? _____ (Yes/No) If Yes, Where? _____

How long? _____ Supervisor _____

May we contact them? _____ Contact Phone _____

Why do you want to leave? _____

Who referred you here? _____ Pay Rate expected _____

PHYSICAL HISTORY

List any handicaps you may have that would affect your work _____

Are you physically capable of doing manual labour? _____

How much time lost from work due to illness in the last year? _____

Would you be willing to have a medical? _____ (Yes/No)

EDUCATION

Last school attended _____

Grade Completed: _____ Any Special courses taken: _____

EXPERIENCE AND QUALIFICATIONS

Driver's License#: _____ Class: _____ Expiry: _____

Was your license suspended ever? _____ (Yes/No) If yes, why? _____

Have you ever been denied a license or permit to operate a motor vehicle? _____ (Yes/No) If yes, why? _____



Type of equipment you have operated: _____

Which Safe driving awards have you received? _____

Which driver improvement courses you have taken? _____

Taken with? _____

When? _____

Have you ever been convicted of an accident in the past three (3) years? _____

Have you ever been convicted of a criminal offense for which a pardon has been granted? _____ (Yes/No)

EMPLOYMENT RECORD FOR PAST THREE YEARS

Last Employer: _____ **Supervisor:** _____

Address: _____ **Phone:** _____

Position held: _____ **From:** _____ **To:** _____

Reason for leaving: _____

Previous Employer: _____ **Supervisor:** _____

Address: _____ **Phone:** _____

Position held: _____ **From:** _____ **To:** _____

Reason for leaving: _____

Previous Employer: _____ **Supervisor:** _____

Address: _____ **Phone:** _____

Position held: _____ **From:** _____ **To:** _____

Reason for leaving: _____

Previous Employer: _____ **Supervisor:** _____

Address: _____ **Phone:** _____

Position held: _____ **From:** _____ **To:** _____

Reason for leaving: _____



REFERENCES

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all information provided is true and complete, to the best of my knowledge.

I authorize you to make investigation and enquiries of my personal employment, financial 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 liability in responding to enquiries about my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the company, as permitted by law.

Dated: _____ Signature: _____

Disciplinary Policy

I the undersigned am aware that I will be subject to penalties leading from temporary suspension from work without pay up to dismissal for non-compliance with the company rules depending on how severe of the incident.

I also understand that if I have a number of incidents in a short period of time. I will be subject to re-training and re-testing again, subject to the severity of the incident(s).

Speed Limits

This will acknowledge that I am aware that when operating company owned or leased vehicles, it is my lawful duty to comply with the posted speed limit (up to a maximum of 100 KPH) as a legislated requirement under the Ontario Highway Traffic Act and all local By-Laws. Failure to comply with this policy is grounds for disciplinary action by company management.

Vehicle Passengers

I the undersigned, understand that it is the company's policy that there be no passenger in accompany owned or leased vehicle without prior consent from company management. It is also my responsibility to inform company management of anyone who intends to ride in a company owned or leased vehicle prior to driving that vehicle.

Driver's License Policy

I, the undersigned understand that it Is my responsibility to inform the company management of any traffic violations filed against me while driving a company vehicle or any personal vehicle. I agree to inform the company if my driver's license has been suspended for any reason and I shall immediately inform the company of the suspension, the reason of the suspension, and the duration of the suspension. I also agree to supply the company with a copy of my current driver's license, and a copy every time thereafter when the license or license endorsements are renewed, re leaved, re-classified or changed in any other way. I also agree to advise the company of the date when my medical examination is due. If I have not passed the medical examination by the medical due date I will not be permitted to drive company vehicles.

Alcohol and drug policy

I, the undersigned understand that it is unacceptable to be on duty while under the influence of any intoxication, which can affect my performance at work. I am aware of the potential danger of such an action and therefore agree that I will be dismissed from. any breach of this policy



Use Of Seat Belts

I, the undersigned, understand that it is my responsibility to wear my seat belt while operating any company owned or leased vehicle. Any breach of the policy is grounds for disciplinary action by company management.

Accident reporting

I, the undersigned, understand that it is my responsibility to inform the company of any and off accidents and I am involved in.

Daytime Running Lights

I, the undersigned, understand that it is my responsibility to ensure proper function of daytime running lights on any vehicle that I am operating. It is the company policy that our vehicles be equipped with daytime running lights and that everyone who operates any company-owned or leased vehicle adheres to this policy. Failure to comply with this policy is grounds for disciplinary action by company management.

Refuse To Work

I, the undersigned, understand that it is my responsibility to inform the company of any incident or safety concerns, which might affect me to perform my job safely. Failure to inform the company of any incident or safety concerns before refusing to work would be a violation of this policy grounds for disciplinary action by company management.

Hours of Work

I, the undersigned, understand and have been informed of the hours of work regulations and I am aware that I must arrange my work schedule to comply with these regulations. I also agree to submit a record of all on-duty hours accumulated while working for other carriers.

Load Security

I, the undersigned understand and have been informed of Load Security Regulations and agree to comply with these regulations.

Pre/Post Trip Inspections

I, the undersigned understand and have been informed of the pre/post trip inspection policy and agree to meet these requirements as set out in the Ontario Highway Traffic Act. I also agree that will submit all roadside inspection reports immediately upon completion of any trip.

Name: _____

Signature _____ Date: _____

Witness Name: _____ Date : _____