

**WHEELIN' TO SUCCESS**  
**SHAUN-DAVID**  
**TRUCK TRAINING SCHOOL**

111 Sherwood Road, Brantford Ontario. Canada. N3S 3J9  
Phone: 1-519-720-9349 Phone: 1-519-550-5589 Fax: 1-519-720-9351

**EMPLOYEE APPLICATION**

**GENERAL INFORMATION**

Date of Application: \_\_\_\_\_, **200**  
*(mm/dd/yy)*

Date Of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Position(s) Being Applied for:** *(circle)*

- In-Truck Training Instructor
- In-Class Training Instructor
- In-Range Training Instructor
- Office Work
- Other (Please Specify) \_\_\_\_\_

**Current Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ How long: \_\_\_\_\_

**Previous Address:** *(if less than 3 years at current address)*

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ How long: \_\_\_\_\_

Do you have the legal right to work in Canada:  Yes  No

Have you ever worked for this company before?  Yes  No

Have you ever been employed by any other  
Truck-Training School?  Yes  No

Are you currently employed?  Yes  No

Rate of Pay Expected? \$ \_\_\_\_\_ An Hour.

Did anyone refer you to Shaun-David TTS?  Yes  No

What class license do you currently hold? \_\_\_\_\_

Have you ever been convicted of a Crime?

Yes  No

If "YES" Please explain: *(This does NOT terminate potential employment, all circumstances will be considered)*

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Is there any reason(s) for which you may not be able to perform duties in the position you are applying for?  Yes  No

If "YES" Please explain:

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### EMPLOYMENT HISTORY

List the past two schools that you have been employed by: *(If none, please skip this part)*

1) Name of School: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

2) Name of School: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

List your past three employers starting with the most recent. *(mm/yy)* *(mm/yy)*

1) Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

(mm/yy) (mm/yy)

2) Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

(mm/yy) (mm/yy)

3) Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

### EDUCATION

Name and Location of colleges attended	Dates Attended		Did you Graduate?	List Degree, Diploma or Certificates.
	From	To		
Secondary				
Post-Secondary ( <i>University or College</i> )				

### RELATED EXPERIENCE

List the different types of Motor Vehicles you have experience driving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Special Courses / Certificates you hold currently that may benefit yourself for the position you are applying for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DECLARATION

**I hereby certify that the information provided in this application is true to the best of my ability. I understand and therefore authorize Shaun-David Truck Training School to contact past employers regarding my previous work habits. I agree upon signing this application that I am entitled to provide Shaun-David Truck Training School all certificates required for the position I have applied for, as well as to provide a current drivers abstract and criminal check.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## OFFICE USE ONLY

**The Applicant is at least twenty-one years of age.**       Yes     No

**The Applicant meets the requirements as a teacher in a private career college as stated in Regulation 939, Section 5(2) of the *Private Career College Act*.**

- a) Be a holder of a degree of Bachelor of Arts or Bachelor of Science from a Canadian university of a degree the equivalent thereto from a university other than a Canadian university and have twelve months actual occupational experience in the vocation or occupation for which instruction is to be given by such teacher;
- b) Be a graduate of college of applied arts and technology established under the *Ministry of Colleges and Universities Act* and have twenty-four months actual occupational experience in the vocation of occupation for which instruction is to be given by such teacher;
- c) Be a graduate of a private career college registered under this Act or a predecessor of this Act and have twenty-four months actual occupational experience in the vocation or occupation for which instruction is to be given by such teacher;
- d) Be a graduate of a teachers college established under the *Education Act* and have twelve months actual occupational experience in the vocation or occupation for which instruction is to be given by such teacher;
- e) Have thirty-six months of teaching experience in the vocation or occupation for which instruction is to be given by such teacher; or
- f) Have forty-eight months actual occupational experience in the vocation or occupation for which instruction is to be given by such a teacher.

**Applicants Start Date (If Hired):** \_\_\_\_\_

**Applicants Termination Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date