

Keystones Inc.

POSITION APPLIED FOR	EXPECTED WAGES
	DATE AVAILABLE

APPLICATION FOR EMPLOYMENT PLEASE PRINT OR TYPE

SURNAME	FIRST	MIDDLE	CELL PHONE	TELEPHONE
ADDRESS	STREET	CITY	PROVINCE	POSTAL CODE

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA YES NO SIN#:

Email Address:

EDUCATION RECORD

	SCHOOL NAME	SUBJECT	DIPLOMA / DEGREE AWARDED
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
COMMUNITY COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
UNIVERSITY			YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:

ADDITIONAL COURSES, SEMINARS, WORKSHOPS:

DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE, OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR.

EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)

COMPANY NAME	FROM	LAST SALARY	JOB TITLE
	TO		
		\$	
ADDRESS	TYPE OF BUSINESS		DUTIES, RESPONSIBILITIES
REASON FOR LEAVING	SUPERVISOR		PHONE #
COMPANY NAME	FROM	LAST SALARY	JOB TITLE
	TO		
		\$	
ADDRESS	TYPE OF BUSINESS		DUTIES, RESPONSIBILITIES
REASON FOR LEAVING	SUPERVISOR		PHONE #
COMPANY NAME	FROM	LAST SALARY	JOB TITLE
	TO		
		\$	
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COMPANY NAME	FROM	LAST SALARY	JOB TITLE
	TO		
		\$	
ADDRESS	TYPE OF BUSINESS		DUTIES, RESPONSIBILITIES
REASON FOR LEAVING	SUPERVISOR		PHONE #

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES FROM _____ TO _____	WHERE YOU REFERRED BY SOMEONE?
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WHAT WAS YOUR POSITION? (WHEN YOU LEFT)	WOULD YOU ACCEPT SHIFT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>
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MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU WILLING TO RELOCATE? ANSWER ONLY IF JOB RELATED YES <input type="checkbox"/> NO <input type="checkbox"/> PREFERERRED LOCATIONS
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OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS: (DO NOT LIST CLUBS OR ORGANIZATIONS OF A RELIGIOUS, RACIAL, POLITICAL CHARACTER.)

REFERENCES

LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS)			FOR OFFICE USE ONLY
NAME	ADDRESS	TELEPHONE	
OCCUPATION			
NAME	ADDRESS	TELEPHONE	
OCCUPATION			

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE.
I UNDERSTAN THT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYEMENT, OR CAUSE MY DISMISSAL.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

COMMENTS

INTERVIEWER

THIS SECTION IS TO BE COMPLETED ONLY IF APPLICANT HAS BEEN HIRED

IN CASE OF EMERGENCY NOTIFY NAME	
ADDRESS	TELEPHONE
FAMILY DOCTOR	TELEPHONE

DATE HIRED	DEPARTMENT	STARTING SALARY	REG. HOURS	POSITION	DATE OF EMPLOYMENT

Employment Reference Request

Company _____
 Address _____

 Tel: _____
 Fax: _____
 Web site _____
 Email Address _____

Keystones Inc.
 4 Forest Laneway #1909
 Toronto, Ontario
 M2N 5X8

Tel: 416 987 0337
 Fax: 416 987 0760

www.keystones.ca
 barry@keystones.ca

Authorization for release of personal information

I hereby authorize you to release all information concerning my employment and or/contract, which may include my performance, and information regarding all drug and alcohol testing to Keystones Inc. I release you of all liability, which may result from providing this information.

Applicants Signature _____ Date _____ M/D/Y

Applicant's name _____ SIN # _____

Drivers License Number _____

Dates of Employment From _____ Till _____

Job description _____

Accidents / Moving Violations / Incidents / Cargo Claims

Date	Description	At Fault Y/N

Was he reliable? _____

Did he work well with others? _____

Did he leave on good terms? _____

Would you rehire him ___Y/N___ If No give reason _____

Work Record: Good _____ Satisfactory _____ Unsatisfactory _____

Has this driver ever:

Participated in a drug or alcohol test?	Yes	No
Tested positive for a controlled substance?	Yes	No
Tested positive for alcohol greater than 0.04 Bac?	Yes	No

Comments _____

Form Completed by: _____ Title _____ Date _____

Requested By _____ Title _____

First Attempt _____ Second Attempt _____ Third Attempt _____

Thank you for your cooperation.

APPLICATION INSTRUCTIONS for AZ DRIVERS

All the documents must include:

1. Completed Application form
2. Driver's Abstract (30 days or newer)
3. CVOR Abstract (30 days or newer)
4. Criminal Search (must be one year or newer)
5. Signed Employment Reference Request
6. Photo copy of Driver's License and SIN card

All 6 completed documents are required before a road test can be booked.

Keystones Drivers Services
4 Forest Laneway #1909
Toronto, Ontario
M2N 5X8

Tel: 416 987 0337

Fax: 416 987 0760

Email: barry@keystones.ca

