

Application for Employment Bus Driver



Position Applied For: _____ Date of Application: _____

Name: _____
Last Middle First

Address: _____
Street Town/City Province Postal Code

Phone: _____

Drivers License No: _____ Class: _____ Province: _____

Expiry Date: _____ Restrictions: _____

Education

High School/Trade/Technical School	Location	Grade Completed	Certificate/Diploma

Other qualifications/education/acquired skills

Work Experience (please provide as much information as possible, ensure from/to information is complete eg: month and year)

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor		Nature of the work and responsibilities	
Reason for leaving		Any additional information	

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor		Nature of the work and responsibilities	
Reason for leaving		Any addition Information	

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor		Nature of the work and responsibilities	
Reason for leaving		Any addition Information	

References: (Please list people who have supervised your work and to whom we may contact)

Name	Company	Title	Address & Phone Number
Name	Company	Title	Address & Phone Number
Name	Company	Title	Address & Phone Number

A Criminal Record Check and Child Intervention Check must be provided prior to start of employment

***Please send application to:**

**4404 – 42 Avenue
Innisfail, AB T4G 1P6**

Fax: 403-227-7217