



Application for Employment

Email: safetyhr@gzavitz.com

(Please answer all questions and print clearly)

Position Applying for: _____

Date: _____

Name _____

Address _____

street

Home Phone Number

city & province

postal code

Cell Number

Social Insurance Number _____

Drivers Licence Number _____

Emergency Contact _____

name

relationship

phone number

Have you ever worked for G. Zavitz Ltd. before? Yes No

If "yes". Provide dates, and reason for leaving _____

Did someone refer you to G. Zavitz Ltd.? Yes No

If "yes", Who? Print name clearly _____

Is there a reason, physical or otherwise, that would prevent you from performing the job you are applying for? Yes No

If "yes", please explain _____

Do you have the legal right to work in the United States? Yes No

Have you ever had an issue with Canadian or American authorities that could prevent your ability to operate a commercial vehicle, or cross the border? Yes No

Has your Driver's Licence ever been suspended, or revoked? Yes No

If "yes", please explain _____

G. Zavitz Ltd.

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PREVIOUS EMPLOYMENT HISTORY

You must list all employers for the past 10 years starting with the most recent.

Employer _____	Employed from _____	to _____
Address _____	Position _____	
Phone _____	Reason for leaving _____	
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR 40?		
	Yes	No

Employer _____	Employed from _____	to _____
Address _____	Position _____	
Phone _____	Reason for leaving _____	
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR 40?		
	Yes	No

Employer _____	Employed from _____	to _____
Address _____	Position _____	
Phone _____	Reason for leaving _____	
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR 40?		
	Yes	No

Employer _____	Employed from _____	to _____
Address _____	Position _____	
Phone _____	Reason for leaving _____	
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR 40?		
	Yes	No

Employer _____	Employed from _____	to _____
Address _____	Position _____	
Phone _____	Reason for leaving _____	
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR 40?		
	Yes	No

If you require additional space, please attach additional sheet

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EDUCATION

	Name and Location	Subjects	Degree/Diploma
High School			
College/University			
Trade School			
Specialized Training			
Other			

VIOLATION HISTORY

List all driving or other violations you have been convicted of in the past 3 years

Date	Description	Location	Penalty

ACCIDENT HISTORY

List all accidents you have been involved in over the past 3 years

Date	Description (rollover, sideswipe, other)	Injuries	Fatalities

TO BE READ AND SIGNED BY THE APPLICANT

I, _____ hereby certify that this application has been completed by me and that all information is true, accurate and complete to the best of my knowledge.

In the event I am employed by G. Zavitz Ltd., I understand that any misleading or false information that I may have given on this application or during any interview(s) may result in the immediate termination of my employment. I also understand that I am required to abide by all company policies and procedures as well as all relevant government regulations.

Signature

Date
