



Phone# (204) 822-6798
Fax# (204) 822-4839
Email: info@chevaltransport.com
www.chevaltransport.com

First Name: _____ Initial: _____ Last Name: _____

Address: _____ City/Prov: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Email _____

Emergency Contact _____ Ph# _____

Work History:

Please list the previous jobs held and indicate whether they can be contacted.

Employer	Address	Job Description	Duration	Contact
1.				
2.				
3.				

References:

Name: _____ Title: _____

Address: _____

Phone: _____

Name: _____ Title: _____

Address: _____

Phone: _____

Name: _____ Title: _____

Address: _____

Phone: _____

General Inquiries:

Are you able to: _____ Read English _____ Write English _____ Speak English

Circle the highest grade or years completed:

9 10 11 12

High School

1 2 3 4

University/College

1 2 3 4

Graduate School

Are you able to travel internationally? _____

Do you hold a valid driver's license? _____ Class _____

Are you the age of majority? _____

Are you bondable? _____

Are you legally entitled to work in Canada? _____

Are there any physical disabilities that may affect the position being applied for?

Are there any special attributes you possess that can be applied to the position?

Position desired: _____ Approximate Wage desired: _____

By my signature on this application, I:

- A. Authorize the verification of the above information and any other necessary inquiries that may be needed to determine my suitability for employment.
- B. Affirm that the above information is true to my knowledge.

Applicant's Signature _____ Date: _____

Office Use Only

Comments: