

**DRIVER'S APPLICATION FOR EMPLOYMENT**

CITY TAXI 40 DALHOUSIE ST. 759-7800

NAME OF APPLICANT – (SURNAME, FIRST, GIVEN NAMES – NO INITIALS)

PHONE NUMBER (1<sup>st</sup>)PHONE NO. (2<sup>nd</sup>)

SOCIAL INSURANCE NO

PRESENT RESIDENCE ADDRESS

POSTAL CODE

YRS. AT  
THIS  
ADDRESS

PREVIOUS RESIDENCE ADDRESS

POSTAL CODE

YRS. AT  
THIS  
ADDRESS

PERSON TO CONTACT IN CASE OF EMERGENCY

PHONE

DRIVER'S LICENSE NO.

 RESTRICTED ENDORSED

REASON -

**DRIVING EXPERIENCE – CHECK MARK APPROPRIATE BOXES AND RECORD ESTIMATED MILEAGE FOR EACH AND NUMBER OF YEARS EXPERIENCE (5 YEARS MINIMUM REQUIRED)** TAXI

MILEAGE

YEARS

 OTHER

MILEAGE

YEARS

ARE YOU NOW, OR HAVE YOU RECENTLY BEEN EMPLOYED AS A DRIVER ? IF "YES", STATE TYPE OF VEHICLE AND ESTIMATE HOURS PER DAY DRIVING  NO  YES (PROVIDE DETAILS) –

HAVE YOU EVER TAKEN A PROFESIONAL DRIVING COURSE OR A DEFENSIVE COURSE ?

 NO  YES (SPECIFY TYPE AND DATE) -**ACCIDENT RECORD – LIST BELOW ALL VEHICLE ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED (whether at fault or not) IN LAST 5 YEARS**

DATE	OWNER OF VEHICLE	APPROXIMATE DAMAGE \$	WAS ANYONE INJURED ?	WERE YOU AT FAULT ?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**EMPLOYMENT HISTORY – LIST BELOW WHERE YOU HAVE BEEN EMPLOYED FOR THE LAST 5 YEARS WITH DATES**

NAME OF EMPLOYER	TYPE OF WORK	NAME OF SUPERVISOR	EMPLOYER'S ADDRESS	START DATE	END DATE	REASON FOR LEAVING

HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION AS A RESULT OF A MOTOR VEHICLE COLLISION ?  
 NO  YES (PROVIDE DATE AND DETAILS) -

HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION ON ACCOUNT OF YOUR SERVICES BEING UNSATISFACTORY ?  
 NO  YES (PROVIDE DATE AND DETAILS) -

HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION FOR FAILURE TO PROPERLY ACCOUNT FOR FUNDS ?  
 NO  YES (PROVIDE DATE AND DETAILS) -

HAVE YOU EVER HAD ANY TYPE OF INSURANCE CANCELLED BY AN INSURANCE COMPANY ?  
 NO  YES (PROVIDE DATE AND DETAILS) -

**I HERBY CERTIFY THAT THE ABOVE QUESTIONS ARE ANSWERED CORRECTLY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE. I APPRECIATE THAT EMPLOYMENT AS A DRIVER OF A COMMERCIAL VEHICLE INVOLVES SERIOUS RESPONSIBILITIES CONCERNING THE SAFETY OF THE PUBLIC AND THAT SUCH EMPLOYMENT PLACES VALUABLE CARGO AND EQUIPMENT IN MY CARE. ACCORDINGLY I AGREE THAT MY PROSPECTIVE EMPLOYER MAY MAKE SUCH INQUIRIES AS MAY BE DEEMED NECESSARY TO VERIFY THE ABOVE INFORMATION. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.**

DATE	SIGNATURE OF APPLICANT
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Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based on your merit and no other consideration.

Interviewer's  
 Remarks.....  
 .....  
 .....

Date applicant was hired.....

BADGE NO..... Interviewer's Signature .....  
 Date .....

# REQUIREMENTS FOR DRIVER APPLICANTS

- 1) MINIMUM 23 YEARS OF AGE
- 2) VALID ONTARIO DRIVER'S LICENSE (Minimum 3 years + class 'G' minimum)
- 3) CLAIMS EXPERIENCE LETTER (1 YEAR COMMERCIAL OR 3 YEARS PRIVATE) FROM YOUR INSURANCE COMPANY.
- 4) COMPLETED APPLICATION FORM
- 5) THOROUGH KNOWLEDGE OF CITY STREETS
- 6) TAXI DRIVER'S LICENSE
- 7) POSITIVE ATTITUDE

## PROCEDURE TO APPLY

- 1) COMPLETE APPLICATION FORM AND RETURN FOR APPROVAL
- 2) SUBMIT A COPY OF YOUR DRIVING RECORD (available at Ministry of Transportation office, 325 West St. approx. \$15)
- 3) APPLY AT BRANTFORD POLICE SERVICE FOR TAXI DRIVER'S LICENSE (approx. \$50)