

## ROSEDALE TRANSPORT LIMITED APPLICATION FOR EMPLOYMENT

**HEAD OFFICE:** 6845 Invader Crescent, Mississauga, ON L5T 2B7 Telephone: 905-670-0057/877-588-0057

Office applications to: Fax: 905-670-7271 Email: [humanresources@rosedale.ca](mailto:humanresources@rosedale.ca)

Company Driver, Owner/Operator, Warehouse to: Fax: 905-696-4612 Email: [recruiting@rosedale.ca](mailto:recruiting@rosedale.ca)

The Human Rights Codes prohibit discrimination in employment because of race, ancestry, place of origin, colour, national or ethnic origin, citizenship, religion, creed, sex or sexual orientation, age, marital or family status, criminal convictions of an offence for which a pardon has been granted and not revoked, convictions of an offence in respect of any provincial enactment, handicap or the use of any means to palliate a handicap, physical or mental disability, social condition, political convictions, pregnancy, civil status, language.

Indicate the position you are applying for by marking an "X" in the appropriate box.

AZ Driver     DZ Driver     City     Highway     Company     Owner Operator  
 Shunt Driver     Warehouse/Dock Worker

Shift preferences: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Dispatch     Office     Other \_\_\_\_\_     Full Time     Part Time

**List your residence address for the last 3 years:**

SURNAME:	FIRST NAME:	MIDDLE NAME:
CURRENT ADDRESS:	APT. #:	CITY:
PROVINCE:	POSTAL CODE:	TELEPHONE:
CELL:	FAX:	EMAIL:
PREVIOUS ADDRESS:	APT.#:	CITY:
PROVINCE:	POSTAL CODE:	TELEPHONE:

Do you have the right to work in Canada?     Yes     No

Can you provide proof of age?     Yes     No

How did you hear about The Rosedale Group? (Mark an "X" for all that apply)

Over The Road Magazine     Highway Star     Truck News     Billboard Advertisement     Website  
 Referral     Newspaper     Job Bank    Other \_\_\_\_\_

Have you been referred to The Rosedale Group? If yes, by who \_\_\_\_\_

Have you worked for The Rosedale Group before?     Yes     No

If yes, what was termination date? \_\_\_\_/\_\_\_\_/\_\_\_\_    Position: \_\_\_\_\_  
Day    Month    Year

What was the reason for leaving? \_\_\_\_\_

Are you presently employed?  Yes     No    If no, how long have you been unemployed: \_\_\_\_\_

Is there any reason you may not be able to perform functions of the job you are applying for?     Yes     No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Do you plan on being absent from work, other than vacation, during the next 12 months?     Yes     No

Comments: \_\_\_\_\_

Have you ever been denied entry into the United States **for any reason?**     Yes     No

Comments: \_\_\_\_\_

**General Experience: Circle the number of years experience for the following:**

Lift Truck	0	1	2	3	4	5
Transportation of Dangerous Goods (TDG) (Haz-Mat)	0	1	2	3	4	5
First Aid/CPR	0	1	2	3	4	5
Workplace Hazardous Materials Information System (WHMIS)	0	1	2	3	4	5
Computer/Keyboard	0	1	2	3	4	5
Transportation Industry	0	1	2	3	4	5

**EMPLOYMENT HISTORY**

**Notice to the Applicant:** If you are applying for a position within Canada, you must provide 3 years employment history. If you are applying for a position that will require you to cross the border you must provide an additional 7 years employment history (total of 10 years history). **Incomplete applications will not be processed.**

**If you have any GAPS in employment for a period exceeding 30 days you must provide an explanation.**  
**Employment history means: all employment – transportation related or not.**

Employer Name:						
Address:						
Tel. #:		Fax #:		Contact:		
Employment Dates:	From: Day	Mo.	Year	To: Day	Mo.	Year
Did you cross the border? <input type="checkbox"/> Yes <input type="checkbox"/> No			Drug Test Program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Positions Held:			Class of license, if applicable:			
Reason for Leaving:						
GAP Explanation:						

Employer Name:						
Address:						
Tel. #:		Fax #:		Contact:		
Employment Dates:	From: Day	Mo.	Year	To: Day	Mo.	Year
Did you cross the border? <input type="checkbox"/> Yes <input type="checkbox"/> No			Drug Test Program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Positions Held:			Class of license, if applicable:			
Reason for Leaving:						
GAP Explanation:						

Employer Name:						
Address:						
Tel. #:		Fax #:		Contact:		
Employment Dates:	From: Day	Mo.	Year	To: Day	Mo.	Year
Did you cross the border? <input type="checkbox"/> Yes <input type="checkbox"/> No			Drug Test Program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Positions Held:			Class of license, if applicable:			
Reason for Leaving:						
GAP Explanation:						

Employer Name:						
Address:						
Tel. #:		Fax #:		Contact:		
Employment Dates:	From: Day	Mo.	Year	To: Day	Mo.	Year
Did you cross the border? <input type="checkbox"/> Yes <input type="checkbox"/> No			Drug Test Program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Positions Held:			Class of license, if applicable:			
Reason for Leaving:						
GAP Explanation:						

**EDUCATION**

*Print school name. Circle the highest level completed.*

Primary/Grade School	1	2	3	4	5	6	7	8
Secondary/High School				9	10	11	12	13
Trade/Technical								
University/College								
Other (Courses/Certificates)								

Have you ever served in the Military?  Yes  No  
 If yes, how many years? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Comments:

**COMMERCIAL DRIVERS ARE REQUIRED TO COMPLETE THE FOLLOWING SECTION.**  
**ALL OTHER APPLICANTS MAY SKIP TO PAGE 5.**

List all accidents in the preceding 3 years.  None

Date of Accident	Description of Accident	Injuries Yes/No	Fatalities Yes/No

List all driving violations in Canada/USA within the preceding 3 years.  None

Date	Violation/Charge	Location	Penalty

Drivers License	Province	License #	Class	Expiry
Proof Required				

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No  
 Has any license or privilege ever been suspended or revoked?  Yes  No

DRIVING EXPERIENCE		DATES		Approx. Miles Driven
Class of Equipment	Type of Equipment	From	To	
Tractor Trailer				
Straight Truck				
Other				

**TRANSPORTATION EXPERIENCE – Circle the number of years experience for the following:**

Cross Border	0	1	2	3	4	5
PARS (Northbound Border Clearance)	0	1	2	3	4	5
PAPS (Southbound Border Clearance)	0	1	2	3	4	5
F.A.S.T. (Free and Secure Trade)	0	1	2	3	4	5
Inward Bonded Freight (In Bond to Canada)	0	1	2	3	4	5
Textile Declaration Documents	0	1	2	3	4	5
Freight In Bond to the Border (A8A)	0	1	2	3	4	5
Local Delivery	0	1	2	3	4	5
Driver Trainer/Coach	0	1	2	3	4	5
Tailgate Equipped Trailers	0	1	2	3	4	5
53' Trailers	0	1	2	3	4	5
Heated Trailers or Portable Heaters	0	1	2	3	4	5
Lift Axle	0	1	2	3	4	5
Cummins Engines	0	1	2	3	4	5
Volvo Engines	0	1	2	3	4	5
Caterpillar Engines	0	1	2	3	4	5
Detroit Diesel Engines	0	1	2	3	4	5
Eaton Fuller Transmissions	0	1	2	3	4	5
Meritor Transmissions	0	1	2	3	4	5
Quailcomm Satellites	0	1	2	3	4	5
"Mike" Two-Way Radio	0	1	2	3	4	5

List all Provinces and States operated in within the last 5 years.

If all 50 States, check here

If all 10 Provinces, check here

If all 3 Territories, check here

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Note any driving awards you have:

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List any courses, training, or skills which may benefit you as a professional driver:

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**TO BE READ AND SIGNED BY APPLICANT**

I agree to provide such additional information and complete such examinations as may be required and authorize you or your agent to make such enquiries to arrive at an employment decision. I hereby release those persons contacted from all liability in responding to such enquiries regarding my application. In the event of employment, I understand that I am required to abide by all policies and regulations of the Company and that any false or misleading information given in my application or interview(s) may result in termination. I, the undersigned, certify that the application was completed by me and that all information is complete and true to the best of my knowledge. It is agreed and understood that the application for employment in no way obligates the employer to employ the applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PERSONNEL USE ONLY**

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

***A speedy reply will be appreciated. Please answer applicable questions only and fax back to:***

**Recruiting 905-696-4612**

**Human Resources 905-670-7271**

**Previous Employer:** \_\_\_\_\_

Dear Sir or Madam:

\_\_\_\_\_ has applied for a position at Rosedale Transport Limited. On the application form the applicant has indicated employment with your company from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

- 1. Actual date of employment from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.
- 2. What class of equipment did he/she operate?  Class AZ  Class DZ
- 3. Was he/she employed as an Over The Road Driver?  Yes  No
- 4. Was he/she employed as a City/Local Driver?  Yes  No
- 5. Was he/she employed as a Warehouse/Dock employee?  Yes  No
- 6. Would you rehire this person?  Yes  No
- 7. Any reportable accidents?  Yes  No If yes, please provide details \_\_\_\_\_

8. Any negligent damage?  Yes  No If yes, please provide details \_\_\_\_\_

9. Was this person's conduct satisfactory overall?  Yes  No

10. Reason for termination: \_\_\_\_\_

11. Overall driving skill:  Good  Fair  Poor

12. Interaction with co-workers and superiors:  Good  Fair  Poor

Additional comments: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_

