

**Application for Employment -  
Driver**



Date : Day  / Month  / Year

Availability : Day  / Month  / Year

**Identification**

Name :	Given Name :
Telephone No. :	2 <sup>nd</sup> Telephone or Cellular :
Address :	E-Mail :
Street :	Province/State :
City :	Postal Code/Zip :

Position applied for :	Long Haul <input type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Desired Category :	Dry Product <input type="checkbox"/>	Other <input type="checkbox"/>	
Desired Salary :	From \$	To \$	
Languages Spoken :	English <input type="checkbox"/>	French <input type="checkbox"/>	Other(s)
Languages Written :	English <input type="checkbox"/>	French <input type="checkbox"/>	Other(s)
Have you ever been employed at C.A.T.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, when?			
Are you legally entitled to work in Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you or did you ever have a criminal record?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How did you hear about C.A.T.?			
Web Site <input type="checkbox"/>	Newspapers <input type="checkbox"/>	Radio <input type="checkbox"/>	Other : _____

**Employment Record**

Name :	_____
Address :	_____
Contact :	_____
Title :	_____
Date :	_____
Reason for Leaving :	_____
Name :	_____
Address :	_____
Contact :	_____
Title :	_____
Date :	_____
Reason for Leaving :	_____
Name :	_____
Address :	_____
Contact :	_____
Title :	_____
Date :	_____
Reason for Leaving :	_____

**Education**

	Specialization	From	To	Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
University	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Other Training (ex: courses, seminars)**


I hereby certify that all my responses and all attached information and documents are true and correct. I understand that any misrepresentations of facts constitute a just and sufficient cause for discharge. I also understand that possible employment with C.A.T. Inc. may require my signing of a confidential information agreement. I hereby authorize any and all inquiries and requests for information which, C.A.T. Inc., its employees or its representatives may direct to any ex-employers, personal references, government bodies, financial institutions and/or any other bodies or people regarding any documents or other information, including personal information, held by them and pertaining to me.

\_\_\_\_\_  
Date Signature

**Fax to Human Resources Department: 450-763-2400**