



10-12 Keefer Rd.
 St.Catharines, Ontario
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DAN NEL COACH LINES LTD.

School Bus Driver Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		Prov.		PC	
Phone		Alt. Phone			
Date Available		Social Insurance #		Email	
Do you realize this is a part time job?					
Are you a citizen of the Canada?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the Canada?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Wage expected		Are you available	AM PM	Noon Charters	Please Circle
Are you currently collecting CPP?			Date of Birth:		
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Do you have First Aid training?					
Do you have a Police Clearance Certificate?					
How did you learn of this opening?					
Are you willing to drive in - St. Catharines YES___ No___ : Thorold Yes___ No___ : Niagara Falls Yes___ No___?					
Person to contact in case of emergency				Telephone #	
DRIVING RECORD					
Do you have a valid driver's licence? Yes_____ No_____					
Licence Number		Class		Expiry Date	
Have you been involved in a motor vehicle accident in the last 5 yrs? Yes_____ No_____					
Most Recent Accident				Date:	
Next Accident				Date:	
Driving Experience: Circle Car School Bus Truck Highway Coach				Yrs. Exp.	

REFERENCES	
<i>Please list two personal references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE	
<p>Thank you for completing this application form and for your interest in employment with us. Your opportunity for employment with this Company will be based on approval of your qualifications from the Ministry of Transportation, your criminal code check, your drivers abstract, your interview and your training/evaluation with our trainer.</p> <p>PLEASE READ CAREFULLY</p> <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date