

BRENNAR TRANSIT INC.

96 Webb St. Harriston, ON N0G 1Z0

1-866-421-3336 519-338-3336

School Bus Driver Application for Employment

Surname	First Name	Second Name or Initial
Address		
City	Province	Postal Code
Phone Number	Alternate Number	
Driver Licence #	Class	Date of Birth (yy/mm/dd)

Driving History

Driving Experience in years:	Car	Truck	Bus	Other
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Are you a minimum of 21 years old? Yes [] No []

Has your licence every been suspended? Yes [] No []

Have you accumulated any demerit points in the last 2 years? Yes [] No []

If Yes explain:

Have you been convicted of any offence under the Highway Traffic Act in the past 5 years? Yes [] No []

If Yes explain:

Have you been involved in a motor vehicle accident in the last 5 years? Yes [] No []

If Yes explain:

Have you ever been convicted of an offence under the Criminal Code for which a pardon has not been granted? Yes [] No []

If Yes explain:

Education

High School:	From:	To:	Level Completed:
College:	From:	To:	Level Completed:
Other Relevant Courses (Please List):			

Work History (Please provide two work history references)

Company	Contact Number
Address	Supervisor
	Your Job Title
Responsibilities	Yrs with Employer
Reason for Leaving & When	
May we contact your previous employer for a reference? Yes [] No []	

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Address	Supervisor
	Your Job Title
Responsibilities	Yrs with Employer
Reason for Leaving & When	
May we contact your previous employer for a reference? Yes [] No []	

References (Please list two non-related references)

1. Full Name	Contact Number
Relationship	Alt. Contact Number
2. Full Name	Contact Number
Relationship	Alt. Contact Number

As a driver applicant, I acknowledge the following conditions of employment must be met:

- 1) I must pass a mandatory MTO medical examination
- 2) I must obtain and hold a valid class B licence
- 3) I must pass a criminal background search and vulnerable sector screening

PLEASE NOTE THAT YOU ARE NOT AN EMPLOYEE DURING THE TRAINING PROGRAM AND WILL NOT BE PAID WAGES. AN OFFER OF EMPLOYMENT MAY BE MADE UPON SUCCESSFUL COMPLETION OF THE TRAINING PROGRAM.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____