

Canadian Cab Ltd.

Employment Application

88 MacDonnell Street * Guelph, Ontario * N1H 2A6
Phone: 519-824-3110 * Office: 519-824-8450 * Fax: 519-824-8434
www.canadiancab.com * Email: canadiancab@rogers.com

Position applied for: _____

Note: Use space bar to place check in boxes.

What shifts are you available to work? Days: _____ Afternoons: _____ Nights: _____

Last Name: _____ First Name: _____ Middle Name: _____

Present Address:

Street _____ Unit _____ City _____ Prov. _____ Postal Code _____

Previous Address: (If above is less than 3 years)

Street _____ Unit _____ City _____ Prov. _____ Postal Code _____

Phone 1: _____ Phone 2: _____ Email: _____

Driver's Lic. # _____ Expiry Date: _____ Class: _____ Licenced Since: _____

Have you ever had a Taxicab Driver's License? Yes No If yes, where and when? _____

Have you ever been refused a Taxicab Driver's License? Yes No If yes, where and when? _____

Employment History (from most recent)

Name	Address	Position	Start	End
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been found guilty or convicted, under the Highway Traffic Act or Criminal Code of Canada for which no pardon has been granted? Yes No If yes, provide details.

Note: A conviction for impaired driving, for which a pardon has not been granted, disqualifies you from driving a taxicab in this company.

Driving taxi entails lifting objects from groceries to wheelchairs. Are you aware of any health problems that would affect your ability to perform the duties of this job? Yes No

If you are accepted for training and subsequently approved to drive, you are subject to a three-month probationary period.

Applicant Signature: _____

Date: _____

Use of Submit button equals signature

Office Use Only - To Be Completed After Hired:

Interviewed by: _____

Position: _____ Date: _____

Male: Female: Date of Birth: _____

Social Insurance No.: _____

Emergency Contact Person: _____

Phone: _____ Relationship: _____