

Transportaction Lease Systems Inc.
Application for Employment**Complete this application as fully as you can**

Application for the position of : _____

 Full-time Part-time Summer Student Temporary**1 Personal**

Name _____ Home Telephone _____ Other Telephone _____

Address _____ City _____ Postal Code _____

2 Education (You may be required to present proof of your credentials.)*a High School*

Name of Institution _____ Program Specialization _____ Diploma Received _____ Years Attended _____

University/College

Name of Institution _____ Program Specialization _____ Degree/Diploma Received _____ Years Attended _____

Technical/Vocational

Name of Institution _____ Program Specialization _____ Diploma Received _____ Years Attended _____

*Other Courses or Training*_____
_____*b List any awards or distinctions received*_____
_____*c Specify any certificate, license or other authorization to practice a profession or trade which you possess. If applicable, indicate the professional association, registration number and year of renewal.*_____
_____**3**a Are you eligible for bonding, if required? Yes Nob Are you legally entitled to be employed in Canada on a permanent basis? (Documentary evidence may be requested after the selection decision.) Yes No

c If you are applying for a position which requires driving, please answer the following questions:

Are you legally entitled to drive in Canada? Yes NoDo you possess a valid driver's licence? (A Driver Abstract of your driving record may be requested after the selection decision.) Yes Nod Have you previously worked for Transportaction or any of its branch offices? Yes No
If yes, state branch location _____

4 Employment History (beginning with current or most recent)
Employment history should cover a minimum of five years. If additional space is required, use Section 8.

a Firm Name Telephone

Address

Type of Business

Name and title of your immediate superior

Your duties and responsibilities (If these changed materially with the same firm, record as separate employment):

The position held from to Final Salary

Reason for desiring change

b Firm Name Telephone

Address

Type of Business

Name and title of your immediate superior

Your duties and responsibilities (If these changed materially with the same firm, record as separate employment):

The position held from to Final Salary

Reason for desiring change

c Firm Name Telephone

Address

Type of Business

Name and title of your immediate superior

Your duties and responsibilities (If these changed materially with the same firm, record as separate employment):

The position held from to Final Salary

Reason for desiring change

5 _____

 Date available for employment Salary Expectations

6 Give the names and addresses of former or present employers who may be contacted for references purposes (minimum two)

a Name Telephone

Address

b Name Telephone

Address

Additional Skills

Typing _____
 wpm

Word Processing Software (list types):

Computer Programs (list types):

Other:

7 Indicate additional language skills. This information will be helpful to us as we may be able to place you in a position where you can use your language.

French Written
 Spoken

Other _____ Written
 Spoken

Other _____ Written
 Spoken

8 Add any information, not already covered, which you think may be useful in assessing your suitability for the job you have applied for: *(You need not list clubs or organizations which would indicate your status with respect to religion, race or national character.)*

9 I hereby declare that the foregoing information is true, complete and correct. I understand that a false statement would disqualify me from employment. I also agree to undergo any and all job related examinations, by a Company nominated physician, required to determine my ability to perform the essential functions of the job after the job offer has been made. Such medical examinations will be conducted at the Company's expense.

I further agree to participate in the Employee Benefit Plans of the Company should such participation be compulsory under the terms of the plan.

I understand and agree that continued employment is contingent upon my successful completion of the standard 90-day probationary period.

_____ Date

_____ Signature