

Make your Print with CFMM

Send to HR

| Personal Data – Please Print | | | | | | | | | |
|--|--|--|------------|---|--|----------------|-----------------------|---|---|
| Surname | | | First Name | | | Middle Initial | | | |
| Address (Number and Street) | | | | | | | | | |
| City | | | Province | | | Postal Code | | | |
| Phone Number With Area Code (Home): | | | | | Phone Number With Area Code (Cell): | | | | |
| The Following Information is Required Only if Candidate is Hired. | | | | | | | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth Month Day Year | | | Social Insurance Number | | | | |
| Emergency Contact Information | | | | | | | | | |
| Name | | | | | Work: () Home: () | | | | |
| Relation | | | | | | | | | |
| Hiring Manager to Complete | | | | | | | | | |
| Company Code | | Company Name | | | Loc. Code | | Division Code | | |
| Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Vacation Relief <input type="checkbox"/> Casual | | | | | | | Pay Rate /HOUR | | |
| Occupation Code | | Start Date Month Day Year | | | Employee Number To Be Assigned By Human Resources | | | | |
| Approvals – Please Print and Sign Your Name | | | | | | | | | |
| Hiring Manager | | M | D | Y | Entered by Human Resources | | M | D | Y |
| | | | | | | | | | |
| Next Level Manager | | M | D | Y | Audited by Payroll | | M | D | Y |
| | | | | | | | | | |

**Employee Section:
Send to HR**

Are you legally permitted to work in Canada? Yes No

Have you previously worked for Canadian Freightways or an affiliated company? Yes No

During the past five years have you had to report to a Worker's Compensation Board for assistance with a problem or injury which may affect your ability to perform the work for which you are applying?

Yes No

If yes, please indicate the nature of the injury you reported:

Have you ever been convicted of a criminal offence for which you have not been granted a pardon? Yes No

Are you aware of any reason why you would fail a medical or drug screening? Yes No

Education

| Education | Name and Province of Institution | Grade or Degree | Completed | |
|---------------------------------------|----------------------------------|-----------------|-----------|---|
| | | | Y | N |
| High School | | | | |
| | | | | |
| Business College/ Technical School | | | | |
| | | | | |
| Special Certification | | | | |
| | | | | |

If Applicable:

Trade Certificate Number

Interprovincial (Y/N)

Professional Membership

Employee Section:

Send to HR. For CFL Operations, please contact Don Chapman if accidents are reported

Please fill out if position applied for involves use of company vehicle

Driver positions will include but are not limited to the following classifications:

- (1) Linehaul Drivers
- (2) City Pick-up and Delivery Drivers including Yard Hostlers
- (3) All other personnel that may be required to drive company equipment.

| Operator's License Number | Class | Demerit Points | Province of Issue |
|----------------------------------|--------------|-----------------------|--------------------------|
|----------------------------------|--------------|-----------------------|--------------------------|

Do you have Air Brake Endorsement or Air Brake Certification? Yes No

All job applicants for driving positions must allow the Company to obtain a current (within 30 days) Operator's License Abstract for at least three years and on an annual basis thereafter.

All non office personnel will be required to pass a physical examination and drug screen.

Accidents

List each motor vehicle collision that you have been involved in during the past five years. Please indicate the type of collision and whether the collision was preventable or non-preventable.

| Date | Location | Accident Type | Preventable (Y/N) |
|-------------|-----------------|----------------------|--------------------------|
|-------------|-----------------|----------------------|--------------------------|

Explanation:

| |
|--|
| |
| |

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List each motor vehicle collision that you have been involved in during the past five years. Please indicate the type of collision and whether the collision was preventable or non-preventable.

| Date | Location | Accident Type | Preventable (Y/N) |
|--------------|----------|---------------|-------------------|
| Explanation: | | | |
| | | | |
| | | | |
| Date | Location | Accident Type | Preventable (Y/N) |
| Explanation: | | | |
| | | | |
| | | | |

- I declare that all of the information supplied by me on this application is true and complete to the best of my knowledge.
- I understand that a false statement may disqualify me from employment or may cause my dismissal.
- If this application is for a driving position, I hereby give my consent to the Company to obtain a copy of my driving record from the appropriate government authority.
- I agree to comply with the policies, rules and regulations of the Company.
- I hereby acknowledge that any job offer may be conditional upon the passing of a medical examination and/or test for alcohol or drug dependency if requested by the Company and as administered by a Company appointed doctor. I understand that failure to meet the Company's standards pertaining to medical fitness is sufficient cause to disqualify me from employment or cause my dismissal.

Date: _____

Applicant's Signature: _____

Employment History

List Employment History beginning with your most recent position

Employer:

Telephone:

()

Address:

Name of Immediate Supervisor:

Date of Employment:

From: M Y

To: M Y

Position Held:

Reason for Leaving:

Indicate your job experience in the following areas:

Please Circle

1) Number of accidents with company equipment? Nil 1-3 3-5 Over 5

2) Number of job related injuries? Nil 1-3 3-5 Over 5

Rate your job performance in the following areas:

Please Circle

1) Attendance Poor Good Excellent

2) General Attitude Poor Good Excellent

3) Supervisory Relationship Poor Good Excellent

4) Co-Worker Relationship Poor Good Excellent

5) Efficiency on the job Poor Good Excellent

6) Disciplinary Record Poor Good Excellent

I authorize the company to obtain a reference from this employer

Yes

No

Signature: _____

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- | | | | |
|-----------------------------|------|------|-----------|
| 1) Attendance | Poor | Good | Excellent |
| 2) General Attitude | Poor | Good | Excellent |
| 3) Supervisory Relationship | Poor | Good | Excellent |
| 4) Co-Worker Relationship | Poor | Good | Excellent |
| 5) Efficiency on the job | Poor | Good | Excellent |
| 6) Disciplinary Record | Poor | Good | Excellent |

I authorize the company to obtain a reference from this employer

Yes No

Signature: _____