

Willard Bus Lines Inc.
School Bus & Charter Transportation
299422 Bus Line Rd. R.R. #1 Thornloe, ON P0J 1S0
705-563-2805 phone 705-563-2806 fax
willardbuslines@gmail.com

Employment Application

									
Date:									
A. Personal Information									
First Name:	First Name: Last Name:								
Address:									
Email:									
Telephone:	Home	\	Vork	Cell					
Social Insurance Number: D.O.B:									
Octal modifice Number.									
Driver's License Number:									
B. References (Completing this section is providing us permission to contact)									
Work or Character		Reference #1		Reference #2					
Company Name									
Contact Person									
Relationship									
A dalue e e									
Address									
Phone Number									
C. Employment Position Desired									
Driver	Full Ti	me	Part Time	Charter					
Monitor	Full Ti	me	Part Time						
Maintenance Staff	Full Time		Part Time						

D. Skills and Training									
Training (i.e. First Aid, Driving C	Classification, S	afety Courses etc)						
Skills (i.e. related activities)									
E. Experience									
	Most Recent	Employer	Previous E	mployer					
Company Name				•					
Supervisor									
Address and Phone Number									
Job Title and Duties									
Length of Time Employed									
Reason for Leaving?									
May We Contact	Yes	No	Yes	No					
F. Other Information			1.55						
Reviewed By:									