

APPLICATION FOR FLEET SAFETY PROGRAM

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| Applicant Name: | | Employee #: | |
| MTO License #: | | Class: | |
| Work Location: | | Supervisor Name: | |

Application for:

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New Employee

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Returning / Rehired Employee

I have received training / instruction in the following:

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5 Step Circle Check

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Vehicle Procedures

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Accident Procedures

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Safe Driving Procedures

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Enclosed Fleet Safety Program Test

This is to verify that I have a valid G or G2 MTO Driver's Licence and that I have been instructed to report to my Supervisor immediately the loss, suspension or invalidation of my MTO Driver's Licence.

I agree and grant permission that TRCA can receive a copy of my driver's abstract from the Ontario Ministry of Transportation. This is to verify that i have a valid Driver's licence and I can operate a vehicle as part of my TRCA job requirements.

Applicant's Signature

Date (dd/mm/yyyy)