

DAILY DIRECT DELIVERY
1121 Derry Rd East
Mississauga, ON
L5T 1P3

Phone: 905-565-8116
Fax: 905-565-8212

JOB APPLICATION

Personal Data

Name: _____ Social Insurance: _____ - _____ - _____

First Middle Last

Address:

Street

City Province Postal Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____
_____-_____-_____

Are you legally eligible to work in Canada? Yes No

Do you have a criminal record? Yes No

Drivers Licence Number: _____ - _____ - _____

Expiry Date: ____/____/____ Class: _____

Daily Direct Delivery will investigate your driving record.

Do you agree to release this information at any time when requested by the company?

Yes No

Experience

1. _____
Name of Last Employer Contact Name

Address Phone Number
_____-_____-_____

Can we contact them? Y / N
From M/Y ____/____ To M/Y ____/____

2. _____
Name of Last Employer Contact Name

Address Phone Number
_____-_____-_____

Can we contact them? Y / N
From M/Y ____/____ To M/Y ____/____

3.

Name of Last Employer _____

Contact Name _____

Address _____

Phone Number _____-_____-_____

Can we contact them? _____

Y / N

From M/Y ____/____

To M/Y ____/____

Education

Highest grade of Secondary School Completed? 9 10 11 12

Post Secondary Degree and or other Qualifications Attained? _____

Driver Training Completed: _____

Trucks Driven:

Make:

Model:

_____	_____
_____	_____
_____	_____

Declaration:

I hereby affirm that all information I have given on this application is true and correct and I understand that misrepresentation or omission of facts called for in this and other attached forms is, if I am employed, cause for separation from the company's service, I also understand that my statements of employment and personal history may be thoroughly investigated and I hereby authorize such investigation and the giving and receiving of information requested by the company. I agree that if employed, I shall be subject to Daily Direct Delivery's regulations.

Signature

Date