



9601 HIGHWAY 50
VAUGHAN, ONTARIO, L4H 2B9

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MECHANIC'S APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS)

Date of Application: _____

Date available to begin work: _____

Position (s) applied for: _____

Name: _____
First Middle Last

Address: _____
Street No. & Name or Lot, Concession & Township Apt #, Unit #, RR

City, Town, Village Province/Territory Postal Code Phone: _____
(including area code)

ADDRESS _____ How Long? _____

FOR PAST Street No. & Name or Lot City, Town, Village, RR Postal Code

THREE _____

YEARS Street No. & Name or Lot City, Town, Village, RR Postal Code How Long? _____

Do you have the legal right to work in Canada? _____

Are you 18 years of age or older? _____ Can you provide proof of age? _____

Valid mechanic licence no. for position applied _____ Expiry date: _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ to _____ Rate of Pay \$ _____ Position: _____

Reason for Leaving: _____

Are you now employed? _____ if not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

EMPLOYMENT HISTORY

All applicants must provide the following information of previous employment as required by regulations.

(NOTE: List employers in reverse order starting with the most recent.)

Employer Name: _____	Start Date: _____
Address: _____	Leaving Date: _____
City: _____ Prov. _____ Postal Code _____	Salary/Wage: \$ _____
Contact Person: _____ Phone # _____	Reason for Leaving: _____

Employer Name: _____	Start Date: _____
Address: _____	Leaving Date: _____
City: _____ Prov. _____ Postal Code _____	Salary/Wage: \$ _____
Contact Person: _____ Phone # _____	Reason for Leaving: _____

Employer Name: _____	Start Date: _____
Address: _____	Leaving Date: _____
City: _____ Prov. _____ Postal Code _____	Salary/Wage: \$ _____
Contact Person: _____ Phone # _____	Reason for Leaving: _____

Employer Name: _____	Start Date: _____
Address: _____	Leaving Date: _____
City: _____ Prov. _____ Postal Code _____	Salary/Wage: \$ _____
Contact Person: _____ Phone # _____	Reason for Leaving: _____

Employer Name: _____	Start Date: _____
Address: _____	Leaving Date: _____
City: _____ Prov. _____ Postal Code _____	Salary/Wage: \$ _____
Contact Person: _____ Phone # _____	Reason for Leaving: _____

EDUCATION

HIGHEST GRADE COMPLETED

Grade/Secondary School Name:	Business, Trade or Technical School Name:
Location:	Location:
Course of Study:	Course of Study:
Type of certificate or diploma obtained:	Type of certificate or diploma obtained:

EXPERIENCE AND QUALIFICATIONS – MECHANICS

COURSES, WORKSHOPS OR SEMINARS

Date	Name of Course	Location	Licence, Certificate or Diploma

	Province / State	Licence Number	Type	Expiration Date
Driver Licences:				

Has any licence, permit or privilege ever been suspended or revoked? Yes No If yes, give full details below.

List special equipment or technical materials you can work with (other than those already shown).

TO BE READ AND SIGNED BY APPLICANT

SLH TRANSPORT INC. IS COMMITTED TO PROVIDING A SAFE AND HEALTHY ENVIRONMENT FOR EMPLOYEES AND THE MOTORING PUBLIC. SUCH AN ENVIRONMENT MUST NECESSARILY BE FREE FROM DRUG AND ALCOHOL ABUSE.

I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT OR MEDICAL HISTORY AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOL OR PERSON FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY, AS PERMITTED BY LAW.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date

Applicant's Signature