



705-457-8882 www.haliburtonbuslines.com
Please email completed application to awillard@haliburtonbuslines.ca

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

SURNAME FIRST NAME MIDDLE NAME

ADDRESS APT#

CITY PROVINCE POSTAL CODE

HOME PHONE # CELL PHONE #

EMAIL ADDRESS

Please circle ALL times you are available to drive:

AM PM Charters Weekdays Weekends

DRIVING RECORD

Do you have a valid licence? _____ Class of licence? _____ Expiry Date? _____

DRIVING EXPERIENCE

TYPE OF EQUIPMENT:	YEARS OF EXPERIENCE:
CAR	_____
SCHOOL BUS	_____
HIGHWAY COACH	_____
OTHER (please specify)	_____

ACCIDENT AND DRIVING INFRACTION HISTORY:

1. Have you been charged and/or convicted of a driving infraction within the last 5 years?
 YES NO Description: _____
2. Have you been involved in an at fault or not at fault accident within the last 5 years?
 YES NO Description: _____

APPLICANT SIGNATURE

DATED

Referred by: (if applicable)