



## St. Catharines Transit Commission Bus Operator Application Information

### Requirements for application:

- A class 'G' license as it is the minimum requirement to obtain a class 'B' license (License cannot be probationary or a G1 or G2)
- Must be at least 21 years of age in order to be eligible for a class 'B' license
- Applicants must possess a point-free driving record at date of application
- In order to determine eligibility for a class 'B' license, the Highway Traffic Act requires that we inquire into the criminal records of applicants

### With your application please include:

- St. Catharines Transit Commission Application Form
- Resume
- References
- Driver's Abstract (no more than 2 months old)
- CVOR Abstract – Commercial License Only

Driver's Abstract and CVOR Abstract are available online at [Ontario.ca](http://Ontario.ca) or at Service Ontario



# St. Catharines Transit Commission

## Application for Employment

<b>Position Information</b>		
Position being applied for:		
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and what positions?	Do you want to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
<b>Personal Information</b>		
First Name:	Last Name:	Middle Initial:
Address:		
City:	Province:	Postal Code:
Home Phone Number:	Alternate Phone Number:	Email:
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a criminal offence that you have not been pardoned for ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Driving Information</b>		
Driver's License Number:	Class of License:	
Any accidents in the past 5 years for which you were held responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	Do you have any past professional driving experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
<b>Education</b>		
Secondary School		
Name of School:	Last Year Attended:	Diploma Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No
College		
Name of School:	Last Year Attended:	
Name of Program/Diploma:	Diploma Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	
University		
Name of School:	Last Year Attended:	
Major Subject/Degree:	Degree Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other Education</b>		
Certificates, Diplomas, Degrees Obtained:	List any specialized training, skills, awards, professional designations, and other education:	

<b>Work Experience</b>		
<b>Present or Last Employer</b>		
Name:	Address:	
Job Title:	Period of Employment (from/to):	Reason for Leaving:
Name and Title of Supervisor/Contact:	Phone Number:	
Describe Job Duties and Responsibilities:		
<b>Previous Employer</b>		
Name:	Address:	
Job Title:	Period of Employment (from/to):	Reason for Leaving:
Name and Title of Supervisor/Contact:	Phone Number:	
Describe Job Duties and Responsibilities:		
<b>Previous Employer</b>		
Name:	Address:	
Job Title:	Period of Employment (from/to):	Reason for Leaving:
Name and Title of Supervisor/Contact:	Phone Number:	
Describe Job Duties and Responsibilities:		
May we contact your present employer or previous employers for references?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

The St. Catharines Transit Commission is an equal opportunity employer committed to inclusive, barrier-free recruitment and selection processes and work environments. We will accommodate the needs of applicants under the *Ontario Human Rights Code* and the *Accessibility for Ontarions with Disabilities Act (AODA)* throughout all stages of the recruitment and selection process. If you are called for an interview, please advise us to ensure your accessibility needs are accommodated throughout this process.

I hereby certify that the information given is true and correct to the best of my knowledge. I authorize the Commission to obtain a copy of any medical records, which pertain to my employment with the Commission. I understand that a Criminal Check and a Medical Clearance will be completed. References will be contacted for purposes of verification for the above statements. I understand that any misrepresentation on this application would be considered just cause for termination of my employment.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_