

_	File Reference No.	

## **Wheel-Trans Operator** Employment Application \* \* \* \*

Resumé Attached		Date:	Date:		
-	I Sections of the Applications will not be accepted		r own handwriting. n is retained for 12 months.		
Last Name	First Name	Initial	Home Telephone No.		
Home Address (no. and street)		Apt. No.	Alternate Telephone No.		
City	Province	Postal Code	Email Address		
Are you available to work:  Shifts ☐ Yes ☐ No	Weekends/Holidays ☐ Yes	Split Shifts  (4hours on,	4 hours off, 4 hours on)		
Have you ever been employed by the TTC?	☐ Yes ☐ No Dates Employe	ed Depart	ment Empl. No.		
Have you ever applied for the Transit Operator position before?	Yes No If so, when?	Month:	Year:		
Are you legally entitled to work in Canada?		r been convicted of a ce for which a pardon has	s not been granted?		
Have you ever attended one of the Preliminary Sessions for Operators		If Yes, when?			
Have you ever been interviewed for this position in the p	ast? Yes No	If Yes, when?			
Do you have a valid Ontario Driver's Licence?		class of Ontario Cla	How many demerit points do you currently have?		
	Approximately how	many kilometres did you o	drive in the last year?		
Do you have any experience in Describe your experience your experi	ealing with persons with disa	bilities:	Yes □ No		
Do you have a Grade 12 So	Courses Studied	or the equivalent?			
Level of Education	Courses Studied	Yes N			
List any other Skills, Certificates	, Training or Courses which ma	be relevant:			
			please turn over		

Employment History : Start with the most recent p	position. List all periods of	employment.			
Name of Employer	Telephone No.	Start Date			
1					
Address		Date Left			
Your Position	Name of Supervisor	Full Time			
Duties and Responsibilities		☐ Part Time			
Duties and Responsibilities					
Reason for Leaving		OK to Check Yes			
		Reference? No			
Name of Employer	Telephone No.	Start Date			
2					
Address		Date Left			
N 5 "		L			
Your Position	Name of Supervisor	Full Time			
Duties and Responsibilities		Part Time			
Duties and Responsibilities					
Reason for Leaving		OK to Check Yes			
		Reference? No			
Name of Employer	Telephone No.	Start Date			
3					
Address	,	Date Left			
Your Position	Name of Supervisor	Full Time			
Duties and Despensibilities		☐ Part Time			
Duties and Responsibilities					
Reason for Leaving		OK to Check Yes			
•		Reference? No			
Name of Employer		Start Date			
4					
Address		Date Left			
Your Position		Full Time			
Duties and Despensibilities		☐ Part Time			
Duties and Responsibilities					
Reason for Leaving		OK to Check  Yes			
· ·		Reference? No			
Please note that the Toronto Transit Commission will do educat	ion, work, security and reference cl	necks which will be used			
for employment assessment purposes only. These checks may in be required to sign a waiver form. Please note further, that any	nclude a check into criminal offence	s. In such cases, you will			
reference checks and completion of a pre-placement health assess	ssment relative to the position.	upon positive work and			
The information I have provided is correct to the best of my Signature	ire I	Date			
knowledge and I understand that any misrepresentation may disqualify me from employment or may cause my dismissal.					
Personal information is collected under the authority of the City of Toro	nato				
Act, 2006, S.O. 2006, c.11, Schedule A, including but not limited to Part 2	XVII, THE EMPLOYMENT OFFIC	E			
and the Municipal Freedom of Information and Protection of Privacy R.S.O. 1990, c. M.56. This information is used to determine eligibility	Act,				
employment. Questions about this collection should be directed		or fax to: 416-397-8307			
—THANK YOU FOR INTEREST IN THE TORONTO TRANSIT COMMISSION—					
- THANK YOU FOR INTEREST IN THE	IUKUNIU IKANSII COM	INI199ION—			

AN EQUAL OPPORTUNITY EMPLOYER