



**CHURCHILL ARMoured CAR SERVICE INC.**  
904 EAST CORDOVA STREET, VANCOUVER, BC, V6A 1M6

**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

DATE OF BIRTH (for criminal records check) \_\_\_\_\_ SOCIAL INSURANCE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
Suite No Street

City Province Postal Code HOW LONG AT THIS ADDRESS? \_\_\_\_\_

THREE PREVIOUS ADDRESSES

ADDRESS: \_\_\_\_\_ HOW LONG \_\_\_\_\_  
Suite No. Street City Province

ADDRESS: \_\_\_\_\_ HOW LONG \_\_\_\_\_  
Suite No. Street City Province

ADDRESS: \_\_\_\_\_ HOW LONG \_\_\_\_\_  
Suite No. Street City Province

POSITION APPLIED FOR: \_\_\_\_\_ ALTERNATIVE: \_\_\_\_\_

DATE AVAILABLE TO START WORK: \_\_\_\_\_

WOULD LIKE TO BE CONSIDERED FOR:  
TEMPORARY ONLY  FROM \_\_\_\_\_ TO \_\_\_\_\_ FULL TIME EMPLOYMENT ONLY  PART TIME  ANY

LAST SECONDARY SCHOOL:  
(HIGH SCHOOL ADDENDED): \_\_\_\_\_ GRADE COMPLETED: \_\_\_\_\_ WHEN: \_\_\_\_\_

SPECIALTIES AND MAJORS (PLEASE  
INDICATED STANDINGS AND DISCIPLINE:

\_\_\_\_\_

DID YOU GRADUATE? YES  NO  DEGREES OR DIPLOMAS RECEIVED: \_\_\_\_\_ IF NOT, YEARS COMPLETED \_\_\_\_\_

ADDITIONAL EDUCATION INCLUDING SPECIALIZED SKILLS AND TRAINING: (Include self defense, firearms training etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A FIREARMS ACQUISITION CERTIFICATE (FAC)? YES  NO  EXPIRY DATE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED: YES  NO  DETAILS: \_\_\_\_\_

HAVE YOU EVER BEEN FINED, IMPRISONED OR RECEIVED A SUSPENDED SENTENCE FOR ANY VIOLATION OF THE LAW THAT HAS NOT BEEN PARDONED (NOT MINOR TRAFFIC OFFENCES) YES  NO  IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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NOTE: This question is asked for the purpose of encouraging frank, confidential discussion at the time of an interview, in advance of routine enquiries, which are made as a matter of standard employment policy. An affirmative answer will not necessarily disqualify you from consideration of employment.

START AT PRESENT AND WORK BACK LISTING ALL PREVIOUS EMPLOYERS – INCLUDE MILITARY SERVICE IF APPLICABLE

PRESENT OR LAST EMPLOYER'S NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Province Postal Code

YOUR JOB TITLE: \_\_\_\_\_ DATES EMPLOYED FROM: \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_  
RATE OF PAY: \_\_\_\_\_

YOUR MAIN DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

FULL TIME  PART TIME  TEMPORARY  MAY WE CONTACT THIS EMPLOYER? YES  NO

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PREVIOUS EMPLOYER'S NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Province Postal Code

YOUR JOB TITLE: \_\_\_\_\_ DATES EMPLOYED FROM: \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_  
RATE OF PAY: \_\_\_\_\_

YOUR MAIN DUTIES: \_\_\_\_\_

FULL TIME  PART TIME  TEMPORARY  REASON FOR LEAVING: \_\_\_\_\_

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PREVIOUS EMPLOYER'S NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Province Postal Code

YOUR JOB TITLE: \_\_\_\_\_ DATES EMPLOYED FROM: \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_  
RATE OF PAY: \_\_\_\_\_

YOUR MAIN DUTIES: \_\_\_\_\_

FULL TIME  PART TIME  TEMPORARY  REASON FOR LEAVING: \_\_\_\_\_

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PREVIOUS EMPLOYER'S NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Province Postal Code

YOUR JOB TITLE: \_\_\_\_\_ DATES EMPLOYED FROM: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

RATE OF PAY: \_\_\_\_\_

YOUR MAIN DUTIES: \_\_\_\_\_

FULL TIME  PART TIME  TEMPORARY  REASON FOR LEAVING: \_\_\_\_\_

LIST SPECIAL ACHIEVEMENTS AND ANY ADDITIONAL INFORMATION WHICH YOU THINK MAY BE SIGNIFICANT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRIVER'S LICENCE NUMBER: \_\_\_\_\_ CLASS  1  2  3  4  5  6 EXPIRY DATE: \_\_\_\_\_

PROVINCE OF ISSUE: \_\_\_\_\_ SPECIAL CERTIFICATION (DESCRIBE): \_\_\_\_\_

DO YOU HAVE ANY DRIVING RESTRICTIONS? (DESCRIBE) \_\_\_\_\_

LIST TYPES OF VEHICLES YOU HAVE DRIVEN	UNDER WHAT CONDITION DID YOU DRIVE EACH (PLEASURE,/ EMPLOYMENT)	TYPE OF WORK INVOLVED
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LIST ALL TRAFFIC VIOLATION CONVICTIONS IN THE LAST FIVE YEARS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

HOW MANY ACCIDENTS HAVE YOU BEEN INVOLVED IN (LAST FIVE YEARS) \_\_\_\_\_ MOST RECENT: \_\_\_\_\_

HAVE YOU TAKEN ANY DRIVING INSTRUCTION OR COURSE IN THE LAST FIVE YEARS? YES  NO  DATES \_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_ Y

PERSONAL REFERENCES (Applicants are asked not to list former employers, relatives, priests, pastors or ministers of religion).

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
Street City Province

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
Street City Province

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
Street City Province

PERSON TO BE CONTACTED IN CASE OF EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
Street City Province

I HEREBY CERTIFY THAT THE ANSWERS GIVEN BY ME IN THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND AND AGREE THAT IF ANY OF SUCH ANSWERS ARE AT ANY TIME FOUND TO BE FALSE, SUCH ANSWERS MAY BE CAUSE FOR DISMISSAL.

I ALSO HEREBY CONSENT TO THE CHURCHILL GROUP INC. OBTAINING A CREDIT AND / OR PERSONAL INFORMATION REPORT ON ME FROM A CONSUMER REPORTING AGENCY.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

**SECURITY CLEARANCE**

DEGREE OF CLEARANCE(S): \_\_\_\_\_ DATE: \_\_\_\_\_ NAME OF EMPLOYER(S): \_\_\_\_\_

IF YOU WERE A CIVILIAN WHEN CLEARANCE WAS GRANTED, LIST NAME OF ISSUING AGENCY: \_\_\_\_\_

HAVE YOU EVER BEEN DENIED SECURITY CLEARANCE OR BOND? YES  NO  IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER HAD YOUR FINGERPRINTS TAKEN? YES  NO  IF YES, WHERE / WHEN / WHY: \_\_\_\_\_

WOULD YOU VOLUNTARILY HAVE YOUR FINGERPRINTS TAKEN FOR A CRIMINAL RECORD CHECK: YES  NO

WOULD YOU CONSENT TO A POLYGRAPH EXAM? YES  NO

WOULD YOU CONSENT TO A CREDIT CHECK? YES  NO

In consideration of the Dominion Insurance (Underwriters) Company (hereinafter called the "Company"), I hereby agree to protect and immediately indemnify the Company against any and all loss, liability, cost, damages, charges, and expenses of whatsoever nature it may sustain or become liable for by reason of the issuance of the said bond or any charges in or continuations thereof, in my present or any other position, including counsel and attorney fees which it may incur in connection with any litigation relative to its rights or liabilities under the bond (or if the Company has issued a blanket form of bond to my employer then in consideration of the Company's inclusion of me under the coverage I agree to be bound to all the terms of this agreement with respect to any and all loss resulting from my dishonesty or fraud even though the said blanket bond may cover other and different hazards). I further agree that all vouchers and other evidence of payment of any such loss, liability, costs, damages, charges or expenses of whatsoever nature incurred by the Company or its attorneys shall be taken as conclusive evidence against me and my estate of the fact and extent of my liability to the Company, provided that such payment shall have been made by the Company in good faith, believing itself to have been liable therefore.

I hereby further agree that the Company shall have the absolute right to decline to issue any such bond (or to accept or to continue to cover me there under), or if any such bond be issued to decline to continue same, and to cancel at any time such bond or any continuation thereof; and that the Company shall be under no obligation to disclose its reason therefore or to give any information in connection therewith, unless required by law to furnish a statement of the ground or grounds for such action to me.

IN TESTIMONY WHEREOF, I hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

INTERVIEWER'S REMARKS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_