



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, colour, sex, pregnancy, marital status, family status, sexual orientation, civil status, age except as provided by law, religion, political convictions, language, ethnic or national origin, social condition, handicap or the use of any means to palliate a handicap, or conviction that is in no way connected with the employment or for which a pardon has been granted.

(PLEASE PRINT) Date of Application _____

Position(s) Applied For _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET

_____ CITY PROVINCE POSTAL CODE

Telephone (_____) _____ Cell (_____) _____ Email _____
AREA CODE AREA CODE

So that Brink's may ensure that there are no conflicts of interest, please indicate whether you have any friends or relatives that work at Brink's. If so, please list their names below.

Have you filled an application with Brink's before? Yes No If Yes, give date _____

Have you been employed by Brink's before? Yes No If Yes, give date _____

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work? Full Time Part Time Temporary

If you are presently subject to recall, will you give up your right to recall in the event that Brink's makes you an offer of employment? Yes No

Can you travel if a job requires it? Yes No

Are you legally eligible to work in Canada? Yes No

IN CASE OF EMERGENCY (MANDATORY)

NAME _____

TELEPHONE _____

RELATIONSHIP _____

Are you bound by a non-competition clause in favour of your current or former employer? Yes No

EDUCATION

Name of institution	Location (city & province/state)	Currently Enrolled? (Y or N)	Degree/Diploma	Graduated?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT EXPERIENCE

Please provide employment information for the past five (5) years, if available. Most current first. (*) **MANDATORY FIELDS**

1

Employer *			
May we contact?(Y or N)			
Telephone*	Bus :	Home :	Cell :
Email			
Address			
Job Title *			
Dates of Employment *			
Hourly rate of salary	Starting :	Final :	
Name of Supervisor*			
Work performed			
Reason for Leaving *			

2

Employer *			
May we contact?(Y or N)			
Telephone*	Bus :	Home :	Cell :
Email			
Address			
Job Title *			
Dates of Employment *			
Hourly rate of salary	Starting :	Final :	
Name of Supervisor*			
Work performed			
Reason for Leaving *			

3

Employer *			
May we contact?(Y or N)			
Telephone*	Bus :	Home :	Cell :
Email			
Address			
Job Title *			
Dates of Employment *			
Hourly rate of salary	Starting :	Final :	
Name of Supervisor*			
Work performed			
Reason for Leaving *			

4

Employer *			
May we contact?(Y or N)			
Telephone*	Bus :	Home :	Cell :
Email			
Address			
Job Title *			
Dates of Employment *			
Hourly rate of salary	Starting :	Final :	
Name of Supervisor*			
Work performed			
Reason for Leaving *			

REFERENCES – Please provide a minimum of 3 references.

AT LEAST TWO OF THE THREE PROVIDED MUST BE SUPERVISOR AND/OR ACADEMIC TYPE REFERENCE.

	1	2	3	4
Name of Reference				
Company				
Relationship (e.g. supervisor/ coworker)				
Office Phone Number				
Cell Phone Number				
Home Phone Number				
E-mail Address				
Best time to contact				

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience.

Answer the following questions *ONLY* if applying for a position which would require carrying a firearm.

Restricted P.A.L. Information Number	Expiry Date
--------------------------------------	-------------

Do you have an authorization to carry a restricted firearm?

Yes No

Has your application for, or P.A.L. ever been refused, revoked or suspended?

Yes No

Has your authorization to carry a restricted firearm ever been refused, revoked or suspended?

Yes No

If yes, please describe in detail : _____

FOR ROAD AND SALES EMPLOYEES

DO YOU HAVE A VALID DRIVER'S LICENSE?	EXPIRY DATE	TYPE
HOW MANY YEARS HAVE YOU BEEN DRIVING?	HOW MANY YEARS HAVE YOU DRIVEN COMMERCIALY?	CAN YOU DRIVE A CLUTCH VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No
IN THE LAST FIVE YEARS HAS ANY LICENCE YOU EVER HELD BEEN SUSPENDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN? _____ MONTH _____ YEAR
FOR HOW LONG?	WHY?	IN WHAT PROVINCE(S)?
HAVE YOU ANY OTHER DRIVING EXPERIENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT SIZE VEHICLE?	
LENGTH OF TIME AND TYPE OF VEHICLE DRIVEN?	TRACTOR-TRAILER	BUS
	TRUCK	VAN
	OTHER	IN WHAT PROVINCE(S)?
INDICATE ANY SAFE DRIVING AWARDS YOU HAVE RECEIVED AND FROM WHOM?		
INDICATE ANY DRIVING LICENSES IN THE PAST FIVE YEARS THAT YOU HAVE OBTAINED AND IF THERE ARE ANY RESTRICTIONS.		
HAVE YOU TAKEN A DEFENSIVE DRIVING COURSE?		DATE OF CERTIFICATE

LIST ALL TRAFFIC VIOLATIONS, OTHER THAN PARKING, FOR WHICH YOU HAVE BEEN CONVICTED IN THE LAST FIVE YEARS FOR WHICH A PARDON HAS NOT BEEN GRANTED.				
DATE OF VIOLATION	TYPE OF VIOLATION	NAME AND LOCATION OF COURT	DATE OF CONVICTION	DISPOSITION AND FINE
HOW MANY ACCIDENTS HAVE YOU EVER BEEN INVOLVED IN, REGARDLESS OF REGARDESS OF SEVERITY?				
HOW MANY AS AN OPERATOR OF :		COMMERCIAL VEHICLES? _____	PRIVATE CARS? _____	
	DATE	CITY AND PROVINCE	BRIEF DESCRIPTION OF ACCIDENT AND WHICH PARTY WAS AT FAULT	
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

APPLICANT'S STATEMENT

I certify that the answers given herein are accurate, honest and complete to the best of my knowledge. I authorize Brink's, as well as any company mandated by Brink's, to investigate all statements contained in this application, including the verification of any penal or criminal offence and all my professional references, as may be necessary in arriving at an employment decision. I also understand that I am required to abide by all rules, regulations and policies of the Company once employed (the "Rules"). In the event of my employment, I understand that any false, misleading or incomplete information given in my application or interview(s) or a breach of the Rules of the Company may result in my discharge for cause without notice or compensation.

I authorize and consent to the Company: a) investigating all statements contained in this application for employment as may be necessary and appropriate and b) to collecting, using, disclosing and retaining my personal information for identification purposes, for determination as to whether my qualifications correspond to those required, and for determination of my suitability for the position for which I have applied. I acknowledge and agree that the collection, use and disclosure of my personal information are governed by the terms of the Company's privacy policy which is available upon request.

If, after completing this application form, either before or after commencing employment (if applicable), any information contained herein is no longer correct or is incomplete in any way, I agree to immediately advise the Company. This includes, but is not limited to, any relevant information regarding subsequent traffic violations, driver's license suspensions or revocations, and any other information.

Signature of Applicant

Date

Interviewer's Signature

Date