

Domino's Pizza of Canada, Ltd.
Contract Delivery Driver & Team Member Application Form



1. Tell us about yourself:

Name:			
First	Middle	Last	
Where do you live?			
Street	City	Province	Postal Code
Phone ()	How long have you lived at your current address? ____ Yrs. ____ Months		
Emergency Contact			Phone ()
First	Last		
How did you hear about the job? Store banner <input type="checkbox"/> Previously worked with Domino's <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Domino's Referral <input type="checkbox"/> Box Topper <input type="checkbox"/> Walk In <input type="checkbox"/>			Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>

2. When can you work?

Position applying for? Team Member <input type="checkbox"/> Contract Delivery Driver <input type="checkbox"/> Manager <input type="checkbox"/>	How many hours a week do you wish to work?																								
Date you can start:	Please indicate your availability. Note: Team Members may be required to work at least one weekend night.																								
Type of position desired: Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/>	<table border="1"> <thead> <tr> <th></th> <th>Sun</th> <th>Mon</th> <th>Tues</th> <th>Wed</th> <th>Thur</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>From</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>To</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Sun	Mon	Tues	Wed	Thur	Fri	Sat	From								To							
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To																									
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you plan to keep working there if you work with Domino's? Yes <input type="checkbox"/> No <input type="checkbox"/>																								

3. Your Education:

High School (last attended)	Location	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
College (last attended)	Location	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Major	Degree/Diploma	
Are you in school now? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you plan on returning to school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?

4. Your other talents:

List any special skills that may help you at Domino's:

List some of your interests and activities, including volunteer work, awards, and honors:

A good attendance record is important at Domino's. Is there anything that would force you to be consistently late? Yes No
 If yes, please explain:

5. Where have you worked before?

Please list up to 3 previous employers, starting with the most recent:

<i>Dates</i>	<i>Employer</i>	<i>Responsibilities</i>	<i>Type of Business</i>	<i>Pay Rate</i>	<i>Reason for leaving</i>
From:	Name:			Starting:	
To:	Address:			Ending:	
	Phone ()				

<i>Dates</i>	<i>Employer</i>	<i>Responsibilities</i>	<i>Type of Business</i>	<i>Pay Rate</i>	<i>Reason for leaving</i>
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From:	Name:			Starting:	
To:	Address:			Ending:	
	Phone ()				

6. For Management and Contract Delivery applicants only:

All management and Contract Delivery applicants must meet the requirements of our Safe Driver Policy: your driving record and abstract will be requested prior to hire and checked at least every six months thereafter for compliance with Domino's Safe Driver Policy.

Current Driver's License:	Number:
	Province:
	Expiry Date:

List any other driver's licenses held in the past 2 years:	Number:
	Province:
	Expiry Date:

List any traffic violations within the past 3 years. Include the date, violation, and penalty (excluding parking violations):

Auto Insurance Company:	Policy number:
	Effective date:
	Expiration date:
	Amount of Liability Coverage:

7. Signature:

I certify that the facts contained in this application are true and complete. I understand that, if employed or contracted as a driver, false statements or omissions on this application are grounds for termination of agreement.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, and motor vehicle agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing the same to you.

Signature:

Date: