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4621-39 Street, PO Box 1180, Camrose, Alberta T4V 1X2
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APPLICATION FOR EMPLOYMENT

Fax completed application to (780) 672-4155

NAME : _____

TELEPHONE : _____

ADDRESS : _____

WHEN ARE YOU AVAILABLE? _____

WHAT IS YOUR DESIRED RATE? _____

WOULD YOU BE INTERESTED IN OVERTIME? _____

ARE YOU CURRENTLY EMPLOYED? _____

DO YOU HAVE YOUR OWN TRANSPORTATION? _____

DO YOU HAVE A DRIVER'S LICENSE? : _____ LICENSE CLASS : _____

LICENSE INFORMATION

HAVE YOU EVER HAD YOUR LICENSE REVOKED OR SUSPENDED? _____

IF YES, FOR WHAT REASON AND HOW LONG? _____

LIST ANY COLLISIONS YOU HAVE HAD IN THE PAST FIVE YEARS _____

****Please include your current driver's abstract with this application****

EXPERIENCE

DO YOU HAVE FREIGHT EXPERIENCE? _____

HOW MANY YEARS EXPERIENCE DO YOU HAVE? _____

DO YOU HAVE HIBOY EXPERIENCE?

_____ PIPE _____ OVERSIZED LOADS _____ OTHER

HOW MANY YEARS EXPERIENCE DO YOU HAVE? _____

SPECIAL CERTIFICATES

_____ DANGEROUS GOODS _____ WHMS _____ FIRST AID _____ OTHER

FORMER EMPLOYERS :

POSITION : _____

FROM : _____ TO: _____

NAME AND ADDRESS OF EMPLOYER : _____

POSITION : _____

FROM : _____ TO: _____

NAME AND ADDRESS OF EMPLOYER : _____

POSITION : _____

FROM : _____ TO: _____

NAME AND ADDRESS OF EMPLOYER : _____

OTHER PERTINENT INFORMATION, EXPERIENCE AND EDUCATION :

*****A copy of your current drivers license and medical certificate will be required once hired*****

CHARACTER REFERENCES (PERSONS WHO KNOW YOU WELL,
OTHER THAN RELATIVES) :

NAME : _____ PHONE : _____

NAME : _____ PHONE : _____

NAME : _____ PHONE : _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OF FACTS REQUESTED IS CAUSE FOR DISMISSAL .
SIGNATURE : _____ DATE : _____

THANK YOU FOR YOUR APPLICATION. IF WE REQUIRE ANY ADDITIONAL INFORMATION WE WILL CONTACT YOU BY PHONE. WE WILL KEEP YOUR APPLICATION ON FILE FOR ANY OPENING THAT BECOMES AVAILABLE.