



Calgary Phone (403) 640-6227 • Fax (403) 253-3780  
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HEAD OFFICE • CAMROSE ALBERTA  
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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.***