



Employment Application

Date: _____ Date of Birth: _____

Resume Attached: Yes No

SIN: _____

PLEASE PRINT

CONTACT INFORMATION

Name: _____ Telephone: _____

Address: _____ City: _____ Prov: _____ Postal: _____

EDUCATION HISTORY

INSTITUTION	NAME AND LOCATION	GRADE COMPLETED/DIPLOMA/DEGREE
High School		
University/College		
Other (day/night)		

EMPLOYMENT HISTORY (MOST CURRENT FIRST)

Employer: _____ Your Job Title: _____

Address: _____ City: _____ Prov: _____

Duties: _____ Phone: _____

Supervisor Name: _____ Supervisor Title: _____

Reason for Leaving: _____ Salary: _____

Employed From: _____ To: _____ May We Contact for Reference: Yes No

Employer: _____ Your Job Title: _____

Address: _____ City: _____ Prov: _____

Duties: _____ Phone: _____

Supervisor Name: _____ Supervisor Title: _____

Reason for Leaving: _____ Salary: _____

Employed From: _____ To: _____ May We Contact for Reference: Yes No

Employer: _____ Your Job Title: _____

Address: _____ City: _____ Prov: _____

Duties: _____ Phone: _____

Supervisor Name: _____ Supervisor Title: _____

Reason for Leaving: _____ Salary: _____

Employed From: _____ To: _____ May We Contact for Reference: Yes No

SPECIAL SKILLS

Please list any special machines or equipment with which you have working level skills.

What languages do you speak, read, and/or write fluently?

Is there any other information which you feel relates to your suitability for employment?

TYPES OF VEHICLES DRIVEN

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Single Axle Straight | <input type="checkbox"/> Flatbed |
| <input type="checkbox"/> Tandem Axle Straight | <input type="checkbox"/> Tanker |
| <input type="checkbox"/> Single Axle Tractor | <input type="checkbox"/> A-Train |
| <input type="checkbox"/> Tandem Axle Tractor | <input type="checkbox"/> B-Train |

TYPES OF TRANSMISSIONS

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 6 Speed | <input type="checkbox"/> 10 Speed |
| <input type="checkbox"/> 7 Speed | <input type="checkbox"/> 13 Speed OD |
| <input type="checkbox"/> 9 Speed | <input type="checkbox"/> 15 Speed OD |
| <input type="checkbox"/> 5 x 2 Speed | <input type="checkbox"/> Twin Stick |

DRIVER INFORMATION

Driver's License Number: _____ Class: _____

Number of Years Holder of This Class: _____ Trained for Truck By: _____

What Other Driver Training Have You Received?

Do You Prefer: In Town Out of Town Doesn't Matter Do You Own Your Own Truck: Yes No

Make: _____

Cab Over

Model: _____

Short Conventional

Year: _____ Mileage: _____

Long Conventional

Engine: _____ Hp: _____

Air Springs

Transmission: _____

Conventional Springs

Axle Spread (Rear): _____ Wheel Base: _____

Sleeper: Yes No

In Case of Emergency State Name, Address, Phone # of Person to Contact:

Date Available: _____ Position Applied for: _____

Hours Available: _____ Salary Expected: _____

Are You Legally Eligible to Work in Canada? Yes No

Are You on Lay-off and Subject to Recall? Yes No

Are You Aware of Any Reason Which Would Prevent You From Being Bonded if Required? Yes No

AVAILABILITY

Full Time

Casual

Shift Work

Part Time

SIGNATURE

I acknowledge that I have read, fully completed and understand all of this application form. I hereby certify that the foregoing information is true, complete in every respect and I understand and agree that any false or inaccurate statement or omissions will constitute just cause for dismissal from the employ of the company.

I hereby consent to the company making personal inquiries as may be necessary in order to verify the information I have provided and release any and all respondents to such inquiries from all liability which may arise from disclosure of such information.

I understand that my employment is conditional upon successfully meeting the health requirements of the job for which I have applied or in which I may be placed.

I agree to wear and use such safety devices and clothing as the company may from time to time require. I agree to the right of such property, if requested by the company. It is understood that the company is not responsible for employee's personal property such as clothing, tools, etc. I agree that the foregoing questions and answers and the results of my medical examination may be used, in confidence, by the company

SIGNATURE: _____ DATE: _____

FOR INTERNAL OFFICE USE ONLY

Interviewer: _____ Date: _____

Comments: _____

ACCEPTED NOT ACCEPTED