



240019 Frontier Place, Rocky View County, Alberta, T1X 0N2

DRIVERS APPLICATION FOR EMPLOYMENT

Answer all questions – please print

In compliance with Federal and Provincial equal employment opportunity laws, applications are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status, or non-job related disability.

APPLICATION DATE: _____

POSITION APPLIED FOR: _____

NAME: _____
Last First Middle

SOCIAL INSURANCE NUMBER: _____

PHONE #: _____ CELL#: _____

CURRENT ADDRESS: _____
Street

City Province Postal Code HOW LONG: _____

LIST ADDRESS OF RESIDENCY FOR THE PAST 3 YEARS

PREVIOUS ADDRESS _____ HOW LONG? _____

_____ HOW LONG? _____

_____ HOW LONG? _____

DATE OF BIRTH ____/____/____ Can you provide proof of age? _____

Health Care # _____ # of Dependants including yourself: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____
Last First Middle

PHONE #: _____ CELL#: _____

CURRENT ADDRESS: _____
Street

City Province Postal Code Relationship: _____

FAMILY PHYSICIAN: _____ PHONE #: _____

List of significant medical conditions, medications and allergies (optional). This information is used only to identify a condition that would impact any emergency medical treatment _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish _____

Highest grade completed – circle highest grade completed

GRADE/SECONDARY SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12 Course of Study	BUSINESS, TRADE OR TECHNICAL SCHOOL Course of Study
Type of certificate or diploma obtained	License, certificate or diploma awarded
Special courses or training	Special courses or training

OTHER COURSES, WORKSHOPS OR SEMINARS

DATES	NAME	LOCATION	LICENSE, CERTIFICATE OR DIPLOMA

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVERS LICENSES	PROVINCE/STATE	LICENSE NO.	TYPE	EXPIRATION DATE

List provinces, states, or territories operated in for last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

PREVIOUS DRIVING EMPLOYMENT INFORMATION (up to 3 years history must be provided)

1. Past Employer 1

Company Name and Address:

Supervisor's Name:

Phone #:

Employment Start Date:

Employment End Date:

What type of vehicles did you operate most often for this employer?:

Tractor Trailer	yes/no	Straight Truck with trailer	yes/no
Straight Truck without trailer	yes/no	Light Commercial Vehicle	yes/no

Please indicate if your driving position with this employer required you to operate in any of the following situations;

Bulk Liquids	yes/no	Train configurations	yes/no
Float type trailers	yes/no	Drop-type trailers	yes/no
Carrying logs or pulpwood	yes/no	Operating in the woodlands	yes/no
Operating in the oilfields	yes/no	Hauling sand, gravel, earth or stone	yes/no
Hauling steel products	yes/no	Hauling oversized, or overweight loads	yes/no

2. Past Employer 2

Company Name and Address:

Supervisor's Name:

Phone #:

Employment Start Date:

Employment End Date:

What type of vehicles did you operate most often for this employer?:

Tractor Trailer	yes/no	Straight Truck with trailer	yes/no
Straight Truck without trailer	yes/no	Light Commercial Vehicle	yes/no

Please indicate if your driving position with this employer required you to operate in any of the following situations;

Bulk Liquids	yes/no	Train configurations	yes/no
Float type trailers	yes/no	Drop-type trailers	yes/no
Carrying logs or pulpwood	yes/no	Operating in the woodlands	yes/no
Operating in the oilfields	yes/no	Hauling sand, gravel, earth or stone	yes/no
Hauling steel products	yes/no	Hauling oversized, or overweight loads	yes/no

3. Past Employer 3

Company Name and Address:

Supervisor's Name:

Phone #:

Employment Start Date:

Employment End Date:

What type of vehicles did you operate most often for this employer?:

Tractor Trailer	yes/no	Straight Truck with trailer	yes/no
Straight Truck without trailer	yes/no	Light Commercial Vehicle	yes/no

Please indicate if your driving position with this employer required you to operate in any of the following situations;

Bulk Liquids	yes/no	Train configurations	yes/no
Float type trailers	yes/no	Drop-type trailers	yes/no
Carrying logs or pulpwood	yes/no	Operating in the woodlands	yes/no
Operating in the oilfields	yes/no	Hauling sand, gravel, earth or stone	yes/no
Hauling steel products	yes/no	Hauling oversized, or overweight loads	yes/no

CLAIMS HISTORY

Have you had any "at fault" accidents during the last 3 years? yes/no

IF YES, PLEASE COMPLETE TABLE BELOW, OTHERWISE THIS DRIVER PROFILE FORM WILL NOT BE ACCEPTED.

Date of accident	Describe event & location	% "at fault"

RECORD OF DRIVER'S CONVICTIONS OF SAFETY LAWS

Have you had any driving convictions in current year? _____

When _____ Where _____

Details _____

Have you had any driving convictions in each of the past 4 preceding years? _____

When _____ Where _____

Details _____

Is there any reason you would be unable to cross any federal borders? _____

When _____ Where _____

Details _____

Have you had any collisions involving a motor vehicle operated by you that was required to be reported to a peace officer under any enactment of Alberta or a jurisdiction outside Alberta? _____

When _____ Where _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by law.

Date

Applicant's Signature