



6601 - 62nd. Street
Lloydminster, AB
T9V 3A9

Ph: (780) 875-5358
Fax: (780) 875-5825

Application for Employment

Personal Data:

Name (First, Initial, Last): _____

Date of Birth: _____ Street Address: _____

City, Province, and Postal Code: _____

How long have you been at this address: _____

Home Phone: _____ Cell: _____ Fax: _____

Social Insurance #: _____ Health Care # (Province): _____
(Needed for WCB) (Needed for WCB)

Driver's License Number: _____ Province: _____

Class of Licence: _____ Restrictions: _____

Lease Operator's Name and Unit #: _____

Please attach a current driver's abstract (dated within 30 days)

Physical History:

List any physical limitations that may prevent you from legally operating a commercial vehicle in any Jurisdiction even if you are not applying for a driving position (i.e. eyesight, limb impairment, hearing diabetes, heart condition, etc.): _____

Are you physically capable of heavy manual work? Yes () No () If no, why: _____

Can you distinguish all colors? Yes () No () If no, why? _____

Are you legally entitled to work in Canada? Yes () No ()

Are you between the ages of 18 and 69? (required for commercial driver) Yes () No ()

Are you bondable? Yes () No () If No, why? _____

Are you willing to work evenings; weekends; shift work? Yes () No ()

Are you willing to relocate? Yes () No ()

If successful, when are you available for work? _____

Have you ever been involved in a collision? If yes, explain. _____

Have you ever been charged for a driving &/or safety violation in the past 3 years? If yes, explain. _____

Education & Work Experience

Highest Grade Achieved (include post-secondary/technical/trade schools)(include year)?

Related Training: TDG _____ WHMIS _____ H2S _____ First Aid/CPR _____ Confined Space _____
PDIC _____ GODI _____ Fire training _____ Ground Disturbance _____ BOP _____

List any other certificates, diplomas, degrees or achievements: _____

Related Experience: Fluid Hauling (Oil) _____ Fluid Hauling (Water) _____ Pressure Truck _____
Vacuum Truck _____ Flush-by Unit _____ Tractor/trailer _____ Body Job _____

Years of experience (please explain): _____

*Please list with most recent first (past 3 years **MINIMUM**)*

Previous Employer: _____ Position Held: _____

Address: _____

Phone #: (____) _____ Supervisor: _____

Employment Dates: _____ to _____ Salary: _____

Reason for leaving: _____

Previous Employer: _____ Position Held: _____

Address: _____

Phone #: (____) _____ Supervisor: _____

Employment Dates: _____ to _____ Salary: _____

Reason for leaving: _____

Previous Employer: _____ Position Held: _____

Address: _____

Phone #: (____) _____ Supervisor: _____

Employment Dates: _____ to _____ Salary: _____

Reason for leaving: _____

May we contact these employers? Yes () No ()

References:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Emergency Contacts:

1. Name: _____ Relationship: _____

Phone: _____ Alt. Phone: _____

2. Name: _____ Relationship: _____

Phone: _____ Alt. Phone: _____