
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: (____) _____

Email: _____

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: (_____) _____