



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: \_\_\_\_\_