



Box 1631 , Estevan ,Sask S4A 2L7 Ph. (306) 634-3616 Fax (306) 634-9591

Application for Employment as a Professional Driver

Note: Please use pen & print legibly. Fill application out completely or review will not be considered.

Position Applied For _____

Application Date: _____ **Date Available:** _____

Owner Operator Yes No Trailers Yes No

If yes, state year, make, mileage of truck: _____, trailers. _____

Have you worked for, or applied for work with us anytime in the past? Yes No

If yes, state date & position held: _____

Which location are you applying for? (please circle) Estevan, SK Leduc, AB Fort Nelson, BC

What type of work are you interested in? (please circle) Oilfield Long Haul

Section A - Personal Data

Name: _____ / _____ / _____
Last First Middle

Address: _____ / _____ / _____ / _____
Street City Province Postal Code

Telephone Number: _____ how long at this address? _____ Yrs

Previous Address: _____ / _____ / _____ / _____
Street City Province Postal Code

How long at this address? _____ Yrs

Health Services Number: _____ Social Insurance/Security Number: _____

Are you legally entitled to work in Canada? Yes No

Can you legally enter the United States? Yes No _____
(Criminal record may bar entry) Reason: _____

Are you FAST approved? Yes No (if yes) FAST # _____
(Please provide copy)

Are you between the ages of 18 and 65? (required for a commercial driver): Yes No

If working under a pardon/waiver, state pardon number: _____
& attach copy of pardon

Are you bondable? Yes No If No? _____
Why

Are you willing to relocate? Yes No

Are you willing to travel on a regular basis: around city? Yes No out-of city? Yes No
out-of province? Yes No out of country? Yes No .

SECTION B – PHYSICAL HISTORY

** Note: Pre-Employment physical examination & drug screen by company doctor maybe required. **

List any physical limitations that may prevent you from legally operating a commercial vehicle in any jurisdiction. (i.e. eyesight, limb impairment, hearing, diabetes, heart condition, etc)

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

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

Have you ever been injured on the job? Yes No When and explain: _____

Was the above a WCB claim? Yes No

How much time lost from work in the past three (3) years due to illness &/or injury? _____

Section C - Emergency Contact

In case of emergency notify:

_____/_____
Name Relationship
_____/_____/_____/_____
Home Phone Work Phone city Province

Alternate contact:

_____/_____
Name Relationship
_____/_____/_____/_____
Home Phone Work Phone city Province

Section D - Education

High School: Complete Incomplete (If incomplete, grade completed_____)

GED year_____

Post Secondary (including Technical Training):_____

Driving schools:_____

When:_____

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

Do you have H2S Yes No Number _____ Expiry Date: _____

Do you have First Aide? Yes No Level _____ Expiry Date: _____

Have you taken a WHIMMS course? Yes No

Have you taken a Dangerous Goods course? Yes No

Section E - Employment Record

List all employers including those for which you have operated commercial motor vehicle(s) for a minimum of the last 5 years, if applicable. Leave no employment gaps unanswered. If there are gaps in employment (unemployment, medical, etc.), please list reasons on page 4.

Previous Employer	Dates	Position Held
Name:	From	Salary
City:	Month/ Year	
Contact:	TO	Reason for leaving
Phone #: Fax	Month /Year	
Previous Employer	Dates	Position Held
Name:	From	Salary
City:	Month /Year	
Contact:	To	Reason for leaving
Phone #: Fax #:	Month/ Year	
Previous Employer	Dates	Position Held
Name:	From	Salary
City:	Month /Year	
Contact:	TO	Reason for leaving
Phone #: Fax #:	Month /Year	
Previous Employer	Dates	Position Held
Name:	From	Salary
City:	Month /Year	
Contact:	To	Reason for leaving
Phone #: Fax #:	Month /Year	

May we contact these employers? Yes No

Section F - Driver Experience and Qualifications

Driver License #: _____ Jurisdiction: _____ Expires: _____

Class: _____ Endorsements: _____ Restrictions: _____

Have you ever been denied a license, permit or privilege to operate a vehicle? Yes No

Has any license, permit or privilege been suspended or revoked? Yes No

If the answer to either of these is yes, explain: _____

Class of Equipment	Equipment Type (van, tank, flat etc)	Dates		Approx # of Miles (Total)
		From Month Year	TO Month Year	
Straight Truck		From Month Year	TO Month Year	
Tractor/Semi- Trailer		From Month Year	TO Month Year	
Tractor- 2 Trailers		From Month Year	To Month Year	
Motor coach-Bus		From Month Year	To Month Year	
Other		From Month Year	To Month Year	

Circle the states operated in during past 5 years: AL ALK AZ ARK CA CO CT DC DEL FLA GA HI ID IL IN IA KS KY LA MAR MAS ME MI MN MO MIS MT NEB NH NJ NM NV NY NC ND OH OR PA RI SC SD TN TX UT VT VA WA WI WV WY

Circle the provinces operated in during past 5 years: AB BC SK MB ON NB NF NS PEI PQ

Show special courses taken that will help you as a driver: _____

Which safe driving awards you hold and from whom: _____

List any trucking, transportation or other experience that may help you drive for this company? _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical matters you can work with or are familiar with (other than those already shown) _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that, I personally completed the application, 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, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be make only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

Signature of Applicant: _____

Date: _____

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Internal use only

Applicant hired: _____ Rejected: _____ (if rejected, place summary report of reasons in file)

Date employed: _____ Location: _____ Dept: _____ Class: _____

Terminated

Date Terminated : _____ Driver Dismissed: Yes No resigned: Yes No

Other _____ Company Officer: _____