

# APPLICATION FOR EMPLOYMENT

Carrier Name: Steele's Transfer Ltd

Carrier Address: 2448 – 9<sup>th</sup> Avenue SE, Calgary, AB T2G 0V7

## ALL AREAS OF THIS APPLICATION MUST BE COMPLETED IN FULL

DATE OF APPLICATION: \_\_\_\_\_

NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Province Postal Code

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS FOR PAST 3 YRS \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Province Postal Code

DATE OF BIRTH: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

### DRIVER EXPERIENCE AND QUALIFICATIONS

LICENSE NUMBER	ISSUING PROVINCE	CLASS	EXPIRY DATE

HAVE YOU EVER BEEN DENIED A LICENSE? \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? \_\_\_\_\_

**IF YOUR ANSWER TO EITHER OF THESE QUESTIONS IS YES, PLEASE PROVIDE DETAILS.**

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## MEDICAL HISTORY

Do you have any physical limitations that would impair your ability to perform the position you have applied for? \_\_\_\_\_ If yes, what? \_\_\_\_\_

## DRIVING EXPERIENCE

### MANDATORY

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, LOG)	EMPLOYED FROM	EMPLOYED TO	NO. OF MILES DRIVEN
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

Do you have cross border experience? \_\_\_\_\_ How many years? \_\_\_\_\_

Do you hold any safe driving awards, and from whom? \_\_\_\_\_

## ACCIDENT RECORD

### MANDATORY - PLEASE PROVIDE INFORMATION FOR THE PREVIOUS 3 YEARS

DATE	TYPE OF ACCIDENT (head-on, rear-end, etc)	FATALITIES	INJURIES

## VIOLATION RECORD

### MANDATORY - PLEASE PROVIDE INFORMATION FOR THE PREVIOUS 3 YEARS

DATE	LOCATION	CHARGE/VIOLATION	PENALTY

## EMPLOYMENT RECORD

**CDN DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR US DOT REQUIRES COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN. ALL INFORMATION MUST BE COMPLETED.**

LAST OR CURRENT EMPLOYER	DATE EMPLOYED
NAME	FROM
ADDRESS	TO
CITY <span style="float: right;">PROV</span>	CONTACT
REASON FOR LEAVING	PHONE
	WAGES

SECOND LAST EMPLOYER	DATE EMPLOYED
NAME	FROM
ADDRESS	TO
CITY <span style="float: right;">PROV</span>	CONTACT
REASON FOR LEAVING	PHONE
	WAGES

THIRD LAST EMPLOYER	DATE EMPLOYED
NAME	FROM
ADDRESS	TO
CITY <span style="float: right;">PROV</span>	CONTACT
REASON FOR LEAVING	PHONE
	WAGES

FOURTH LAST EMPLOYER	DATE EMPLOYED
NAME	FROM
ADDRESS	TO
CITY <span style="float: right;">PROV</span>	CONTACT
REASON FOR LEAVING	PHONE
	WAGES

FIFTH LAST EMPLOYER	DATE EMPLOYED
NAME	FROM
ADDRESS	TO
CITY <span style="float: right;">PROV</span>	CONTACT
REASON FOR LEAVING	PHONE
	WAGES

**ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED**

**TO BE READ AND SIGNED BY THE 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 ARRANGE FOR A MEDICAL & PHYSICAL EXAM THAT MAY INCLUDE INDUSTRY RELATED DRUG TESTING OR DISCLOSE ANY HEALTH CONCERNS OR PHYSICAL DISABILITIES THAT MAY INTERFERE WITH THE POSITION I AM APPLYING FOR. I AGREE TO ATTEND ANY EXAM THAT IS ARRANGED.

I ACKNOWLEDGE THAT INFORMATION I HAVE PROVIDED MAY BE USED, AND MY PREVIOUS EMPLOYERS CONTACTED, FOR THE PURPOSE OF INVESTIGATING MY BACKGROUND.

I RELEASE ALL PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES MADE IN CONNECTION WITH THIS APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION OR SUBSEQUENT INTERVIEW(S) MAY RESULT IN DISCHARGE.

I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY THE RULES AND REGULATIONS OF THE COMPANY.

I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE AND OBEY ALL LAWS IN ALL LANDS THAT I MAY BE REQUIRED TO PERFORM MY DUTIES IN.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**HIRING RECORD**

DATE APPLICANT HIRED \_\_\_\_\_

DATE APPLICANT REJECTED \_\_\_\_\_

<b>LAST OR CURRENT EMPLOYER</b>		<b>DATE EMPLOYED</b>
NAME		FROM
ADDRESS		TO
CITY	PROV	CONTACT
REASON FOR LEAVING		PHONE
		WAGES

<b>EMPLOYER</b>		<b>DATE EMPLOYED</b>
NAME		FROM
ADDRESS		TO
CITY	PROV	CONTACT
REASON FOR LEAVING		PHONE
		WAGES

<b>EMPLOYER</b>		<b>DATE EMPLOYED</b>
NAME		FROM
ADDRESS		TO
CITY	PROV	CONTACT
REASON FOR LEAVING		PHONE
		WAGES

<b>EMPLOYER</b>		<b>DATE EMPLOYED</b>
NAME		FROM
ADDRESS		TO
CITY	PROV	CONTACT
REASON FOR LEAVING		PHONE
		WAGES

### **ACCIDENT RECORD**

**MANDATORY - PLEASE PROVIDE INFORMATION FOR THE PREVIOUS 3 YEARS**

<b>DATE</b>	<b>TYPE OF ACCIDENT (head-on, rear-end, etc)</b>	<b>FATALITIES</b>	<b>INJURIES</b>

### **VIOLATION RECORD**

**MANDATORY - PLEASE PROVIDE INFORMATION FOR THE PREVIOUS 3 YEARS**

<b>DATE</b>	<b>LOCATION</b>	<b>CHARGE/VIOLATION</b>	<b>PENALTY</b>