

EDSON OFFICE:
780-723-6643
FAX: 780-723-6653



APPLICATION FOR EMPLOYMENT

Box 7949 Edson, AB T7E 1W2

Personal Information

Last Name: _____	First Name: _____	Middle Initial: _____
Address: _____	City: _____	Province: _____
Postal Code: _____	Phone: _____	Cell: _____
E-Mail Address: _____		

Employment History (most recent employer first)

Name of company: _____ Address: _____ Supervisor's Name: _____ Reason for leaving: _____ Other notes: _____	Type of Business: _____ Employed from: _____ Employed to: _____ Work Performed: _____
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May we contact your present employer? Yes No Resume Enclosed: Yes No
Driver's Licence #: _____ Class(es): _____ Endorsements: _____
Province of Licence: _____ Driver's Abstract enclosed: Yes No
Other Valid Certificates (WHMIS, TDG, H2S, First Aid, etc.): _____

I HEREBY CERTIFY THAT THE ABOVE QUESTIONS ARE ANSWERED CORRECTLY TO THE BEST OF MY KNOWLEDGE. I APPRECIATE THAT EMPLOYMENT AS A DRIVER OF A COMMERCIAL VEHICLE INVOLVES SERIOUS RESPONSIBILITIES CONCERNING THE SAFETY OF THE PUBLIC AND THAT SUCH EMPLOYMENT PLACES VALUABLE CARGO AND EQUIPMENT IN MY CARE. ACCORDINGLY, I AGREE THAT MY PROSPECTIVE EMPLOYER MAY MAKE SUCH ENQUIRIES DEEMED NECESSARY TO VERIFY THE ABOVE INFORMATION.

Date: _____ Signature of Applicant: _____

For Office Use Only

Interviewed by: _____	Date Interviewed: _____	Date Hired: _____
Notes: _____		