

OFFICE USE	
Comments:	
Training Schedule:	

Date of application:	Position applied for:			
Please print neatly in BLOCK letters				
PERSONAL INFORMATION				
Name:	Home Phone:			
Address:	Alternate Phone:			
	Postal Code			
How long have you lived at your current residence	9?			
If less than three (3) years, please list previous Canadian residences for the last three (3) years:				
Address:	How long at this residence?			
1.				
2.				
3				
Have you ever been convicted of a criminal offence? O No O Yes				
NOTE: The presence of a criminal conviction does	s not necessarily disqualify you from this position.			
EDUCATION				
Highest grade/level completed in school:				
Technical, Trade, or University/Training:				
Special courses taken:				
DRIVING HISTORY				
Do you have a valid Alberta Operators license? O	No O Yes Class: Current Demerit Points:			
How long have you held an Operator's license?				
Has your license ever been suspended? O No O	Yes			
If yes, please explain:				
How long have you driven in Alberta?				
Have you ever received professional driver trainin	g?			
If yes, please specify:				
What types of vehicles have you driven? O Light	trucks O Heavy Trucks O Buses			
O Cars O Vans O Shuttles O O	ther, please specify:			
Do you have a reliable form of transportation?	O Yes O No			

OCCUPATIONAL H	IISTORY					
Are you legally permitted to w	ork in Canada? O Ye	s O No				
Previous Employment	Position held	Dates	Wage	Reason for leaving		
Name:						
Address:						
Name:						
Address:						
Name						
Name:						
Address:						
Are you currently employed?	O No O Yes					
What are your salary expecta						
REFERENCES						
	NOTE de medi					
Please list two references	NOTE: do not la		relatea to y one:	Relationship:		
Name: 1.	Address.	Pn	one:	Relationship.		
2.						
DECLARATION						
I understand that acceptand physical and medical examin of the requirements to obtain eyesight, diabetes, or other place for a driving position. Please	ation, as a satisfactory a commercial driver's hysical impediments recontact your provincia	y governm license. N may restric al transport	ent manda OTE: Cond t your abilit ation autho	on me passing a job related ted medical examination is one ditions related to heart, hearing, by to obtain the required license prity for further clarification.		
agree that a false statement may disqualify me from employment or result in my appointment to a						
position being rescinded.						
Yes, I understand (p	lease initial)	N	lo (please i	nitial)		
May we approach your previo	ous employers for refer	rences?				
Signature of Applicant:						
				Revised 13 May 2019		