Gladstone Transfer Ltd Application For Employment

Personal Information

Name				
Last	First		Initials	
Address				
Street/Box	City	Province	Postal Code	
Telephone	Cell			
Social Insurance Number	Date o	of Birth	(Month) (Year)	
General Information		(Day)	(wonth) (1car)	
Driver License Number	I	Expiry Date _		-
When did you first obtain a Class	1A License?			_
Where did you obtain a Class 1A l	License?			_
Do you hold an "S" endorsement?				_
How many years experience do yo	ou have driving a	Tractor/Trail	er?	_
How many years experience do yo	ou have pulling a	Super B?		
Has your permit to operate a moto Yes No		•	•	
Employment Are you currently employed?				_
When are you available to start wo	ork?	Month	Year	
How would you rate your physical	condition: Exce	ellent / Good	d / Fair / Poor	
During the past five years have yo due to injury?	u had to report to Yes			for assistar
If so what was the nature of the in	jury?			
Do you have a current physical ex-	am completed by	a physician?	? Yes	No
When is your next physical due? _				

An original driver's abstract issued within the previous 30 days will be required at the time of interview.

		non-preventable) in the last 3 years involving eith			
If "Yes" please provide the requested information for each accident.					
Date Month Ye	ear	Location			
Nature of Accident					
Cost of Damages/Injury (if any)					
Date Day Month	Year	_ Location			
Nature of Accident					
Cost of Damages/Injury (if any) _					
Have you had any Traffic Violations that may not be current on abstract?					
Date Detail					
Education					
Highest grade completed					
Post Secondary Education/Driver's Schools					
Institution		Year			
Institution		Year			
Institution		Year			
Special Courses or Training you l	nave had as a	driver (record of training may be requested)			
		Testing Facility			
Course	Date	Testing Facility			
Course	Date	Testing Facility			

Employment in Last Five Years

1. Company	Contact Name	<u> </u>
Contacts Position		
Address	Phone	
Start Date	End Date	Position
Reason for Leaving		
2. Company	Contact Name	·
Contacts Position		
Address	Phone	
Start Date	End Date	Position
Reason for Leaving		
3. Company	Contact Name	;
Contacts Position		
Address	Phone	
Start Date	End Date	Position
Reason for Leaving		
References		
Please provide one perso	nal reference as well as three pro	ofessional references.
Name	Phone	Relationship
FAX completed form to:	(204) 385-3465 Attention: Huma	an Resources
I believe all information	provided is true and complete to	the best of my knowledge.