

Application for Employment



Box 5757
High River, Alberta T1V 1P3
www.ksccl.ca

Ph: 403-606-7432
Fax: 403-652-7025
jobs@ksccl.ca

Position Applying For: _____

Name: _____ DoB: _____

Phone: _____ Cell: _____ Email: _____

Mailing Address: _____

Address(es) for the past 3 years (attach a sheet if more space is needed): _____

How Long: _____

How Long: _____

How Long: _____

Driver's Information: Please attach a current 10 yr. Commercial Drivers Abstract

Licence #	Prov/State	Type	Conditions	Exp Date
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Traffic Convictions for past 5 years (attach a sheet if more space is needed):

Date	Location	Charge	Penalty
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Accident record for past 5 years, most recent first (attach a sheet if more space is needed):

Date:	Nature of Accident:	Details:
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Have you been denied a license, permit or privilege to operate a motor vehicle? _____

Has any licence, permit or privilege been suspended or revoked? _____

If the answer to either question is yes, please attach a statement giving details.

Professional Education: _____ School: _____ Dates: _____

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Professional Designations: _____

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Experience:	Type	From/To	Miles/Hours	Type of Work
Straight truck:				
Tractor/trailer				
Equipment				
Equipment				
Equipment				
Other				

Employment History for past 5 years (attach a sheet if more space is needed):

Employer:	Position:	Salary:
Address:	Phone:	Fax:
From/To:	Reason for leaving:	

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Address:	Phone:	Fax:
From/To:	Reason for leaving:	

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Address:	Phone:	Fax:
From/To:	Reason for leaving:	

Are you available to work weekends?

Are you willing to work twelve hour days?

Would you be interested in seasonal positions?

Would you be interested in occasional work or job sharing?

List any limitations that may affect your ability to work:

List any special skills, attributes or other information that you would like to add:

Work References:

Name:	Phone:	Relationship:
1		
2		
3		

Signature

Date:

I certify that this application was completed by me, and that the above information is complete and correct.

Emergency Contact: _____ Phone: _____

Allergies / Conditions you wish to notify us about: _____