

EMPLOYMENT APPLICATION
(Please Print Clearly)

Date: _____

Thank you for your interest in our company. To assist us in determining a suitable position in our organization, please ensure you complete this application in as much detail as possible.

1. PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Phone: (____) _____
Number Street City Postal Code

Position(s) applied for: _____ Rate of pay expected: _____
****If you are applying for any driving positions, you must attach a recent (less than 30 days) driver abstract***.*

Are you interested in: Full Time Part Time – *indicate days/hours available* _____

How did you hear about us? Website Newspaper Outside Sign Friend/Colleague Other _____

Have you ever worked for any of the following companies?

- Gardewine Paul's Hauling Westcan Northern Bulk
 Oak Point Service Northern Deck Northern Cartage Audley Cartage

If yes to any of the above, please indicate your dates of service: _____

Should you be selected for employment, what date would you be available to begin? _____

Are you willing to relocate within province? Yes No Within Canada? Yes No

2. EDUCATION

School	Last Year/Level Completed	Indicate Area of Study, Program, Diploma, or Degree Received	Did you Graduate?
High School: (Including Junior or Equivalency)			<input type="checkbox"/> Yes <input type="checkbox"/> No
University:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Community College:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (ex: courses, workshops, or seminars):			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. EMPLOYMENT HISTORY

List your previous employers beginning with your current or last employer. **Note:** If you are attaching a resume, please indicate the company name and if we can contact that employer.

Employed From: <u>MM/YY</u> to <u>MM/YY</u>	Employer Name: _____	Type of Business _____
Job Title: _____	Salary at Hire: _____	Salary at Exit: _____
Reason for Leaving: _____	Name of Supervisor: _____	Can We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the work you did in detail: _____		

Employed From: <u>MM/YY</u> to <u>MM/YY</u>	Employer Name: _____	Type of Business _____
Job Title: _____	Salary at Hire: _____	Salary at Exit: _____
Reason for Leaving: _____	Name of Supervisor: _____	Can We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the work you did in detail: _____		

Employed From: <u>MM/YY</u> to <u>MM/YY</u>	Employer Name: _____	Type of Business _____
Job Title: _____	Salary at Hire: _____	Salary at Exit: _____
Reason for Leaving: _____	Name of Supervisor: _____	Can We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the work you did in detail: _____		

Employed From: <u>MM/YY</u> to <u>MM/YY</u>	Employer Name: _____	Type of Business _____
Job Title: _____	Salary at Hire: _____	Salary at Exit: _____
Reason for Leaving: _____	Name of Supervisor: _____	Can We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the work you did in detail: _____		

Employed From: <u>MM/YY</u> to <u>MM/YY</u>	Employer Name: _____	Type of Business _____
Job Title: _____	Salary at Hire: _____	Salary at Exit: _____
Reason for Leaving: _____	Name of Supervisor: _____	Can We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the work you did in detail: _____		

4. YEARS OF EXPERIENCE

Complete this section only if you are applying/interested in a mechanic/laborer position. Indicate the months/years of experience beside the applicable function.

<input type="checkbox"/> Diesel Mechanic	Years Exp _____	<input type="checkbox"/> Service Mechanic	Years Exp _____	<input type="checkbox"/> Carpentry	Years Exp _____
<input type="checkbox"/> Trailer Mechanic	_____	<input type="checkbox"/> Welding/Repairing	_____	<input type="checkbox"/> Parts Counter	_____
<input type="checkbox"/> Spray Painting	_____	<input type="checkbox"/> Vehicle Body Work	_____	<input type="checkbox"/> Wash Man	_____
<input type="checkbox"/> Tire Man Work	_____	<input type="checkbox"/> Welding/Fabricating	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> General Labor	_____	<input type="checkbox"/> Heavy Equipment	_____		

5. PHYSICAL INFORMATION

Date of last physical examination: _____ Doctor's Name and Address: _____

Are you prepared to have a physical examination by a Company Physician? Yes No

Driver License Number: _____ Class of License: _____ Height: _____ Weight: _____

Air Brake Endorsement: _____ Issued by which province: _____

License Expiry Date: _____ Do you hold a Fast card? Yes No

6. TRACTOR/TRAILER EXPERIENCE

Please indicate the amount of experience for each applicable type:

5-Axle _____ years Petroleum _____ years A-Trains _____ years B-Trains _____ years

Dry Freight _____ years Perishable _____ years Pressure Liquefied Gas _____ years

Extended Length Vehicle _____ years Other (please specify) _____ years

7. PERSONAL/BUSINESS REFERENCES

Please provide at least 2 business and 1 personal reference, that we may contact.

Name and Occupation	Company	Phone Number
<input type="checkbox"/> Business <input type="checkbox"/> Personal		
<input type="checkbox"/> Business <input type="checkbox"/> Personal		
<input type="checkbox"/> Business <input type="checkbox"/> Personal		

9. TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that all information provided is true and correct. Any misrepresentations of information given above, or attached to this application, shall be considered an act of dishonesty, and may result in termination of employment after I begin work.

I agree and understand that by signing below I authorize a representative of Gardewine and its Group of Companies to investigate my background (not limited to) contacting any and all of the above former employers and/or listed references to verify employment.

By signing below I authorize my former employer to release information to the representative of Gardewine and its Group of Companies.

This application form in no way obligates Gardewine and its Group of Companies to employ the applicant and does not constitute an offer of employment.

New employees of Gardewine and/or its Group of Companies, participate in a three month probationary period.

Print Name

Date of Application

Signature of Applicant

FOR INTERVIEWER'S USE:

Interviewed by:	Date:	Comments:

REFERENCES:

Contacted:	Date	Comments	Would Rehire?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INFORMATION

Start Date: _____ Job Title: _____ Rate of Pay: _____

Supervisor Signature

Date