



APPLICATION FOR EMPLOYMENT

Position Applied For

- Highway Driver
- Local Delivery
- Office Staff
- Day Warehouse
- Night Warehouse
- Maintenance
- Other

Surname		First Name		Middle Name	
Mailing Address			City/Town		Province
Postal Code		Phone Number () —		Social Insurance Number	
Do you have any relatives working for Hi-Way 9 Express Ltd.? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: Name _____ Relation _____ Location _____			Were you referred by a present employee of Hi-Way 9 Express Ltd.? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: Name _____ Relation _____ Location _____		
If your application is considered favorable, on what date will you be available for work?			If your application is considered favorable, what rate of pay do you expect?		
During the past five (5) years have you had to report to workers compensation board for assistance with a problem or injury which would effect your ability to perform the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>			Indicate the nature of the injury that you reported, if the injury relates to the job applied for.		

EMPLOYMENT RECORD FOR PAST TEN (10) YEARS (Most Recent Company First - In Order)

Company Name & Address	Phone Number	Job Title	Length of Service		Reason For Leaving
			From	To	

Do you have any objection to the company checking with your former employer(s) about your work habits and employment record? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes Please Explain
Length of time you have worked at type of job your are applying for	

PERSONAL REFERENCES (3)

Name	Address	Occupation	Phone Number	Relationship

EDUCATION

Type	Institution	# of Years	Type of Course	Date of Graduation
High School				
College				
Vocational				
University				
Other				

Have you completed any other courses, upgrading or seminars that would be beneficial to the position you are applying for? Yes No
If yes please explain:

What are your employment goals? Are there talents or skills you would like to develop for further career opportunities within our company?

If your application is considered favorable, what do you feel your obligations to the company would be?

In your opinion are you able to establish and maintain a good working relationship with co-workers in a fast paced environment? Yes No
If No Explain:

DRIVING RECORD (To be completed by those applying for a position which would require you to operate a company vehicle)

Drivers License No.	Province	Class	# of Demerits	Drivers Abstract Supplied Yes <input type="checkbox"/> No <input type="checkbox"/>
Years of Experience Driving				
Farm Truck or City Truck (Local) 5 Ton or Smaller	_____ Years	Tractor & Trailer B Train Units	_____ Years	
Tractor & Trailer Farm Truck or City Truck (Local)	_____ Years	Tractor & Trailer, Extended Length Units, Turnpikes,	_____ Years	
Tractor & Trailer A Train Units	_____ Years	Rocky Mtn. Doubles	_____ Years	

Have you ever been discharged from a position?
a) As a result of a motor vehicle accident Yes No If Yes Explain:
b) For an unsatisfactory Traffic Violation Record Yes No If Yes Explain:

Has your license ever been revoked? Yes No
If Yes Explain:

Have you ever been arrested for driving under the influence of alcohol? Yes No
If Yes Explain:

Have you received any safe driving awards or other driving commendations? Yes No
If Yes Explain:

DRIVER RELATED EDUCATION COURSES TAKEN

Type of Course	Date of Training	Expiry Date

Do you have an air brake endorsement? Yes No

List each motor vehicle accident you have been involved in during the past five (5) years and its type (rear-end, sideswipe etc.)
Show how each was classed (preventable or non-preventable)

Date	Location	Type of Accident	Preventable or Non-Preventable

WAREHOUSE (To be completed by those applying for Warehouse position)

Warehouse position applying for	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>
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Previous Warehouse experience			
Company	Address	Length of Time	Brief Description of Responsibilities

Have you had previous freight handling experience? Yes No If Yes Explain:

Company	Address	Length of Time	Brief Description of Responsibilities

Do you have warehouse related equipment experience (forklift, handtruck, pallet jack, etc.) Yes No
If Yes Explain:

Do you have any preference of shift? Yes No
If Yes Explain:

Do you have any physical handicaps which would affect your ability to do the job you are applying for Yes No If Yes Explain:

OFFICE ADMINISTRATION (To be completed by those applying for office position)

Position you are applying for:

Previous Office Experience			
Company	Address	Length of Time	Brief Description of Responsibilities

Do you know how to type? Yes No
If Yes how many W.P.M.?

Do you have previous computer experience? Yes No
If Yes Explain:

What office equipment are you most knowledgeable with?

What other office equipment are you familiar with?

MAINTENANCE (To be completed by those applying for maintenance position)

Position applying for:

Previous Maintenance Experience			
Company	Address	Length of Time	Brief Description of Responsibilities

Are you presently enrolled in any apprentice program? Yes No If Yes Explain:

List any maintenance related tickets or certificates achieved

Ticket/Certificate	Institution	Length of Course	Date Completed

Do you have a valid driver's license? Yes No
If Yes What Class?

Do you consider yourself to be a flexible team oriented player that can accept varied job duties Yes No

What other qualifications do you have that would benefit a maintenance department?

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

Signature _____

I hereby understand that if this application for employment is accepted by the company I may be required to take company administration tests, orientation programs and job related courses from time to time at the company's request. Failure to satisfactorily comply with requirements may disqualify me from employment or cause my dismissal.

Signature _____

I hereby declare that if hired, I will immediately notify my supervisor in the event of any accident or damage (however minor) involving property of Hi-Way 9 Express Ltd. or its customers.

Signature _____

I hereby give my consent to the company to obtain a copy of my driving record from the appropriate government authority and should I be hired by the company, it may under take to obtain copies of my driving record as and when they may so require without further consent.

Signature _____

FOR OFFICE USE ONLY (Following information is required only if applicant is hired)

Terminal Location: Drumheller <input type="checkbox"/> Edmonton <input type="checkbox"/> Other <input type="checkbox"/> Calgary <input type="checkbox"/> Stettler <input type="checkbox"/> _____	Job Classification: Linehaul Driver <input type="checkbox"/> Maintenance <input type="checkbox"/> P & D Driver <input type="checkbox"/> Warehouse Days <input type="checkbox"/> Office <input type="checkbox"/> Warehouse Nights <input type="checkbox"/>
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Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth _____ <div style="text-align: right; font-size: small;"> _____ Month _____ Day _____ Year </div>
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Person to be contacted in case of emergency:

Name	Address	Phone Number Work () - Home() -
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Pay Type Salaried <input type="checkbox"/> _____ Mileage <input type="checkbox"/> _____ Hourly <input type="checkbox"/> _____ Other <input type="checkbox"/> _____	Start Date _____ <div style="text-align: right; font-size: small;"> _____ Month _____ Day _____ Year </div>
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Completed by _____

Position	Date
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Comments: _____
