



APPLICATION FOR EMPLOYMENT

Swamper Labourer Loader Operator FULL TIME PART TIME

INSTRUCTIONS: Please use pen and print clearly.

NOTE: Information in this document will be considered confidential.

APPLICATION DATE: _____ DATE AVAILABLE: _____

PERSONAL INFORMATION:

NAME: _____
(LAST) (FIRST) (MIDDLE)

SOCIAL INS. NO.: _____ DATE OF BIRTH: _____
(MONTH) (DAY) (YEAR)

ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

HOW LONG AT THIS ADDRESS? _____ TELEPHONE NO.: _____

PREVIOUS ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

HOW LONG AT THIS ADDRESS? _____

MARITAL STATUS: _____ NUMBER OF DEPENDENTS: _____

DO YOU OWN A VEHICLE? YES NO TYPE: _____
(YEAR) (MAKE) (MODEL)

INSURANCE CO.: _____ POLICY NO.: _____

DID THIS COMPANY EVER PREVIOUSLY EMPLOY YOU? YES NO

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES NO IN THE USA? YES NO

IF NO TO EITHER, PLEASE EXPLAIN: _____

ARE YOU BONDABLE? YES NO IF NO, PLEASE EXPLAIN: _____

ARE YOU WILLING TO RELOCATE? YES NO

DO YOU HAVE RELATIVES OR FRIENDS CURRENTLY WORKING FOR THIS COMPANY? YES NO

IF YES, LIST: NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

EMERGENCY INFORMATION: IN THE EVENT OF AN EMERGENCY, NOTIFY:

NAME: _____
(LAST) (FIRST) (MIDDLE) (RELATIONSHIP)

ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

TELEPHONE: HOME: _____ WORK: _____

EDUCATION INFORMATION:

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 TRADE SCHOOL OR COLLEGE: 1 2 3 4 YRS

LAST SCHOOL ATTENDED: _____
(NAME) (LOCATION) (YEAR)

EXPERIENCE IN POSITION APPLIED FOR: _____

PROFESSIONAL CERTIFICATIONS EARNED, OTHER TRAINING COURSES COMPLETED: _____

MEDICAL INFORMATION:

NOTE: Pre-employment alcohol & drug testing and a physical examination may be required.

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT MAY AFFECT YOUR ABILITY TO PERFORM THE INTENDED WORK? YES NO

IF YES, PLEASE EXPLAIN: _____

ARE YOU A: SMOKER? NON-SMOKER? CAN YOU DISTINGUISH ALL COLORS? YES NO

IF NO, PLEASE EXPLAIN: _____

WHEN WAS YOUR COLOR VISION LAST TESTED? _____

HAVE YOU HAD ANY TIME OFF FROM WORK DUE TO ILLNESS OR INJURY? YES NO

IF YES, PROVIDE LENGTH OF TIME AND EXPLAIN NATURE OF ILLNESS OR INJURY: _____

HAVE YOU EVER BEEN INJURED ON THE JOB? YES NO

IF YES, PLEASE EXPLAIN: _____

DATE OF LAST PHYSICAL EXAMINATION: _____

DOCTOR: _____
(NAME) (ADDRESS)

EMPLOYMENT HISTORY:**NOTE:** List all jobs, including self-employment, for past five years, starting with your last employer first. Attach list, if necessary.IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

POSITION: _____ RATE OF PAY: _____

DUTIES: _____

START DATE: _____ FINISH DATE: _____

CONTACT: _____ REASON FOR LEAVING: _____

COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

POSITION: _____ RATE OF PAY: _____

DUTIES: _____

START DATE: _____ FINISH DATE: _____

CONTACT: _____ REASON FOR LEAVING: _____

COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

POSITION: _____ RATE OF PAY: _____

DUTIES: _____

START DATE: _____ FINISH DATE: _____

CONTACT: _____ REASON FOR LEAVING: _____

TO BE READ AND SIGNED BY APPLICANT:**NOTE:** Please read carefully before signing.

This certifies this application was completed by the undersigned and all entries on it are true and complete, to the best of my knowledge.

I authorize WINALTA TRANSPORT LTD. and/or their representative(s) to make such investigations and inquiries of my personal, employment, financial, insurance or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or termination of my employment, as the case may be, and that I will be subject to a probationary period during which I may be dismissed without recourse.

(DATE)_____
(APPLICANT SIGNATURE)**FOR OFFICE USE ONLY:**

RESULTS OF INTERVIEW: _____

DOES APPLICANT MEET COMPANY MINIMUM HIRING CRITERIA? YES NO_____
(DATE)_____
(INTERVIEWERS SIGNATURE)