



APPLICATION FOR EMPLOYMENT

RESUME ATTACHED

DATE: _____

REFERRED BY: _____

NAME: _____ PHONE: _____ CELL: _____

ADDRESS: _____ POSTAL CODE: _____

POSITION: DRIVER: _____ OPERATOR: _____ CONCRETE: _____ ASPHALT: _____
BASE: _____ OTHER: _____

AVAILABLE START DATE: _____ EXPECTED WAGE: _____

DO YOU HAVE A VALID ALBERTA DRIVERS LICENSE? YES _____ NO _____
CLASS: _____

DRIVERS ABSTRACT ATTACHED? YES _____ NO _____

ARE YOU WILLING TO DO A PHYSICAL DEMANDS TEST? YES _____ NO _____

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES _____ NO _____

DO YOU HAVE RELIABLE TRANSPORTATION? YES _____ NO _____

TYPE OF EQUIPMENT OPERATED:

_____ YEARS: _____

_____ YEARS: _____

_____ YEARS: _____

WORK RELATED CERTIFICATES OR EDUCATION:

- WHMIS
- SAFE TRENCHING
- CONFINED SPACE
- Q ENDORSEMENT
- STANDARD FIRST AID
- GRADES AND LEVELS
- DEFENSIVE DRIVING
- HEAVY EQUIPMENT
- FLAGGING
- TDG
- BLUE PRINT READING
- BACK PREVENTION

OTHER: _____

Turn over →

EMPLOYMENT REFERENCES:

EMPLOYER: _____ PHONE #: _____

POSITION: _____ CONTACT PERSON: _____

EMPLOYED FROM _____ TO _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE #: _____

POSITION: _____ CONTACT PERSON: _____

EMPLOYED FROM _____ TO _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE #: _____

POSITION: _____ CONTACT PERSON: _____

EMPLOYED FROM _____ TO _____

REASON FOR LEAVING: _____

PLEASE NOTE: PARTICIPATION IN THE GROUP BENEFIT PLAN IS MANDATORY AFTER COMPLETION OF 3 MONTHS OF EMPLOYMENT AND SO IS ENROLMENT INTO THE PENSION PLAN AFTER 1 YEAR FROM THE EMPLOYEES ANNIVERSARY DATE.

I SWEAR THAT THE ABOVE STATED INFORMATION, AND/OR ANY INFORMATION ATTACHED, IS ALL TRUE AND I GIVE ALSA ROAD CONSTRUCTION LTD THE RIGHT TO INVESTIGATE SAID INFORMATION. IF HIRED BASED ON FALSE INFORMATION, I MAY BE TERMINATED.

SIGNATURE

DATE