



9243 Penn Road, Prince George, BC. V2N 5T6
 Ph: 250.562.4666 Fx: 250.562.4363 E: sprucecity@telus.net
 Employment Application Form: (Safety Sensitive Position)

Please print clearly. All sections must be completed.

Personal Information			
Last Name:	First Name:	Middle Initial:	
Current Street Address:		Length of time at this Residence:	
City, Province:	Postal Code:	Home Phone:	Cell Phone:
List Addresses for the past three years: if same as above, please check: <input type="checkbox"/>			
1. _____			
2. _____			
3. _____			
Class of License / Issuing Province:	Driver's License Number:	Expiry:	S.I.N.:

Hiring Standards					
<i>Do you have a valid Class 1?</i>	<i>Yes:</i> <input type="checkbox"/>	<i>No:</i> <input type="checkbox"/>	<i>Are you under the age of 21?</i>	<i>Yes:</i> <input type="checkbox"/>	<i>No:</i> <input type="checkbox"/>
<i>Do you have a clean abstract and driving record? (attach)</i>	<i>Yes:</i> <input type="checkbox"/>	<i>No:</i> <input type="checkbox"/>	<i>Have you ever been convicted of a crime for which a pardon has not been granted?</i>	<i>Yes:</i> <input type="checkbox"/>	<i>No:</i> <input type="checkbox"/>
<i>Are you legally eligible to work in Canada?</i>	<i>Yes:</i> <input type="checkbox"/>	<i>No:</i> <input type="checkbox"/>	<i>Do you have any physical limitations we should be aware of?</i>	<i>Yes:</i> <input type="checkbox"/>	<i>No:</i> <input type="checkbox"/>
<i>Can you cross the border into the United States?</i>	<i>Yes:</i> <input type="checkbox"/>	<i>No:</i> <input type="checkbox"/>	<i>Do you have any limitations with respect to lifting (up to 50 Lbs)?</i>	<i>Yes:</i> <input type="checkbox"/>	<i>No:</i> <input type="checkbox"/>
<i>Are you able to work flexible work shifts (afternoons, evenings, weekends, etc)?</i>	<i>Yes:</i> <input type="checkbox"/>	<i>No:</i> <input type="checkbox"/>	<i>Are you willing to be tested for drugs and alcohol use for safety sensitive jobs?</i>	<i>Yes:</i> <input type="checkbox"/>	<i>No:</i> <input type="checkbox"/>

Education
Highest Level of Formal Education (degree / diploma, School Attended, Year Completed)
Driving / Training institute Attended (if applicable) and Date of Graduation:

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Tractor / Trailer Driving Experience

Indicate your commercial driving experience:		What types of commercial vehicles have you driven? Rate your experience 0-None, 1-Limited (under 1 year) 2-Some Experience (1-3 Years) 3-Experienced (3 years or more)					
<i>Student – Training Only</i>	<input type="checkbox"/>	<i>Van</i>	<input type="checkbox"/>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>Less than 6 months</i>	<input type="checkbox"/>	<i>Tanker</i>	<input type="checkbox"/>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>6 months to 1 year</i>	<input type="checkbox"/>	<i>Flatbed</i>	<input type="checkbox"/>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>1 to 2 years</i>	<input type="checkbox"/>	<i>Tri-Axle / Tandem</i>	<input type="checkbox"/>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>3 to 5 years</i>	<input type="checkbox"/>	<i>Refrigeration (Reefer)</i>	<input type="checkbox"/>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>5 or more years</i>	<input type="checkbox"/>	<i>Other</i>	<input type="checkbox"/>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>

List particulars of all training and certifications you currently hold: If non please check this box:

- WHIMIS:
- TDG:
- Confined Space Entry:
- H2S Alive:
- Fall Protection:
- POST:
- PSSP:
- CSO:
- Ground Disturbance Level II for Supervisors:
- Occupational First Aid Level 1 & CPR:
- Wildlife Awareness:
- Other: _____

List particulars of all vehicle accidents and or convictions arising out of the use, ownership or operation of any motor vehicle (personal or commercial) during the past three years: If non please check this box:

Has your license ever been suspended or revoked for any reason, or have you ever been denied a license for any reason? If no please check this box:

Employment History

Please list your prior employment history starting with the most recent. All time gaps must be accounted for and the reason provided (i.e. unemployed / self-employed/attending school)		Include the name and contact information for your immediate supervisor at your previous employer.	
1. Last / Current Employer:	From:	To:	
Address:			
Phone Number:	Reason(s) for Leaving:		
Position Held:			

Employment History - Continued

Please list your prior employment history starting with the most recent. All time gaps must be accounted for and the reason provided (i.e. unemployed / self-employed/attending school)

Include the name and contact information for your immediate supervisor at your previous employer.

2. Previous Employer:

From:

To:

Address:

Phone Number:

Reason(s) for Leaving:

Position Held:

3. Previous Employer:

From:

To:

Address:

Phone Number:

Reason(s) for Leaving:

Position Held:

4. Previous Employer:

From:

To:

Address:

Phone Number:

Reason(s) for Leaving:

Position Held:

Additional Information

What is your reason for choosing us as your potential employer?

Have you been referred by a current driver or Owner? If Yes, please state their name:

Where did you hear about this position?

Newspaper Ad:

Trucking Magazine:

Truck Show:

Internet:

Other: Please Specify: _____

Release Clause

This certifies that I have completed this application form myself, and that all entries on it and information is true and completed to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize the Company and / or its agents to make such investigations and inquiries as may be necessary to arrive at an employment decision. This includes my personal history, employment history, credit history, driving record, criminal record, drug and alcohol test results from previous employers (on their consortium) and other related matters. Generally, inquiries regarding medical history will be made

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only if required, and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization to recheck or report as deemed necessary at any time throughout my employment or contract period. Furthermore, I understand that the Company and / or its agents may keep information on file (including work performance) as related to my employment, and make it available to any second party with my written consent.

I agree to supply the following information as part of this application:

Copy of Drivers License

Driver's Abstract (current within past 30 days)

Signature

I certify that all information contained in this application form is complete and accurate to the best of my knowledge:

Signature: _____

Date: _____