



722039 RGE RD 53  
 County of Grande Prairie No. 1, AB T8X 4J5  
**Phone: (780) 513-2111**  
 Fax: (780) 513-2163  
 www.pipestonecarriers.com

## Application for Employment

APPLICANT INFORMATION										
Last Name			First			Initial		Date		
Street Address					Apartment/Unit #					
City			Province			Postal Code				
Phone			E-mail Address							
Date Available		Social Insurance No.			Desired Salary					
Position Applied for					Full or Part Time					
Date of Birth			Marital Status			Emergency Contact				
License No.			Class			(Abstract must be attached)				
Do you have any physical or other conditions which may limit your ability to perform the duties of the position you are applying for?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Has your driver's license ever been suspended or revoked?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, why?					
Have you ever been convicted of a criminal offence?			YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Can you pass a drug test?			YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Would you take a drug test?			YES <input type="checkbox"/>	NO <input type="checkbox"/>						

EDUCATION & TRAINING									
High School			Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College			Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other			Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

Have you received dangerous goods training?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, from where?			
Have you received first aid training?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, from where?			
Have you received H2S training?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, from where?			
Please list other courses taken:								

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**EXPERIENCE**

How many years of experience do you have in:

City Driving		Highway Driving		Off Road Driving	
Loading Flat Decks		Loading Vans		Hauling Pipe	
Loading Pipe		Pulling Decks		Pulling Vans	
Chain Up		Super "B"		Other	

**DISCLAIMER AND SIGNATURE**

I hereby give authority to Pipestone Carriers Inc. or their agents to investigate my background in order to ascertain any and all information of concern to my record, whether same is of record or not, and I release employers & persons named herein from all liability from any damage on account of their furnishing such information.

I certify that all statements made in this application are correct to the best of my knowledge. Should any statement prove to be false, I understand that Pipestone Carriers Inc. can terminate my employment.

I agree to have deducted from my pay, any training that I receive while employed by Pipestone Carriers Inc. should I quit or am dismissed from disobeying company policies set out in our manual if I do not stay for one year.

<b>Signature</b>	<b>Date</b>
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