

If emailing a copy of this Application form you certify that the facts set forth in this Employment Application are true and complete to the best of your knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Please email this application form to:

hr@gtlp.ca

All personal information created, held or collected is treated in a manner consistent with the provisions of the Federal Personal Information Protection and Electronic Documents Act (PIPEDA) and various Provincial Privacy Acts.

Grimshaw Trucking L.P. collects, uses and shares only the information required to administer your potential employment relationship with us, in accordance with its Privacy Policy.



EMPLOYMENT APPLICATION

11510 - 151 Street EDMONTON, AB T5M 3N6 PHONE: 780-414-2850

Mailing Address: P.O. Box 960 Edmonton, AB T5J 2L8

PERSONAL DATA						
POSITION(S) BEING APPLIED FOR						
NAME Last Name	First	Middle	Email			
HOME ADDRESS	Street and Number	City/Town	Province	Province Postal Cod		
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)	Street and Number	City/Town	Province		Postal Code	
PHONE NUMBERS	Home	Business		Cell		
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?	YES NO	DO YOU HAVE A	CRIMINAL RECORD?		YES NO	
DRIVER'S LICENCE	YES NO	Province	Class		Number	
FIT FOR DUTY TESTING Will you submit	to fit for duty testing? This may include Dr	ug, Alcohol, Medical, Physical	Demands Analysis and Ra	ndom Drug T	esting. YES NO	
EDUCATION						
HIGHEST SCHOOL GRADE COMPLE	TED	SCHOOL ATTENDED _				
HIGH SCHOOL SPECIALIZATION	MATRICULATION (UNIVERS	SITY ENTRANCE)	BUSINESS ED	UCATION		
	VOCATIONAL		OTHER			
TYPING SPEED WPM	COMPUTER SKILLS (PROGRAM	S):				
POST SECONDARY EDUCA	ATION/TRAINING					
TECHNICAL BI	JSINESS UNIVERSITY	OTHER				
INSTITUTION	COURSES OR MAJOR	CERT./DIPLON	·	START MO YR	FINISH MO YR	
				MO YR	MO YR	
IF ANY OF THE ABOVE TRAINING I	S INCOMPLETE, WHAT WOULD BE RE	EQUIRED TO COMPLETE I	Γ?			
TRADE CERTIFICATION						
PROVINCE	TRADE TYPE	CLASS NUM	IBER DATE ISS	ATE ISSUED EXPIRY DATE		
APPRENTICESHIP TRAINING	TRADE	LEVE	L			

DATE	LOCATION		TYPE OF AC	CIDENT
QUIPMENT OPERATION: PLE PECIFIC EQUIPMENT OR COMBINATION		TION TRAINING	i AND/OR EXPERIENCE	(LIST COURSES AND/OR
O YOU HAVE FIRST AID QU	JALIFICATIONS?	YES	LEVEL	
		□ NO	EXPIRY DATE	
GRIMSHAW TRUCI	KING L.P. EMPLO	YMENT	HISTORY	
YOU HAVE WORKED FOR GRIMSHA				DNAL/CASUAL)
WORKING TITLE	LOCATION	S	JPERVISOR	DATES OF EMPLOYMENT
_				
MPLOYMENT HIS	TORY (OTHER THAN	GRIMSHAI	N TRUCKING L.I	P.)
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EMPLOYER	YOUR POSITION AND RESPONSIBILITIES
ADDRESS	
TELEPHONE	
DATE OF EMPLOYMENT TO	IO YR SALARY/PAY
SUPERVISOR'S NAME	
EMPLOYER	
ADDRESS	
TELEPHONE	
DATE OF EMPLOYMENT TO	
SUPERVISOR'S NAME	
EMPLOYER	YOUR POSITION AND RESPONSIBILITIES
ADDRESS	
TELEPHONE	
DATE OF EMPLOYMENT TO	J. 12 11.1/1.11
SUPERVISOR'S NAME	\$
REFERENCES PLEASE LIST REFERENCES OTHER THAN SUBERVISORS OF	P EMPLOYEDS DREVIOUSLY NOTED:
PLEASE LIST REFERENCES OTHER THAN SUPERVISORS OR NAME ADDRE	

GENERAL INI	FORMATION	ON							
THIS SPACE IS FOR YOUR CONSIDER ANY QUALIFICATION WHICH YOU HAVE APPLIED	ATIONS, TRAINING,								
	PLEASE RECORD TIMES YOU ARE AVAILABLE AND ON WHICH DAYS								
EMPLOYEE AVAILABILITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
APPLICANT SIGNAT	URE								
PERSONAL INFORMATION NOT BE DISCLOSED UNNE					Y DEPARTMENTS	S. THIS INFORMATIO	ON WILL		
I HEREBY CERTIFY THAT T KNOWLEDGE. I UNDERSTA FOR DISMISSAL.									
SIGNATURE				DATE					
THANK YOU FOR CO		IIS APPLICAT	TION FORM AN	ND FOR YOUR	INTEREST IN	I EMPLOYMEN	T WITH		
INTERVIEWER'S REM	MARKS:								
DATE APPLICANT W	'AS HIRED:								
INTERVIEWER'S SIG	NATURE:				DATE:				