

## Ventures West Transport LP Application for Employment

### Application Instructions:

- Complete each section
- Please list a minimum of **3 professional references**. Please ensure all reference phone numbers are current numbers that can be contacted
- Sign and date this application
- Once you complete each section, attach a resume and current drivers abstract, and forward to:

[hr@ventureswest.net](mailto:hr@ventureswest.net)

Date: \_\_\_\_\_

Position Applied For:  **Owner Operator**

Full Time

**Company Driver**

Part Time

**Seasonal Driver**

### SECTION 1: Personal Information

Name: \_\_\_\_\_  
*Last First Middle*

Present Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City Province Postal Code*

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you ever resided in a jurisdiction other than Alberta? Yes  No

If yes, where: \_\_\_\_\_ When: \_\_\_\_\_

**SECTION 2: Driver's License Qualifications**

Driver's license number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Class: \_\_\_\_\_ Province: \_\_\_\_\_

Have you ever had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended for any reason? Yes  No

If yes explain \_\_\_\_\_

Are there conditions attached to your license? Yes  No

What are these conditions? \_\_\_\_\_

Have you ever held a driver's license in any jurisdiction other than Alberta? Yes  No

If yes, where: \_\_\_\_\_ When: \_\_\_\_\_

**SECTION 3: Driving Experience**

How many years of experience do you have as a Professional Driver? \_\_\_\_\_

How many years of Super B Train experience do you have? \_\_\_\_\_

How many years of tanker experience do you have? \_\_\_\_\_

Have you hauled petroleum products? Yes  No  Length of Time: \_\_\_\_\_

Do you have aviation fuel experience? Yes  No  Length of Time: \_\_\_\_\_

Do you have liquid chemical experience? Yes  No  Length of Time: \_\_\_\_\_

Have you ever held a refinery-loading badge? Yes  No

If yes:

Refinery: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Refinery: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Refinery: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

In what general areas have you driven during the past 5 years?

In Canada: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION 4: Traffic Violations**

List all violations (*other than parking violations*) of any motor vehicle law or ordinance which you were convicted or forfeited bond or collateral during the past 5 years.

None

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle</u>	<u>Penalty</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION 5: Record of Accidents**

List all reportable traffic accidents in which you were involved during the past 5 years. (*List the most recent accident first*)

None

<u>Date</u>	<u>Nature of Accident</u>	<u>Preventable</u>	<u>Injuries</u>	<u>Fatalities</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**SECTION 6: Education**

Indicate the highest level of education completed:

Elementary school

High school

Post-Secondary

Years:  1  2  3  4  5

*Certificates:*

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Do you hold any of the following certificates (up to date):

First Aid Certificate: Yes  No

WHIMS Certificate: Yes  No

TDG Certificate: Yes  No

CPPI Certificate: Yes  No

List any other training or qualifications that you feel may benefit you in the position you are applying for:

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**SECTION 7: Medical Information**

The position you are applying for is safety sensitive and requires physical fitness.

Do you have any physical condition or disability, which may limit your ability to perform the job you are applying for? Yes  No

Are you able to load and unload cargo if required? Yes  No

Are you willing to submit to a medical examination if required? Yes  No

The position you are applying for may require the use of a respirator.

Are you willing and able to wear a respirator if required to do so? Yes  No

**EMPLOYMENT HISTORY**

All Employee applicants are required by regulations to provide previous employment history for their past 3 employers.

**Be certain to supply current phone numbers.**

**We will not trace phone numbers on your behalf.**

**\*\* Should you need more Employment History sections, please reprint the next page \*\***

**SECTION 8: Employment History**

**EMPLOYER (1)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_  
*(Month / year)* *(Month / year)*

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EMPLOYER (2)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_  
*(Month / year)* *(Month / year)*

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



***VENTURES WEST***  
***TRANSPORT LP***

**EMPLOYER (3)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_  
*(Month / year)* *(Month / year)*

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



**SECTION 9: Miscellaneous Information**

Are you eligible to work in Canada?

Yes  No

Are you bondable?

Yes  No

This position may require that you be away from home for short periods of time.

Are you willing and able to be away from home overnight?

Yes  No

Are you willing or able to work on a Saturday or Sunday?

Yes  No

Have you worked for this company before?

Yes  No

If yes when? \_\_\_\_\_

How did you hear of this job opportunity? \_\_\_\_\_

**IN CASE OF EMERGENCY**

Please list at least a person who we may contact in case of an emergency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Relationship \_\_\_\_\_



**Ventures West Transport LP**

**TO BE READ AND SIGNED BY THE APPLICANT**

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize the Company and/or their Agent(s) to make such investigations and inquiries of my personal, employment, criminal search, driving abstracts, and other related matters as may be necessary in arriving at an employment decision. If hired or contacted, this authorization shall remain on file and serve as on-going authorization to re-check or report as deemed necessary at any time throughout my employment or contract period.

I hereby release employers from all liability in responding to inquiries and releasing information 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. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)