



VENTURES WEST
TRANSPORT LP

Ventures West Transport LP Driver Application for Employment

Date:

OFFICE USE ONLY

Code:

Position Applied for:

Lease Operator

Company Driver

Application Instructions:

1. Complete **each** section
2. Do not fill in any **grey** fields
3. Please list a minimum of **3 professional references**. Please ensure all reference phone numbers are current numbers that can be contacted
4. Sign and date the application
5. Once you complete each section, attach a resume and current drivers abstract, and forward to: HR@ventureswest.net

SECTION 1: Personal Information

Name (last, first):

Address (street, city, province, postal code):

Contact Information

Home Phone Number:

Mobile Phone Number:

E-mail:

Other

Have you ever resided in a jurisdiction other than Alberta?

Yes

No

If yes, where:

When:

In what general areas have you driven (with a class 1 license) during the past 5 years?

In Canada:



SECTION 2: Qualifications										
Driver's License Number:										
Expiry Date:				Class:				Province:		
Have you ever had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended?										
Yes		<input type="radio"/>		No		<input type="radio"/>		If yes, explain:		
Are there conditions on your license?			Yes (list):					No <input type="radio"/>		
Have you ever resided in a jurisdiction other than Alberta?					Yes <input type="radio"/>		No <input type="radio"/>			
If yes, where:					When:					
Driving Experience										
How many years of experience do you have as a Professional Driver with a Class 1?										
How many years of Super B Train experience do you have?										
How many years of tanker experience do you have?										
Do you have freight hauling experience?				Yes	<input type="radio"/>	No	<input type="radio"/>	Length of Time		
Do you have flat deck hauling experience?				Yes	<input type="radio"/>	No	<input type="radio"/>	Length of Time		
Do you have van hauling experience?				Yes	<input type="radio"/>	No	<input type="radio"/>	Length of Time		
Do you have petroleum hauling experience?				Yes	<input type="radio"/>	No	<input type="radio"/>	Length of Time		
Do you have aviation fuel experience?				Yes	<input type="radio"/>	No	<input type="radio"/>	Length of Time		
Do you have liquid chemical experience?				Yes	<input type="radio"/>	No	<input type="radio"/>	Length of Time		
Badges										
Have you ever held a refinery-loading badge?					Yes		<input type="radio"/>		No <input type="radio"/>	
If yes, please identify which refinery and dates:										
Refinery:					From:				To:	
Refinery:					From:				To:	
Refinery:					From:				To:	



SECTION 3: Traffic Violations & Record of Accidents

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	<input type="radio"/>			
Date	Offense	Location	Type of Vehicle	Penalty

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	<input type="radio"/>			
Date	Offense	Location	Type of Vehicle	Penalty



SECTION 4: Education & Certificates							
Education							
Indicate the highest level of education completed:							
Elementary School	<input type="radio"/>						
High School	<input type="radio"/>						
Post-Secondary School	<input type="radio"/>	Years (circle):	1	2	3	4	5
Certificates							
Certificates up to date:							
First Aid	Yes	<input type="radio"/>	No	<input type="radio"/>			
WHMIS	Yes	<input type="radio"/>	No	<input type="radio"/>			
TDG	Yes	<input type="radio"/>	No	<input type="radio"/>			
CPPI	Yes	<input type="radio"/>	No	<input type="radio"/>			
Other							
List any other training or qualification that you feel may benefit you in the position you are applying for:							
1.							
2.							
3.							
4.							
5.							



SECTION 5: Medical Information				
The position you are applying for is a safety sensitive position 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	<input type="radio"/>	No	<input type="radio"/>
Are you able to load and unload cargo?	Yes	<input type="radio"/>	No	<input type="radio"/>
Are you willing to submit to physical fitness examination if required?	Yes	<input type="radio"/>	No	<input type="radio"/>
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	<input type="radio"/>	No	<input type="radio"/>



SECTION 6: Employment History

All applicants are required to provide information of previous 3 employers.
Be certain to supply current phone numbers. We will not trace phone numbers on your behalf.

Employer (1)

Name:				Phone Number:	
Address (street, city, province/state):				Position Held:	
From:		To:			
Reference (contact):			Phone Number:		
Reason for leaving:					

Employer (2)

Name:				Phone Number:	
Address (street, city, province/state):				Position Held:	
From:		To:			
Reference (contact):			Phone Number:		
Reason for leaving:					

Employer (3)

Name:				Phone Number:	
Address (street, city, province/state):				Position Held:	
From:		To:			
Reference (contact):			Phone Number:		
Reason for leaving:					



SECTION 7: Miscellaneous							
Are you eligible to work in Canada?	Yes	<input type="radio"/>	No	<input type="radio"/>			
Are you bondable?	Yes	<input type="radio"/>	No	<input type="radio"/>			
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	<input type="radio"/>	No	<input type="radio"/>			
This position may require you to work through weekends, are you willing or able to work on a Saturday or Sunday?	Yes	<input type="radio"/>	No	<input type="radio"/>			
Availability: mark with an X on the days you are available							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Have you worked for Ventures West Transport LP before?	Yes	<input type="radio"/>	No	<input type="radio"/>			
If yes, when:							
How did you hear of this job opportunity?							
In Case of Emergency: Please list an individual who we may contact in case of an emergency							
Name:							
Home Phone:				Cell Phone:			
Relationship:							
TO BE READ AND SIGNED BY THE APPLICANT							
<p><i>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 authorise the Company to make such investigation and inquires of my personal, employment, criminal search, driving abstract, and other related matters as may be necessary in arriving at an employment decision. If hire or contacted, this authorization shall remain on file and service as on-going authorization to re-check or report as deemed necessary at any time through my employment or contract period. I hereby release employers from all liability in responding to inquires 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.</i></p>							
Date:			Applicant's Signature:				