



**VENTURES WEST**  
TRANSPORT LP

## Ventures West Transport LP Non-Driver Application for Employment

Date:

### OFFICE USE ONLY

Code:

Position Applied for:

#### 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](mailto: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:

**SECTION 2: 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"/>

**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 3: 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"/>

**SECTION 4: 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 5: Miscellaneous**

Are you eligible to work in Canada?	Yes	<input type="radio"/>	No	<input type="radio"/>
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Are you bondable?	Yes	<input type="radio"/>	No	<input type="radio"/>
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**This position may require that you work during evenings or weekends.**

Are you willing and able to work afternoon or evenings?	Yes	<input type="radio"/>	No	<input type="radio"/>
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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"/>
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**Availability: mark with an X on the days you are available**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

Have you worked for Ventures West Transport LP before?	Yes	<input type="radio"/>	No	<input type="radio"/>
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If yes, when:	
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How did you hear of this job opportunity?	
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**In Case of Emergency:** Please list an individual who we may contact in case of an emergency

Name:			
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Home Phone:		Cell Phone:	
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Relationship:			
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**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 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.*

Date:		Applicant's Signature:	
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