



**APPLICATION / QUALIFICATION RECORD**  
**NON-DRIVING POSITIONS – CANADA**  
 (Administration/Shop/Washrack/Labour)

EMPLOYER	
OPERATING COMPANY NAME:  _____	AUTHORIZED CARRIER – Trimac Transportation Services Inc. 1700, 800 - 5 Avenue SW Mail: P.O. Box 3500 Calgary, AB T2P 2P9

PERSONAL INFORMATION		
LEGAL LAST NAME	LEGAL FIRST NAME	PREFERRED FIRST NAME
HOME PHONE ( )	CELLULAR PHONE ( )	EMAIL ADDRESS
CURRENT ADDRESS	CITY	PROVINCE
		POSTAL CODE
How long at this address? _____ years.		
POSITION APPLYING FOR	LOCATIONS PREFERRED	
EXPECTED PAY RATE	DATE AVAILABLE (MM/DD/YY)	

EDUCATION			
NAME OF SCHOOL	CITY, PROV.	MAJOR COURSE OF STUDY	DEGREE/CERTIFICATE
High School			
College/University			
Other			

SOURCE	
How were you referred? (check one box only)	Classified Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Source or Person <input type="checkbox"/>
Please Identify - Name of Newspaper, Employment Agency, or Other Source or Person	

Are you at least 18 years of age?  Yes  No

Are you legally entitled to work in Canada?  Yes  No If no, Why? \_\_\_\_\_ (MM/DD/YY)

Have you filed an application with us before?  Yes  No If yes, When?: \_\_\_\_\_ (MM/DD/YY)

Have you been employed with us before?  Yes  No If yes, When?: \_\_\_\_\_ (MM/DD/YY) to (MM/DD/YY)

Why did you leave? \_\_\_\_\_

Do you have any relatives or friends currently employed by this Company or one of its affiliates?  Yes  No

If yes, Name \_\_\_\_\_ Company \_\_\_\_\_ Relationship \_\_\_\_\_

Are you willing to travel if Company business requires you to?  Yes  No

Will you be willing to relocate if the Company requires you to?  Yes  No

**EMPLOYMENT HISTORY**

Begin with most recent employment and account for all time since leaving school, including Canadian military service. Alternatively, please attached a copy of your resume to this application form.

FROM Month/Year	TO Month/Year	NAME AND FULL ADDRESS OF EMPLOYER		REASON FOR LEAVING
POSITION		PHONE	SUPERVISOR NAME	SALARY/PAY RATE

FROM Month/Year	TO Month/Year	NAME AND FULL ADDRESS OF EMPLOYER		REASON FOR LEAVING
POSITION		PHONE	SUPERVISOR NAME	SALARY/PAY RATE

FROM Month/Year	TO Month/Year	NAME AND FULL ADDRESS OF EMPLOYER		REASON FOR LEAVING
POSITION		PHONE	SUPERVISOR NAME	SALARY/PAY RATE

FROM Month/Year	TO Month/Year	NAME AND FULL ADDRESS OF EMPLOYER		REASON FOR LEAVING
POSITION		PHONE	SUPERVISOR NAME	SALARY/PAY RATE

FROM Month/Year	TO Month/Year	NAME AND FULL ADDRESS OF EMPLOYER		REASON FOR LEAVING
POSITION		PHONE	SUPERVISOR NAME	SALARY/PAY RATE

**MEDICAL INFORMATION**

Do you have any condition or disability that may affect your ability to perform the intended work?  Yes  No

If yes, please explain \_\_\_\_\_

Would you be able to attend work regularly on an ongoing basis?  Yes  No

If yes, please explain \_\_\_\_\_

How much work time have you lost in the last three years due to illness or injury? \_\_\_\_\_

Please explain \_\_\_\_\_

Have you ever been injured on the job?  Yes  No Have you received Workers' Compensation?  Yes  No

If yes to either question, please explain? \_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS (SHOP POSITIONS)**

		None	Some	Extensive	Comments (Training, Equipment Used, etc.)
<b>Truck -</b>	Make _____				
<b>Engine -</b>	Make _____				
<b>Transmission -</b>	Make _____				
<b>Differential -</b>	Make _____				
<b>Tire Work</b>					
<b>Starters</b>	Electric				
	Air				
<b>Suspensions</b>	Air				
	Spring				
	Other				
<b>Brakes</b>	Air				
	Other				
<b>Alternators</b>					
<b>General Electrical Work</b>					
<b>Alignment Work</b>	Truck				
	Trailer				
<b>Tank Repairs</b>					
<b>Welding</b>	Acetylene				
	Air				
	Electric				
	Aluminum				
<b>Electronics Work</b>					

List relevant experience not noted above \_\_\_\_\_  
 \_\_\_\_\_

List relevant training not noted above \_\_\_\_\_  
 \_\_\_\_\_

Describe the tool kit you are prepared to bring to the job \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ THE FOLLOWING BEFORE YOU SIGN THIS APPLICATION**

I certify that I have read and understood this entire application. In consideration of my application, I authorize the Company and/or its agents to conduct a thorough investigation of my past employment, which may include but is not limited to: education, character, mode of living, drug testing history, medical examinations and reference checks. I agree to furnish a release for such information to complete my qualification and employment file. I also agree to release the Company, including its officers, employees, agents and representatives from all liability or responsibility related to this investigation.

I hereby state that the information given by me in this application is true and complete in all respects, and I agree that if any information herein is found to be false or incomplete at any time and in any respect, I will be subject to disciplinary action, up to and including termination without notice. I understand that only the Company's Division Vice President has the authority to change or modify any written agreement, and any modification of an existing agreement must also be in writing and signed by the Division Vice President.

In consideration of the Company's provision of its facilities and vehicles for my convenience, I agree that I will not use them for any illegal purpose whatsoever. As a condition of employment, I agree to abide by all the rules and policies of the Company, including the requirement for all pay to be directly deposited into a bank account of my choice. I agree to allow the Company to set off debts owing the Company in respect of personal advances or other similar obligations against any amount owing to the employee at the termination of employment.

Personal information is protected from unauthorized collection, use and disclosure in accordance with the Personal Protection and Electronic Documents Act (PIPEDA). **I authorize and consent the Company to maintain and use my Social Insurance Number and other personal information for the purpose of management and administration of payroll, employee benefits and employment records.**

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that any false or misleading statement(s) may be grounds for dismissal.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature