

**ALSA ROAD CONSTRUCTION LTD.**

**APPLICATION FOR EMPLOYMENT**

(Hiring is contingent on submitting a negative pre-employment drug and alcohol test. You are responsible for the cost of the test; upon receiving the negative results you will be reimbursed.)

RESUME ATTACHED

DATE: \_\_\_\_\_ S:I:N: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ CELL: \_\_\_\_\_

POSITION: DRIVER \_\_\_\_\_ OPERATOR \_\_\_\_\_

CONCRETE \_\_\_\_\_ ASPHALT \_\_\_\_\_ BASE \_\_\_\_\_ OTHER \_\_\_\_\_

AVAILABLE START DATE: \_\_\_\_\_ EXPECTED WAGE: \_\_\_\_\_

VALID ALBERTA DRIVERS LICENSE #: \_\_\_\_\_ CLASS: \_\_\_\_\_

DRIVERS ABSTRACT ATTACHED: \_\_\_\_\_ PRESENT HEALTH: \_\_\_\_\_

ARE YOU WILLING TO TAKE A MEDICAL: YES: \_\_\_\_\_ NO: \_\_\_\_\_

ANY MEDICAL OR PHYSICAL CONDITIONS THAT WE SHOULD BE AWARE OF THAT MAY PREVENT YOU FROM PERFORMING CERTAIN TYPES OF WORK. YES \_\_\_\_\_ NO \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_

HAVE YOU EVER FILED A WCB CLAIM YES \_\_\_\_\_ NO \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENCE . YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE RELIABLE TRANSPORTATION? YES \_\_\_\_\_ NO \_\_\_\_\_

**TYPE OF EQUIPMENT OPERATED**

\_\_\_\_\_ YEARS \_\_\_\_\_

\_\_\_\_\_ YEARS \_\_\_\_\_

\_\_\_\_\_ YEARS \_\_\_\_\_

(CONTINUED ON BACK)

## WORK RELATED CERTIFICATES OR EDUCATION

- |   |                    |                    |
|---|--------------------|--------------------|
| <input type="checkbox"/> WHMIS          | STANDARD FIRST AID | FLAGGING           |
| <input type="checkbox"/> SAFE TRENCHING | GRADES AND LEVELS  | TDG                |
| <input type="checkbox"/> CONFINED SPACE | DEFENSIVE DRIVING  | BLUE PRINT READING |
| <input type="checkbox"/> Q ENDORSEMENT  | HEAVY EQUIPMENT    | BACK PREVENTION    |
- SAFETY COURSES: \_\_\_\_\_
- MANAGEMENT: \_\_\_\_\_
- OTHERS: \_\_\_\_\_

## EMPLOYMENT REFERENCES

EMPLOYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**PLEASE NOTE: ALL EMPLOYEES WHO HAVE 3 MONTHS OF EMPLOYMENT WITH US QUALIFY FOR THE GROUP INSURANCE PLAN. AFTER 1 YEAR OF EMPLOYMENT WITH THE COMPANY, THE EMPLOYEE MUST JOIN THE COMPANIES GROUP PENSION PLAN ON THE FIRST PAY PERIOD AFTER THEIR ANNIVERSARY DATE.**

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_  
REV: MAY/06