

# **Grimshaw**

*Your Gateway To The North™*

If emailing a copy of this Application form you certify that the facts set forth in this Employment Application are true and complete to the best of your knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Please email this application form to:

**hr@gtlp.ca**

All personal information created, held or collected is treated in a manner consistent with the provisions of the Federal Personal Information Protection and Electronic Documents Act (PIPEDA) and various Provincial Privacy Acts.

Grimshaw Trucking L.P. collects, uses and shares only the information required to administer your potential employment relationship with us, in accordance with its Privacy Policy.



## EMPLOYMENT APPLICATION

11510 – 151 Street EDMONTON, AB T5M 3N6 PHONE: 780-414-2850

Mailing Address: P.O. Box 960 Edmonton, AB T5J 2L8

### PERSONAL DATA

**POSITION(S) BEING APPLIED FOR**

**NAME** Last Name First Middle Email

**HOME ADDRESS** Street and Number City/Town Province Postal Code

**MAILING ADDRESS** Street and Number City/Town Province Postal Code  
(IF DIFFERENT FROM HOME ADDRESS)

**PHONE NUMBERS** Home Business Cell

**ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?**  YES  NO **DO YOU HAVE A CRIMINAL RECORD?**  YES  NO

**DRIVER'S LICENCE**  YES  NO <sup>VALID</sup> Province Class Number

**FIT FOR DUTY TESTING** Will you submit to fit for duty testing? This may include Drug, Alcohol, Medical, Physical Demands Analysis and Random Drug Testing.  YES  NO

### EDUCATION

HIGHEST SCHOOL GRADE COMPLETED \_\_\_\_\_ SCHOOL ATTENDED \_\_\_\_\_

HIGH SCHOOL SPECIALIZATION  MATRICULATION (UNIVERSITY ENTRANCE)  BUSINESS EDUCATION  
 VOCATIONAL  OTHER \_\_\_\_\_

TYPING SPEED \_\_\_\_\_ WPM COMPUTER SKILLS (PROGRAMS): \_\_\_\_\_

### POST SECONDARY EDUCATION/TRAINING

TECHNICAL  BUSINESS  UNIVERSITY  OTHER \_\_\_\_\_

INSTITUTION	COURSES OR MAJOR	CERT./DIPLOMA/DEGREE	START MO YR	FINISH MO YR
_____	_____	_____	_____	_____
_____	_____	_____	MO YR	MO YR

IF ANY OF THE ABOVE TRAINING IS INCOMPLETE, WHAT WOULD BE REQUIRED TO COMPLETE IT?

### TRADE CERTIFICATION

PROVINCE	TRADE TYPE	CLASS	NUMBER	DATE ISSUED	EXPIRY DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**APPRENTICESHIP TRAINING** TRADE \_\_\_\_\_ LEVEL \_\_\_\_\_





# GENERAL INFORMATION

THIS SPACE IS FOR YOUR CONVENIENCE IN FURNISHING ADDITIONAL INFORMATION WHICH YOU WOULD LIKE TO BRING TO OUR ATTENTION. CONSIDER ANY QUALIFICATIONS, TRAINING, ACQUIRED SKILLS AND DEMONSTRATED ACHIEVEMENTS WHICH ARE PERTINENT TO THE JOB(S) WHICH YOU HAVE APPLIED FOR.

EMPLOYEE AVAILABILITY	PLEASE RECORD TIMES YOU ARE AVAILABLE AND ON WHICH DAYS						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

## APPLICANT SIGNATURE

PERSONAL INFORMATION COLLECTED WILL BE USED FOR THE PURPOSE OF PAYROLL AND SAFETY DEPARTMENTS. THIS INFORMATION WILL NOT BE DISCLOSED UNNECESSARILY AND WILL BE KEPT IN LOCKED CABINETS.

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THIS EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN EMPLOYMENT WITH GRIMSHAW TRUCKING L.P.**

INTERVIEWER'S REMARKS:

DATE APPLICANT WAS HIRED: \_\_\_\_\_

INTERVIEWER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_