

Application for Employment at Argus Carriers

Name _____ Date _____
Last First Middle

Address _____
Street City Province Postal Code

Telephone # () Other Phone # ()

Referred by _____ Drivers License Class _____

Position(s) applied for _____ Date available _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

If currently employed, may we contact your employer? Yes No

Are you legally eligible for employment in Canada? Yes No

If you are under 18 and it is required, can you furnish a work permit? Yes No

Are you available to work overtime if required? Yes No

Have you been employed at this company before? Yes No

If yes, when? _____ and at what location? _____

Do you have any friends or family employed at this location? Yes No

If hired, do you have reliable means of transportation to get to work? _____

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

You will be asked to supply Argus Carriers with a police background check before being hired.

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, PROVINCE	GRADUATED?	DEGREE(S)/DIPLOMA(S) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any honors you have received: _____

Describe any specialized training, apprenticeship skills and extra-curricular activities which you feel make you suitable to work here at Argus Carriers: _____

What are your greatest strengths? _____

SKILLS

Dangerous Goods Ticket: Yes No Expiry Date: _____

Forklift experience: Yes No How long? _____

Mobile equipment certified: Yes No Expiry Date: _____

P/U & Del experience in Lower Mainland: Yes No How long? _____

Unloading/Loading Trailers: Yes No How long? _____

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
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REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT: _____

REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

May we contact the employers listed above? Yes No

Acceptance of permanent staff and continued employment is dependent upon satisfactory completion of a probationary period of three months and confirmation to the satisfaction of Argus Carriers Ltd. that you are medically able to perform the position applied for.

I hereby certify that the facts set forth in the above 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.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in Canada.

Applicant's Signature _____ **Date** _____
