



## Application for Employment

15-1030 Kearns Cres, Regina, Saskatchewan S4K 0A1  
Phone: (306) 527-8851 Email: salitransport@sasktel.net

### Personal Information

Name: \_\_\_\_\_ SIN # (optional): \_\_\_\_\_  
Address: \_\_\_\_\_

Street, City, Province, Postal Code \_\_\_\_\_  
Contact Details: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone Email

Are you legally able to work in Canada?  Yes  No

When would you be available to begin? \_\_\_\_\_

How did you hear about Sali Transport? \_\_\_\_\_

**Please attach copies of training certificates, drivers license, and a current drivers abstract.**

### Education

Secondary School: \_\_\_\_\_ Location: \_\_\_\_\_

Circle Highest Grade Completed: 9 10 11 12 13 Date Completed: \_\_\_\_\_

Post-Secondary School: \_\_\_\_\_ Location: \_\_\_\_\_

Qualification Obtained: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Industry Training: Completed Date Completed

Dangerous Goods  Yes  No \_\_\_\_\_

WHMIS Course  Yes  No \_\_\_\_\_

PDIC  Yes  No \_\_\_\_\_

First Aid  Yes  No \_\_\_\_\_

CPR  Yes  No \_\_\_\_\_

Other Training or Professional Development: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Physical History

Are you able to lift 50 lbs (24 kgs) to shoulder height?  Yes  No

Are you physically and mentally able to perform the duties of the job?  Yes  No If no, please give details of any accommodations required to perform the duties of the position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driving Experience and Qualifications**

Drivers License No. \_\_\_\_\_ Province: \_\_\_\_\_ Class: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Driving School(s): \_\_\_\_\_

Provinces or countries in which you have driven a commercial vehicle in the last 5 years:

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If "Yes" to either of the above, please give details:

**Operating Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From - To	Approx. # of Kilometers
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Straight Truck: \_\_\_\_\_

Tractor and Semi-Trailer: \_\_\_\_\_

Tractor and Two Trailers: \_\_\_\_\_

Other: \_\_\_\_\_

**Safety Awards**

Date	Description
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**Accident History**

(Please list five-year history – all incidents, including those of a "minor" nature)

Date	Nature of Accident	Estimated Damage
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**Traffic Convictions and Out of Service Violations**

(Please list three-year history – all incidents other than parking violations)

Date	Charge
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**Past Employment**

Present/Last Employer: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Second Last Employer: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Third Last Employer: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Declaration**

This certifies that the application was completed by me and that all answers on it are true and correct. I acknowledge that my personal information is protected by the Personal Information Protection and Electronic Documents Act, however, I authorize Sali Transport Ltd. to share such information and make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at a decision regarding employment. I hereby release employers, schools, or persons, from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) is grounds for and may result in immediate dismissal. I also understand and agree that I am required to abide by all rules and regulations of the company, as permitted by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

***Please submit completed application & related documents via email to  
salitransport@sasktel.net***