

RBS BULK SYSTEMS INC.
APPLICATION FOR EMPLOYMENT (Please Print Clearly)

Fax to: Calgary 877.551.0525
or: Fort Saskatchewan - 780.992.1574



Date of Application:	Company Driver or Owner Operator <input type="checkbox"/>	Social Insurance No.	Date of Birth: Yr/Mo/Dy
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PERSONAL INFORMATION:

First Name:		Middle Name:		Last Name:	
Addresses:	Number & Street	City	Prov./State	Postal Code	Length of residence
Present:					
Previous:					
Mailing:					
Country of Citizenship:		Passport or Visa Held		Telephone No.	
Have you ever been denied entry into the U.S.?		If Yes, please explain:			
Yes: <input type="checkbox"/>					
No: <input type="checkbox"/>					
Person to notify in case of emergency:			Relationship:		
Number & Street Address		City	Prov./State	Postal Code	Telephone No.

EDUCATION:

Grade School/High School	Highest Grade Completed	Name of Last School Attended			Final Year
College/University/Vocational School	Dates Attended Mo./Yr.		Month & Yr. Left or Graduated	Type of Degree Earned	Major Subject
	From	To			

PHYSICAL:

Have you any permanent disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain
Are you physically capable of heavy manual work? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, explain:
List physical limitations, such as eyesight, limb or back impairments, diabetes, hearing, etc.	
Date of last physical examination	Doctor's Name & Address
Have you ever been injured on the job?	Explain type & degree of such injuries
How much time lost from work in past 3 years for illness:	
Have you received Workmen's Compensation?	If yes, when?
Yes <input type="checkbox"/> No <input type="checkbox"/>	

IF, UPON RECEIPT OF YOUR DRIVER'S ABSTRACT, WE FIND THAT IT DOES NOT MEET THE ABOVE CONDITIONS, WE RESERVE THE RIGHT TO TERMINATE YOUR EMPLOYMENT WITHOUT NOTICE.

APPLICANT'S SIGNATURE _____

EMPLOYMENT HISTORY:

Have you previously worked for this company?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If so, when?	Position held:	

Beginning with your present work experience and working backward in order, please list all of your employers, driving school and training programs, military service, self-employment, etc. for at least the past 10 years. Use extra paper if needed. Leave no gaps in time for the past 10 years. Fill in all blanks.

Period of unemployment (if any) Dates: (month/year) From: _____ To: _____

Dates:	From:	To:	Position Held:
Company:		Avg. Weekly Earnings:	
Address:		Reason for leaving:	
City:	Prov.	If experienced, type of trailer pulled:	
Telephone:	Postal Code:	Type of Equipment driven:	
Supervisor:	Number of accidents:	Total Kms.	
Full or Part-time:	Hrs. or KMs/week	Regions you drove in:	

May we contact your present employer (if any) to verify your work record? Yes No

Period of unemployment (if any) Dates: (month/year) From: _____ To: _____

Dates:	From:	To:	Position Held:
Company:		Avg. Weekly Earnings:	
Address:		Reason for leaving:	
City:	Prov.	If experienced, type of trailer pulled:	
Telephone:	Postal Code:	Type of Equipment driven:	
Supervisor:	Number of accidents:	Total Kms.	
Full or Part-time:	Hrs. or KMs/week	Regions you drove in:	

Period of unemployment (if any) Dates: (month/year) From: _____ To: _____

Dates:	From:	To:	Position Held:
Company:		Avg. Weekly Earnings:	
Address:		Reason for leaving:	
City:	Prov.	If experienced, type of trailer pulled:	
Telephone:	Postal Code:	Type of Equipment driven:	
Supervisor:	Number of accidents:	Total Kms.	
Full or Part-time:	Hrs. or KMs/week	Regions you drove in:	

Period of unemployment (if any) Dates: (month/year) From: _____ To: _____

Dates:	From:	To:	Position Held:
Company:		Avg. Weekly Earnings:	
Address:		Reason for leaving:	
City:	Prov.	If experienced, type of trailer pulled:	
Telephone:	Postal Code:	Type of Equipment driven:	
Supervisor:	Number of accidents:	Total Kms.	
Full or Part-time:	Hrs. or KMs/week	Regions you drove in:	

Attach an extra page if required to complete 10 year history. Application cannot be processed without employer phone numbers. Please check with directory assistance for phone numbers if required.

MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS:

Dates (beginning with most recent)			Nature of accident (Head on, rear-end, upset, etc.)	Prov./State Occurred	Fatalities	Injuries
Day	Mo.	Year				

TRAFFIC CONVICTIONS FOR PAST 3 YEARS:

Traffic convictions and forfeitures (other than parking violations) for the past 3 years and any convictions or forfeitures involving possession, sale, manufacturing, transportation or use of drugs.

Location	Day	Mo.	Yr.	Charges	Penalty	Prov./State Occurred

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.

_____ (Date)

_____ (Applicant's signature)

TO BE READ AND SIGNED BY APPLICANT

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATION.

It is agreed and understood that this application for employment in no way obligated RBS Bulk Systems to employ the applicant.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

This certifies that this application was completed by me and that all information on it is true and complete to the best of my knowledge.

It is agreed and understood that RBS Bulk Systems may investigate the applicant's background to ascertain all information of concern to applicant's record.

It is agreed and understood that the applicant releases employers and persons named herein from all liability for any damages on account of the applicant furnishing such information.

The applicant agrees to furnish additional information and complete such examinations as may be required to complete the applicant's employment file.

It is agreed and understood that if employed, the employee will be on a probationary period (90 days) during which time the employee may be discharged without recourse.

If I am accepted for employment, I will not publish or disclose to anyone outside the Company, any trade secrets or confidential technical or business information during or after employment by RBS Bulk Systems, except with the company's written permission.

APPLICANT'S SIGNATURE	DAY	MO.	YR.
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MISCELLANEOUS:

How were you referred to this company? Advertising <input type="checkbox"/> Employee <input type="checkbox"/> Other <input type="checkbox"/>		
Name: _____		
Explain: _____		

Do you hold a valid first aid certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other certifications: _____		

Are you able to work flexible hours? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you able to be away from home for extended periods of time? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you bondable? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, state reasons.		

