



Cascade Carriers is committed to Professionalism in the Trucking Industry. We are an equal opportunity employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, colour, age, sex, religion or national origin; or physical defects.

Because of our commitment to Professionalism in the Trucking Industry, any driver or Owner Operator application not meeting the following criteria will be rejected:

- Current abstract (no more than 30 days)
- Maximum demerit points allowed is three (3)
- Maximum of two (2) violations allowed
- No Criminal record in last 5 years.
- Application must be filled out completely.

Applicants are advised of the following:

- Pre-employment substance screening, back assessment, physical, criminal record check, and current driver's abstract are mandatory for all new employees. The screening test will be conducted at a medical facility designated by the company and employment is conditional on a negative alcohol / drug test.
- Information on this application will be used; Prior employers will be contacted, for the purpose of investigation to ascertain that applicant's background is accurate.
- It is agreed and understood that this application in no way obligates Cascade Carriers Ltd. to employ the applicant.
- It is agreed and understood that any misrepresentations of information given on this application shall be considered an act of dishonesty and will be considered proper cause for dismissal.
- The applicant agrees to furnish additional information and complete such examinations as may be required to complete the applicant's employment file.
- Effective January 1, 2004, Cascade Carriers Ltd. will comply with the Federal "Personal Information Protection and Electronic Documents Act (PIPEDA)."
- It is agreed and understood that if employed, the employee will be on a probationary period of ninety (90) days.
- 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 Cascade Carriers Ltd., except with the Company's written permission.

Date

Applicant's Signature



Position applying for	Branch:		Application Date mm / dd / yy
Last Name	First Name	Middle Name	
Home Phone:	Cell Phone Number	Wk. Phone	

ADDRESSES

Present	Number & Street	City	Prov/State	Postal Code	Length of Residence
Previous (if less than 2yr.)					
Mailing Address (if other than present address listed)					

EDUCATION

Highest grade completed	Name of Last Grade or High School Attended				Final Year	
College/University/Vocational School	From			Dates Attended To		Month & Yr. Left or Graduated.
	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.
	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.
	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.

Driver Licence Number	Expiration Date Mo. Day Yr.	Province	Type of Licence (circle answer) A B C or Class 1 2 3 4 5
How many demerit points on your present record?	How many moving violations?	Licence suspended last 2 years?	Air Ticket: Yes No

Motor Vehicle Accident Record For Past Three (3) Years. Start With Most Recent Accident.

Mo. Day Yr.	Nature of Accident Head-on, Rear-end, Rollover, Etc.	Prov or State Incident occurred	Fatalities	Injuries

Traffic Convictions and forfeitures (other than parking violations) for the past 3 yrs or forfeitures involving possession, sale, manufacturing or use of drugs

Location	Mo. Day Yr	Charges	Penalty	Prov or State

List type of trucks (and shift pattern) trailers, you have pulled, and equipment you have operated

Approximately, how many kilometers driven in the following:

British Columbia _____ Saskatchewan _____ Alberta _____ Manitoba _____

List any "Bulk" equipment you have operated, and what products were hauled.

Personal Work History for Past 10 Years

Begin with your present experience and work backward in order. List all of your employers, driving school and other training programs, periods of self employment and employment for at least 10 years. All time must be accounted for. (use supplementary sheet if necessary) Leave no blanks or gaps in time for past 10 years.

Dates: From; Month/Year	To	Position Held:
Employer's Name:		Earnings(wk,mth,yr)
Address:		Postal Code:
City:	Province:	Full or part-time:
Telephone()		Reason for leaving:
Supervisor:		

Dates: From; Month/Year	To	Position Held:
Employer's Name:		Earnings(wk,mth,yr)
Address:		Postal Code:
City:	Province:	Full or part-time:
Telephone()		Reason for leaving:
Supervisor:		

Dates: From; Month/Year	To	Position Held:
Employer's Name:		Earnings(wk,mth,yr)
Address:		Postal Code:
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Dates: From; Month/Year	To	Position Held:
Employer's Name:		Earnings(wk, mth, yr)
Address:		Postal Code:
City:	Province:	Full or part-time:
Telephone()		Reason for leaving:
Supervisor:		

SHOP EMPLOYEES ONLY

Trade Courses:	Certificate No:
Do you have a full set hand tools: Yes No	
What type of equipment have you worked on?	
State types of equipment you are familiar with:	
If hired, when could you begin work?	

TO BE COMPLETED IF APPLICANT IS A LEASED OPERATOR : Equipment Data

MAKE	MODEL	SERIAL NO
YEAR	TIRE SIZE	WEIGHT
POWER	TRANS	REAR ENDS
W/B/	5TH WHEEL HGT	TOP SPEED
WEB#	GST #	

I REALIZE THAT I WILL BE HELD FINANCIALLY RESPONSIBLE FOR ANY COMPANY EQUIPMENT I MAY DAMAGE OR DESTROY DUE TO NEGLIGENCE ON MY PART.

TO BE READ AND SIGNED BY APPLICANT

I certify 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