

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 or shop employee 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 L.P. 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 L.P. 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 L.P., except with the Company's written permission.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



<b>Check the Position you are applying for</b>						<b>Application Date</b>	
<input type="checkbox"/> Driver		<input type="checkbox"/> Owner Operator		<input type="checkbox"/> Shop Employee		<input type="checkbox"/> Office / Dispatch	
						mm	/ dd /yy
<b>Check the Location of Employment</b>	<input type="checkbox"/> Edmonton	<input type="checkbox"/> Calgary	<input type="checkbox"/> Grande Prairie	<input type="checkbox"/> Kamloops	<input type="checkbox"/> Medicine Hat	<input type="checkbox"/> Red Deer	

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.		Type of Degree Earned
	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	
	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	
	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	

Driver Licence Number	Expiration Date	Province	Type of Licence ( circle answer ) A B C or Class 1 2 3 4 5			
	Mo. Day Yr.					
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

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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.

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How did you learn about Cascade Carriers?

Newspaper \_\_\_\_\_ Job Fair \_\_\_\_\_ Signage \_\_\_\_\_ Cascade Employee/Driver Reference

Cascade Web Site \_\_\_\_\_ Other \_\_\_\_\_

**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.

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

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

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

**SHOP EMPLOYEES ONLY**

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

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

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

**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