



Prudential Transportation Ltd

#239 8138 128th Street

Surrey, BC V3W 1R1

Tel: 604-543-2147 Fax: 604-543-9765

Application for Employment

Date of application _____

Position Applied for: _____ Social Security #: _____

Name: _____
Last First Middle

Email Address: _____

WCB #: _____ Port Pass #: _____ Port Pass Expire: _____

Address: _____
Street / Apt# City
Province / State Postal Code / Zip

Home Phone #: _____ Cell #: _____

Date of Birth: ___ / ___ / ___ / Can you provide proof of age: ___ Are you a US Citizen ___
M D Y

In case of an Emergency notify: _____
Name Phone #

Have you worked for this company before: _____ Date: ___ / ___ / ___ /
M D Y

Reason for Leaving: _____

In compliance with Federal and State equal employment opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or presence of a non-job related medical condition or handicap.



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Physical History

List any injuries that prevents you from doing certain kinds of work: _____

Are you capable of heavy manual work? _____ Have you been injured on the Job? _____

Would you be willing to take a physical examination? _____

Employment History

Last Employer Name: _____

Address: _____ Phone: _____

Position Held: _____ from: ____ / ____ to ____ / ____
M Y M Y

Reason for Leaving: _____

Last Employer Name: _____

Address: _____ Phone: _____

Position Held: _____ from: ____ / ____ to ____ / ____
M Y M Y

Reason for Leaving: _____

Last Employer Name: _____

Address: _____ Phone: _____

Position Held: _____ from: ____ / ____ to ____ / ____
M Y M Y

Reason for Leaving: _____

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Driving History

Accident Record for the past 3 years or more

Date	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Education History

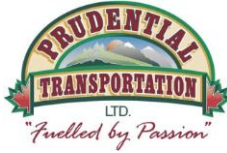
Highest Grade Completed: High School _____ College _____

Last School Attended _____

Experience & Qualifications – Driver

Type	State	License Number	Expiration Date

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

If yes why _____

Has any license, permit or privilege ever been suspended or revoked? _____

If yes why _____

Driving Experience

Class of Equipment	Type of Equipment	Dates	Local / Highway Driving
Ocean Containers			
53" Dry Van			
Other			

To Be Read and Signed By Applicant

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. I authorized you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, school 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 inter-view may result in discharge. I understand that I am required to abide by all the rules and regulation of the company.

Date

Applicants Signature

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