



DATE _____

Application to Sub Contract as an Owner/Operator

NAME _____ TEL # _____

ADDRESS _____

POSTAL CODE _____ SOCIAL INSURANCE NUMBER _____

AGE ____ DATE OF BIRTH _____ MALE ____ FEMALE ____ HT. ____ WT ____

BC DRIVER'S LICENCE # _____ ANY POINTS OR RESTRICTIONS? _____

IF YES, HOW MANY AND REASON _____

HOW LONG HAVE YOU HELD A VALID DRIVER'S LICENCE _____

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? _____ IF YES, PLEASE
PROVIDE DETAILS AND EXTENT OF INJURIES IF ANY _____

_____ LAST GRADE COMPLETED _____

HOW WELL DO YOU KNOW THE LOWER MAINLAND? _____

MARITAL STATUS _____ DEPENDENTS? _____ ARE YOU BONDABLE _____

MONTHLY COMMISSION EXPECTED _____

ANY HEALTH PROBLEMS THAT COULD AFFECT YOUR EMPLOYMENT? _____

IF YES PLEASE EXPLAIN _____

AVAILABILITY

WOULD YOU LIKE TO WORK FULL-TIME? _____ PART-TIME? _____

ARE YOU WILLING TO WORK SHIFT WORK? _____

VEHICLE

MAKE _____ MODEL _____ YEAR _____

COLOUR _____

EMPLOYMENT RECORD

PLEASE LIST MOST RECENT JOBS

(WE MUST HAVE 2 REFERENCES THAT YOU HAVE ACTUALLY WORKED FOR, "SELF-EMPLOYED" WILL NOT BE CONSIDERED AS A VALID REFERENCE.)

COMPANY _____ ADDRESS _____

PHONE _____ SUPERVISOR _____ DATES WORKED FROM _____ TO _____

SALARY _____ REASON FOR LEAVING _____

COMPANY _____ ADDRESS _____

PHONE _____ SUPERVISOR _____ DATES WORKED FROM _____ TO _____

SALARY _____ REASON FOR LEAVING _____

HAVE YOU EVER RECEIVED BENEFITS FROM THE WORKER'S COMPENSATION BOARD?

_____ IF YES, PLEASE PROVIDE DETAILS _____

IN THE EVENT OF AN EMERGENCY

NEXT OF KIN _____ ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT DELIBERATE FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR TERMINATION OF CONTRACT. I AUTHORIZE THE REFERENCES LISTED TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION TO YOU.

DATE _____ SIGNATURE _____

OFFICE USE ONLY

COMMENTS