



Western Logistics Employment Application

Sales

Which position are you applying for?

Clerical

Please submit this completed application form via email to hr@westernlogistics.com or print and fax to 604.420.6500. We look forward to hearing from you!

Driving

Warehouse

General	Informa	ition		
Name:			Date of Birth:	
Address:				
City:			Postal Code:	
Email:			Phone:	
Educati	on			
FROM	UNTIL	SCHOOL / LOCATION	PROGRAM	DIPLOMA
Work History (References will be requested and contacted at the next step.)				
FROM	UNTIL	COMPANY / LOCATION	DUTIES	
FOR DRIVERS (Drivers will be subject to further testing and information requests.)				
VALID Driver's License Number:				
Do you have a record that would prevent your entry into the USA? Yes No				
If yes, de	scribe:			
Do you have any physical condition preventing you from performing heavy work? Yes No				
If yes, describe:				
Signature: Date:				