

Hospital Transfers

A Division of SN Transport Ltd

Head Office : 2292 Queen St. Abbotsford: BC: V2T 6J4

Patient Transfer Services

Driver / Assistant Application Form – Important Information

This position requires that you provide assistance to persons with mobility issues - hospital patients - the elderly and the disabled - while safely and considerately transporting them in specially adapted vehicles and can entail assisting them in and out of a Wheelchair and maneuvering an occupied Wheelchair in the process of getting them to and from their destination or transferring patients from a bed to stretcher and visa – versa.

We would be grateful if you would complete – **in your own hand** - all the sections in this application form in as much detail as possible. Please ensure that you include full details of your license, and employment history.

We appreciate that some of this information may have been provided previously in a Resume, but there are some additional areas and we need to have and we are sure you appreciate that applications need to be in a consistent format to be fair to all applicants. Incomplete Application Forms will NOT be considered further.

Please note that we will require the **ORIGINALS** of the following documents **PRIOR to any engagement** and copies for our files before any driver begins to work for the company: **DO NOT SEND THEM WITH THIS APPLICATION FORM.** If you are unable to produce any of these we cannot offer engagement.

1. Proof of identity, such as a Passport/Citizenship Card or Permanent Residency Card.
2. Social Insurance Card.
3. Two proofs of address, such as utility bills, rent books etc.
4. BC Driving License – [If Driver Application - Commercial Class 4 or better]
5. Motor Vehicle Branch abstract of driving record (obtainable from Driver Services Center's) with no more than six points in the last 12 months. – **will be done by us prior to engagement**
6. ICBC Claims History for previous 24 months.- **will be done by us prior to engagement**
7. **Police Criminal Record Check plus Vulnerable Sector Screening** – **OBTAINED [and paid for] BY THE COMPANY AFTER AN OFFER IS MADE. OFFER WILL BE SUBJECT TO A SATISFACTORY REPORT**
8. Training & Education Certificates

Copies of items 1, 4 and 8 can be brought to an interview – the others will be required prior to engagement.

Please return as soon as possible by either :-

E - mail :- info@SNTransport.ca

Free Fax :- 1-866-768-1821

Snail Mail :- SN Transport Ltd

2292 Queen St

Abbotsford BC V2T 6J4

Att: - Trevor White - Operations Director

Incomplete Application Forms will NOT be considered further.



Tel : 1-604-852-3366 Fax : 1-604-852-3354

www.HospitalTransfers.org



Personal Information

Completed in your own hand. Incomplete Application Forms will NOT be given further consideration
*** Denotes required completion**

Position Applied For* :-		
Given Name*		Family Name*
Home Tel#*	Mobile Tel#*	e- mail *

Address - Street*							
Lived here Since*		City*			Postal Code*		
Single Family	<input type="checkbox"/>	Town Home	<input type="checkbox"/>	Condo	<input type="checkbox"/>		
Own Home	<input type="checkbox"/>	Share Home	<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you have lived at the above Address for LESS than one year - please provide previous address below.

Address - Street*			
Lived here Since*		City*	Postal Code*

Date of Birth				Place of Birth			
Next of Kin				Relationship			
1st Language*				If not English - English to what Grade*			
Status - Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>	Dependent Children Yes <input type="checkbox"/> / Ages			No <input type="checkbox"/>

Driving Details

BC Drivers Lic #*			Group / Clas*			
Held Since*		No of years Driving Experience in Lower Mainland *			Years	
How would describe your geographical knowledge of the Lower Mainland*				Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>
Have you ever been refused insurance cover ? - if Yes - provide Details below*					Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical

The position requires you to provide assistance to persons with mobility issues that can entail assisting them in and out of a bed, Wheelchair or Stretcher and maneuvering an occupied Wheelchair.			
Do you have any medical condition that would inhibit your ability or safety ??*		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details below: *			

Have you ever been convicted of an Offence - including traffic offences? If yes, provide details below:*			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Of Offence	Offence	Fine \$\$	Penalty Points	

Note :- A satisfactory Level 2 Criminal record check will be carried out if offered a position.

Previous Employment Information

Please list your current or most recent Employment first and work backwards - No contact will be made with any past employer unless or until an offer is made. Please ensure that all details are completed.

Are you a Member of Trade Union ?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES - which Union -	
Company Name #1*			Date Started*	
Address - Street*			Date Left*	
City*	Postal Code	Tel #		
Position*	Dept & Managers Name*			
Duties - Brief Description*				
Reason for Leaving*				

Company Name #2*			Date Started*	
Address - Street*			Date Left*	
City*	Postal Code	Tel #		
Position*	Dept & Managers Name*			
Duties - Brief Description*				
Reason for Leaving*				

Company Name #3*			Date Started*	
Address - Street*			Date Left*	
City*	Postal Code*	Tel #*		
Position*	Dept & Managers Name*			
Duties - Brief Description*				
Reason for Leaving*				

Company Name #4*			Date Started*	
Address - Street*			Date Left*	
City*	Postal Code*	Tel #*		
Position*	Dept & Managers Name*			
Duties - Brief Description*				
Reason for Leaving*				

Please use second sheet if necessary

Education & Training Information

Please list your last FULL TIME Education and work backwards.

School / College *			From *
Address - Street *			To *
City*	Postal Code*	Tel # *	
Course Studied *			
Certificate Gained *			

School / College *			From *
Address - Street *			To *
City*	Postal Code*	Tel # *	
Course Studied *			
Certificate Gained *			

School / College *			From *
Address - Street *			To *
City*	Postal Code*	Tel # *	
Course Studied *			
Certificate Gained *			

School / College *			From *
Address - Street *			To *
City*	Postal Code*	Tel # *	
Course Studied *			
Certificate Gained *			

Additional Training and / or Courses *

Date [last first]	Name of Course	Establishment - Name & Location

Holiday / other commitments - advise of any holiday or other commitments already entered into * :-

Other Information

Volunteer / Recreation & Sports Activities

Any Other information you feel is relevant

I certify that the information I have provided in this 4 page Application is true and accurate and is provided as a basis for consideration of being engaged as a Driver / Assistant by SN Transport Ltd.

Signed * :-

Date *:-

Name * : [Print]

DO NOT SEND ANY ADDITIONAL DOCUMENTS WITH THIS FORM - THEY ARE ONLY REQUIRED PRIOR TO COMMENCEMENT

Send To:- SN Trasnport Ltd : 2292 Queen St: Abbotsford: BC : V2T 6J4 or by Snail Mail to : HR@SNTransport.ca

Office Use Only :

<u>Requirement</u>	<u>Document Description</u>	<u>Date</u>	<u>By</u>
1. Proof of Identity.			
2. SIN Card Produced - #			
3. Proof of address - two			
4. Driving License - Class & #			
5. MVB Abstract			
6. ICBC History			
7. Police Level 2 CR Check			
8. Training & Education Certificates			