



FAX to: 604-530-3729 or Email to:
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Mailing Address:
6982 – 206th Street, Langley, BC
V2Y 1R2

WEST COAST AMUSEMENTS DRIVER APPLICATION FORM

FULL NAME: _____

*DRIVERS LICENCE# _____

* We require a photocopy of your Drivers License

EXP. DATE _____ CLASS: _____

YEARS EXPERIENCE: _____

Do you have any training certificates? (log book, air brakes, etc)

Drivers abstract is required before driving any company vehicles and they must
be a N print.

*SIN #: _____

* We require a photocopy of your SIN card

BIRTHDATE: DAY _____ MONTH _____ YEAR _____

ADDRESS: _____

CITY/PROV: _____ POSTAL CODE: _____

PHONE#: _____

EMERGENCY CONTACT: _____ PHONE#: _____

DO YOU KNOW HOW TO?

Fill out log book: _____ Do a Pre/Post Trip _____ Adjust Air Brakes _____

Signature: _____

Office Use Only

Ride/Game: _____

Start Date: _____