



# HAUL TRUCK APPLICATION

STUDENT ID#

**Send application by mail or courier to:**

Keyano College  
Office of the Registrar  
8115 Franklin Ave  
Fort McMurray, AB  
Canada  
T9H 2H7

**1-800-251-1408**  
Tel. (780) 791-4962

**Website:**  
**keyano.ca**

**E-mail:**  
registrar@keyano.ca

**Please PRINT clearly and complete entire form**

**IMPORTANT**  
**Faxed or emailed applications and applications with missing documentation will not be reviewed.**

## Personal Data

LAST NAME		FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)
FORMER/MAIDEN NAME (IF ANY)		PREFERRED NAME / NICKNAME	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
BIRTHDATE (YYYY/MM/DD)		DAYTIME PHONE (+ AREA CODE)	EVENING PHONE (+ AREA CODE)
STREET or PO BOX ADDRESS		E-MAIL ADDRESS	
CITY	PROVINCE	COUNTRY	POSTAL CODE
EMERGENCY CONTACT (PERSON'S NAME)		DAYTIME PHONE (+ AREA CODE)	EVENING PHONE (+ AREA CODE)
RELATIONSHIP of Emergency Contact to Applicant <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative			

IF YOU WISH TO DECLARE THAT YOU ARE AN ABORIGINAL PERSON, PLEASE SPECIFY:

No Aboriginal Heritage  Status Indian/First Nations  Non-Status Indian/First Nations  Métis  Inuit

ALBERTA ADVANCED EDUCATION AND TECHNOLOGY IS COLLECTING THIS PERSONAL INFORMATION PURSUANT TO SECTION 33(C) OF THE FOIP ACT AS THE INFORMATION RELATES DIRECTLY TO AND IS NECESSARY TO MEET ITS MANDATE AND RESPONSIBILITIES TO MEASURE SYSTEM EFFECTIVENESS OVER TIME AND DEVELOP POLICIES, PROGRAMS AND SERVICES TO IMPROVE ABORIGINAL LEARNER SUCCESS. For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Business Operations and Reporting, Post-secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-7145 Keyano College, Office of the Registrar.

### Freedom of Information & Protection of Privacy (FOIP) Statement

The personal information requested on this form is collected under the authority of Section 33 (c) of Alberta Freedom of Information and Protection of Privacy Act for the purpose of registering students, contacting students and tracking enrolment statistics.

Questions concerning the collection, use or disposal of this information should be directed to:

**Registrar, Keyano College, 8115 Franklin Avenue, Fort McMurray, AB T9H 2H7 Email: [registrar@keyano.ca](mailto:registrar@keyano.ca)**

## Declaration of Applicant

I hereby acknowledge the FOIP statement above, and verify that all information contained on this form is correct to the best of my knowledge and that no relevant information has been withheld. I agree, if admitted to Keyano College, to comply with all rules and regulations of the College, and use of information with the FOIP legislation. If admitted to a collaborative program, I will abide by the rules and regulations of the collaborating institutions. I also authorize Keyano College to exchange my records with collaborating institutions. **I understand that work term placements are not guaranteed.**

The College reserves the right to refuse admission or cancel any admission ruling.

APPLICANT'S SIGNATURE	DATE
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## Required Documentation to be Submitted with Application

- Proof of Grade 12 or GED or international equivalent (official transcripts only)
- Photocopy of Driver's license (valid, unrestricted, at least class 5 or equivalent—not GDL)
- Current Driver's Abstract showing no more than 1 violation within the last 3 years (original document only)
- Photocopy of proof of citizenship (passport, birth certificate, citizenship card, or Permanent Resident card)
- Career Profile
- Current Resume

## Prior to Acceptance

- Passed DAT (student responsible to book DAT through Office of the Registrar)
- Physical Demands test (applicant will be notified when to schedule)
- Applicant **may** be required to verify English fluency

<b>OFFICE USE ONLY</b>
APP RECEIVED BY
DATE