

Application for Employment

(Please Print Clearly)

Date of Application:					
Position: (Job title for which you are	applying; list or	nly one)			
(Last, First and Middle Initial)					
Name:		Home #		Work #	
Present Resident Address:			Years at this address:		
City:		Province:		Postal:	
What date available:					
Drivers License #:			Class:	Abstract: Yes	No
Endorsements:	Expiry da	ate:			
(Circle Highest Completed)	EDUCA	TION			
Circle Highest Grade Complete	ed: 9 10 1	1 12 13			
Years of post secondary education: 1 2 3 4					
Last School Attended/Date:			-		
	SAFETY	TRAINING			
Describe the safety training you	ı have that v	vill assist you	in the position	applied for:	
Course Name:		Certificate	Number:	Expiry Date:	
		•			
(Most Recent:)	PAST E	MPLOYMENT	Γ	(Date:)	
Name:				From: To	0:
Address:				Position Held:	
City:	Prov.	Prov. Postal:		Wage:	
Contact Person:		Phone No.		Reason for Leaving:	
Name:				From: To	0:
Address:			Position Held:		
City:	Prov.		Postal: Wage:		
Contact Person:		Phone No.		Reason for Leavir	ng:

Are you currently employed?	Yes	No			
Are you willing to transfer within the company?	Yes	No			
Please list any professional skills:					
riease list any professional skills.					
Diagon give a brief history of the pofety augomicien that you have provided					
Please give a brief history of the safety supervision that you have provided:					
How did you become aware of Eagle Well Servicing?)				
Optional: Do you participate in any hobbies or sport	s activities? (Please provide information)			
Any other attributes relevent to the position applied for	or: (Please List)				
L					
Note: A photo copy of all certifications/tickets and dri	vers abstract	must accompany all applications.			
I confirm that the information I have provided is accurate and true to the best of my knowledge.					
Signature of Applicant:		Date:			