

Application for Employment

Date: _____

First Name: _____ **Last Name** _____

Address: _____

City: _____

Province: _____ **Postal Code:** _____

Phone: _____ **Date of Birth:** _____

Drivers Licence # : _____

Type of Work Wanted

Driver ___ **Mechanic** ___ **Welder** ___ **Other** ___

Specialized Work _____

Years of Experience _____

Safety Courses Taken and Expiry Dates-

First Aid/CPR ___	TDG ___	H2S Alive ___
Expiry: _____	Expiry: _____	Expiry: _____
WHMIS ___	Confined Space ___	Other _____
Expiry: _____	Expiry: _____	Expiry: _____

Previous Employers {last 3}

1. _____
2. _____
3. _____

Work References

1. _____
2. _____
3. _____