



The Road Maintenance "Specialists"

APPLICATION FOR EMPLOYMENT

Position Applied For: _____

Rate of Pay Expected: \$ _____ per _____

PERSONAL DATA

Name: _____
Surname First Middle

Address: _____
Street City or Town Province Postal Code

Telephone: _____
Residence

Have you worked for us before? _____ If Yes, when? _____

Type of Employment: Full-time Part-time Seasonal

Which location would you prefer to work at: _____ _____ _____

Are you over the age of 25? Yes No

Driver's License No: _____ Class: _____ Expiry Date: _____

Do you have any Driving Convictions or Accident in the past 3 years? Yes No

May we obtain a Driver's Abstract? Yes No *Our Insurance Company requires this*

Do you have any prior injuries or medical problems that may affect your working capabilities or duties? Yes No If yes, describe _____

If hired, do you have reliable means of transportation to get to work? _____

Transportation Type: _____ Year _____

Name of Insurance Company: _____

EDUCATION BACKGROUND

Last High School Attended:

Name: _____

Diploma/Certificate Obtained: _____

From: _____ To: _____

Secondary School or Technical Training:

Name: _____

Diploma/Certificate Obtained: _____

From: _____ To: _____

EMPLOYMENT HISTORY

(PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYMENT)

Name of Employer: _____

Address: _____

Date of Employment: _____ TO _____
Month Year Month Year

Position & Duties: _____

Supervisors Name & Title: _____

What did you like most about your work? _____

What did you like least about your work? _____

What was your reason for leaving? _____

Name of Employer: _____

Address: _____

Date of Employment: _____ TO _____
Month Year Month Year

Position & Duties: _____

Supervisors Name & Title: _____

What did you like most about your work? _____

What did you like least about your work? _____

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Date of Employment: _____ TO _____
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Address: _____

Date of Employment: _____ TO _____
Month Year Month Year

Position & Duties: _____

Supervisors Name & Title: _____

What did you like most about your work? _____

What did you like least about your work? _____

What was your reason for leaving? _____

May we contact the employers listed above? _____ If not, indicate (*) which ones not to contact

GENERAL INFORMATION

Please indicate other training or course that may be applicable to position?
 E.g.: WHMIS, H2S, ALIVE, FIRST AID

Do you have own tools? Yes No

Please list other types of equipment that you have operated?

Do you have experience grading around Oil & Gas Wells? Yes No

Can you trouble-shoot Mechanical Problems? _____

REFERENCES

(Give the name of 3 persons who can supply information pertinent to your job performance excluding former employers or relatives.)

| Name & Occupation | Address | Phone Number |
|-------------------|---------|--------------|
| | | |
| | | |
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I, the undersigned, do fully understand that from the first day of my employment with Jade Oilfield Maintenance Co. Ltd. I will be on a probationary period of three months. During this time, if my immediate supervisor or management feel that I am not suitable for the position, he/she may release me without notice or pay in lieu of notice.

SIGNATURE: _____

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal, without notice or pay in lieu of notice.

SIGNATURE: _____