



## Application for Employment

*(Please Print Clearly)*

Date of Application:
Position: (Job title for which you are applying; list only one):

Are you currently employed? <span style="margin-left: 100px;">Yes <input type="checkbox"/></span> <span style="margin-left: 20px;">No <input type="checkbox"/></span>
What date are you available:

<i>(Last First and Middle Initial)</i>			
Name:	Home# ( )	Work# ( )	
Present Resident Address:		Years at this address:	
City:	Province:	Postal Code:	
<i>In Case of Emergency Please Notify:</i>			
Name:	Relationship:	Phone Number: ( )	
Street Address:	City:	Province:	Postal Code:

Drivers License #	Class	Abstract	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Endorsements:		Expiry Date:		

Where did you hear about Sun Country Well Servicing?

EDUCATION
Highest Grade Completed:
Years of post secondary education:
Last School Attended/Date:

SAFETY TRAINING
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*Check off the safety training you have that will assist you in the position applied for:*

Course Name:	Certificate Number:	Expiry Date:
<input type="checkbox"/> H2S		
<input type="checkbox"/> First Aid		
<input type="checkbox"/> Air Brakes		
<input type="checkbox"/> Confined Space		
<input type="checkbox"/> Fall Protection		
<input type="checkbox"/> Fall Rescue		
<input type="checkbox"/> BOP		

<input type="checkbox"/> Boiler		
<input type="checkbox"/> Service Rig Assessors		
<input type="checkbox"/> Service Rig Competency		
<input type="checkbox"/> Respirator Mask Fit Test		
<input type="checkbox"/> Certificate of Orientation Training		
<input type="checkbox"/> Transportation Compliance Training Certificate		
<input type="checkbox"/> CAODC Driver Training Certificate		
<input type="checkbox"/> WHMIS Training Certificate		
<input type="checkbox"/> TDG Training Certificate		
<input type="checkbox"/> Other:		

(Most Recent)	PAST EMPLOYMENT		(Date)
Name:	From:	To:	
Address:	Position Held:		
City: Prov. Postal Code:	Wage:		
Contact Person: Phone No# ( )	Reason for Leaving:		
Name:	From:	To:	
Address:	Position Held:		
City: Prov. Postal Code:	Wage:		
Contact Person: Phone No# ( )	Reason for Leaving:		

Please list any professional skills:


**Optional:** Do you participate in any hobbies or sports activities? (Please provide information)


Any other attributes relevant to the position applied for: (Please list)


**Note** → A photo copy of all certifications/tickets and driver 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: \_\_\_\_\_