

Phone: 780-706-2626

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A CURRENT DRIVERS ABSTRACT & RESUME MUST BE ATTACHED IN ORDER FOR THIS APPLICATION TO BE ACCEPTED

## **APPLICATION FOR EMPLOYMENT**

| Date:   |                           | Soc                 | ial Insurance #:           |                           |  |  |
|---|---------------------------|---------------------|----------------------------|---------------------------|--|--|
| Name:   |                           | Driver's License #: |                            |                           |  |  |
| Address:  | Province & Class:         |                     |                            |                           |  |  |
|   |                           | Birt                | h date:                    |                           |  |  |
|   |                           | <br>Pho             | one #:                     |                           |  |  |
| Coverall Size:  |                           | Cel                 | / Pager #:                 |                           |  |  |
|   |                           |                     |                            |                           |  |  |
|   |                           |                     |                            |                           |  |  |
| Are you considered a contract                             | t employee? Yes           |                     | If so, print yo            | ur legal contractor name: |  |  |
| Are you considered a contract<br>                         |                           |                     | lf so, print yo            | ur legal contractor name: |  |  |
|   |                           |                     | lf so, print yo<br>Details | ur legal contractor name: |  |  |
| Are you aware of any condition                            | on that limits you<br>YES | r ability to:       |                            | ur legal contractor name: |  |  |
| Are you aware of any conditic<br>Pass drug/ Alcohol tests | on that limits you<br>YES | r ability to:<br>NO | Details                    | ur legal contractor name: |  |  |

Have you been involved in any motor vehicle accidents in the last 5 years? If so briefly describe the events.

**SAFETY CERTIFICATION:** JR's Pressure Service expects new employees to have a minimum of their H2S Alive and BC Level 1 first Aid.

| H2S #      | <br>Expiry date: | Month: | <br>Day: | Year: |  |
|------------|------------------|--------|----------|-------|--|
| First Aid# | <br>Expiry date: | Month: | <br>Day: | Year: |  |
| WHMIS#     | Expiry date:     | Month: | <br>Day: | Year: |  |
| TDG #      | Expiry date:     | Month: | <br>Day: | Year: |  |
| Bear Aware | <br>Expiry date: | Month: | <br>Day: | Year: |  |
| PSTS/CTS   | <br>Expiry date: | Month: | <br>Day: | Year: |  |
| Other      | <br>Expiry date: | Month: | <br>Day: | Year: |  |

## EDUCATION COMPLETED: Trade School, University, College, High School

| Reference /Phone Number | Main duties | From - To | Name of company |
|-------------------------|-------------|-----------|-----------------|
|                         |             |           |                 |
|                         |             |           |                 |
| _                       |             |           |                 |

## Allergies:

## Please Read Carefully: ALL POSITIONS ARE SUBJECT TO A THREE MONTH PROBATION PERIOD

Operations personnel – the job/position you are applying for is a seasonal or is based on specific projects. Section 58 of the Alberta Employment Standards Code authorizes an employer to terminate your employment without further notice or payment in lieu of notice at:

- a) The completion of the working season
- b) The completion of the well for which you are being hired, or
- c) Continued employment is or has become impossible for the employer to perform because of unforeseeable or unpreventable causes beyond his control, e.g. poor drilling results, decline in the price of crude oil, etc.

I hereby certify that to the best of my knowledge and belief, the answers given by me to the forgoing questions and all statements made by me in the application are correct. I understand and agree that if I am employed by JR's Pressure Service I will be subject to the terms and conditions of JR's Pressure Service polices and shall sign all agreements in relation there to. I understand that any false information or consequential omission contained in this application is cause for my immediate discharge. I understand that job-related medical evaluations may be required and that the offer of employment may be contingent upon meeting job-related health requirements. I consent to JR's Pressure Service obtaining such personal and job-related information as required in connection with this application for employment.

| APPLICANTS SIGNATURE:               | DATE: |
|-------------------------------------|-------|
| Office Use Only / Reference Checks: |       |