



Application for Employment

Head Office
 Mailing: Box 4207 Spruce Grove, AB T7X 3B4
 Physical: Lot215C 26229 TWP RD. 531A Zone 2
 Phone: 780-960-2730 Fax: 780-960-7335
 Email: streit@pipeworx.ca

Name: _____
 Address: _____ City/Town & Postal Code: _____
 Home Ph: _____ Cell Phone: _____

Eligibility To Work -		Please circle one.		
Are you a citizen of Canada?		Yes	No	
If "no" are you legally eligible to work in Canada?		Yes	No	
TRAINING - Please mark what training you have received with a check mark				
	Yes	No	Course Number & Level	Expiration Date
H2S				
First Aid				
Trans. Dangerous Goods				
WHMIS				
Confined Space Entry				
Defensive Driving				
Ground Disturbance				
Other				
Other				

CERTIFICATION WILL BE VERIFIED PRIOR TO EMPLOYMENT

Driving Record - Please Attach a Driver's Abstract if available	
Valid Driver's License Number: _____	Expiration Date: _____
Type of License(class):(CIRCLE) 1 A 3 5 GDL Other: _____	

Employment Record . - Please start from most recent/present position			
Attach resume or any additional sheets if necessary.			
From: (Month,Year): _____	To: (Month, Year): _____	Total # of Months: _____	
Name of Employer: _____			
Name and Title of Supervisor: _____			
From: (Month,Year): _____	To: (Month, Year): _____	Total # of Months: _____	
Name of Employer: _____			
Name and Title of Supervisor: _____			
From: (Month,Year): _____	To: (Month, Year): _____	Total # of Months: _____	
Name of Employer: _____			
Name and Title of Supervisor: _____			

TYPE OF EXPERIENCE - Please list your skills and work experience or position your currently looking for:

I understand that during my employment with Pipeworx Ltd., I may be required to submit to a drug and alcohol test procedure in accordance with applicable laws and regulations. I agree that I will submit to a requested substance abuse screening, and understand that my failure to comply with such a request or failing to meet the minimum standard established by Pipeworx Ltd may result in an immediate suspension or termination of my employment.

Date: _____ Signature: _____