



APPLICATION FOR EMPLOYMENT

Last Name	First Name
Street Address	Date of Birth
City and Prov	Phone #                      Cell #
Do you have                      yes <input type="checkbox"/> Do you have                      yes <input type="checkbox"/> Reliable transportation no <input type="checkbox"/> a valid drivers license no <input type="checkbox"/>	Class 5 <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 3 <input type="checkbox"/> Other <input type="checkbox"/>

Education

High School	Grade completed
University/College	Years completed
Other	

Previous Employment Record – please list your most recent employer first.

Company Supervisor Phone #	Position/s	Start Date	End Date	Reason for leaving

Certificates – Attach copies

<input type="checkbox"/> First Aid	Expiry Date	<input type="checkbox"/> Rig Rescue	Expiry Date
<input type="checkbox"/> H <sup>2</sup> S	Expiry Date	<input type="checkbox"/> BOP: 1 <sup>st</sup> Line	Expiry Date
<input type="checkbox"/> Boilers	Expiry Date	<input type="checkbox"/> Well control 2 <sup>nd</sup> Line	Expiry Date
<input type="checkbox"/> Confined Space	Expiry Date	<input type="checkbox"/> Fall Protection	Expiry Date
<input type="checkbox"/> TDG	Expiry Date	<input type="checkbox"/> Other	Expiry Date
<input type="checkbox"/> W.H.M.I.S.	Expiry Date	<input type="checkbox"/> Other	Expiry Date

As an employee of Calibre Drilling you will be expected to perform the following Physical demands as a minimum. Check the boxes you are capable of.

- |   |   |
|---|---|
| <input type="checkbox"/> Low level lifting 70-100 lbs (occasionally)      | <input type="checkbox"/> Side carrying up to 50 lbs. (occasionally) |
| <input type="checkbox"/> Low level lifting 60-70 lbs (frequently)         | <input type="checkbox"/> Push force up to 100 lbs (rarely)          |
| <input type="checkbox"/> Waist to waist lifting 50-100 lbs (intermittent) | <input type="checkbox"/> Push force up to 75 lbs (frequently)       |
| <input type="checkbox"/> Overhead lifting up to 30 lbs (intermittent)     | <input type="checkbox"/> Push force up to 50 lbs (frequently)       |
| <input type="checkbox"/> Front carrying up to 100 lbs (occasionally)      | <input type="checkbox"/> Pulling up to 50-75 lbs (occasionally)     |
| <input type="checkbox"/> Gripping-power (frequently)                      | <input type="checkbox"/> Pulling up to 50 lbs (frequently)          |
| <input type="checkbox"/> Gripping-light (continuous)                      |   |

I certify that the above information supplied by me is true and I understand any misstatement of fact may be grounds for dismissal. I further understand that any offer of employment or continuance of employment may be conditional upon passing a medical and/or drug test.

Signature \_\_\_\_\_ Date \_\_\_\_\_