



Employee Application

9327-109 Street, Fort St. John, B.C. V1J 6K6
Phone: 250-785-9797 Fax: 250-785-9705
Email: info@triplepipelines.com

Name: _____

Address: _____ Social Insurance Number: _____

_____ Phone: _____

Postal Code: _____ Phone: _____

ABORIGINAL AFFILIATION YES NO

IF "YES," PLEASE INDICATE COMMUNITY: _____

TYPE OF EXPERIENCE – Please indicate your skills & work experience (ex: Operated & for how long)

ELIGIBILITY TO WORK

Are you a citizen of Canada? Yes No
If "no" are you legally eligible to work in Canada? Yes No

DRIVING RECORD – Please attach Driver's abstract if available.

VALID DRIVER'S LICENSE NUMBER: _____ EXPIRATION DATE _____
TYPE OF LICENSE (CLASS): 1 A 3 5

EMPLOYMENT RECORD – Please begin with present or most recent position. List your three most recent work experiences & include any other pertinent information. Attach resume or additional sheets if necessary.

FROM: Month/Year	TO: Month/Year:	Total number of months:
Name of employer:	Phone Number:	
Name and Title of Supervisor:		

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Name of employer:	Phone Number:	
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TRAINING – Please indicate what training you have received. Certification will be verified prior to employment.

TRAINING	YES	NO	COURSE NUMBER & LEVEL	EXPIRATION DATE
Confined Space Entry				
Defensive Driving				
First Aid				
H2S Alive				
TDG				
WHIMIS				
Other				
Other				

I certify that the above statements are true and correct, and that I have not knowingly withheld any information that would unfavorably affect my application.

Date _____ Signature: _____