



Employee Application

SURERUS Pipeline Inc.
9312-109th Street
Fort St. John, BC V1J 6G9
Phone: (250) 785-2423 Fax: (250) 785-3475

NAME: _____
 ADDRESS: _____ SOCIAL INSURANCE NUMBER: _____
 _____ TELEPHONE: _____
 POSTAL CODE: _____ TELEPHONE: _____
 ABORIGINAL AFFILIATION YES NO
 IF "YES," PLEASE INDICATE COMMUNITY: _____

TYPE OF EXPERIENCE

PLEASE INDICATE YOUR SKILLS AND WORK EXPERIENCE _____

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

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?
 YES NO
 IF "YES" PLEASE EXPLAIN: _____

 VALID DRIVER'S LICENSE NUMBER: _____ EXPIRATION DATE: _____
 TYPE OF LICENSE (CLASS): 1 A 3 5
 PLEASE ATTACH DRIVER'S ABSTRACT IF AVAILABLE

EMPLOYMENT RECORD : Begin with present or most recent position. List your three most recent work experiences and 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:		
FROM: Month/Year	TO: Month/Year	Total Number of Months:
Name of Employer:		Phone Number:
Name and Title of Supervisor:		
FROM: Month/Year	TO: Month/Year	Total Number of Months:
Name of Employer:		Phone Number:
Name and Title of Supervisor:		

TRAINING : Please indicate what training you have received. Certification will be verified prior to employment.

	YES	NO	COURSE NUMBER AND LEVEL	EXPIRATION DATE
Confined Space Entry				
Defensive Driving				
First Aid				
H ₂ S Alive				
Transport of Dangerous Goods				
WHMIS				
Other				
Other				

I understand that during my employment with Surerus Pipeline Inc., 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 a positive result failing to meet the minimum standards established by Surerus Pipeline Inc. may result in immediate suspension or termination of employment.

DATE: _____ SIGNATURE: _____