

CABRE OILFIELD INC.
P.O. Box 6668
Fort St John, B.C.
V1J 4J1



Tel: (250) 785-8380
Fax: (250) 785-8300

Application for Employment

Position(s) applied for: _____ Date: _____

How did you learn about us?

Ad Friend/Relative Employment Agency Other

Last Name _____	First Name _____	Middle Name _____
Address _____		
Telephone Number(s): Home _____		Mobile _____

Best time to contact you at home is: _____ am/pm

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Do any of your friends/relatives/spouse, work here? Yes No

If yes state name and relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No Contact Phone # _____

Date available for work _____

What is your desired salary range? _____

Are you available to work:

Full Time

Part Time Please indicate available hours _____

Temporary Please indicate available dates _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Can you work overtime if a job requires it? Yes No

Do you have a current driver's license? Yes No

If yes what class/Province/DL# _____

Drivers Abstract attached? Yes No

Last Name _____

First Name _____

Education:				
School	Location	Course	# of years	Diploma/Degree
High School				
College/University				
Other				

Safety Qualifications

H2S Alive	_____	Expiry _____
WHMIS	_____	Expiry _____
FIRST AID	_____ Level _____	Expiry _____
TRANSPORT END.	_____	Expiry _____
8GROUND DISTURB.	_____	Expiry _____
SAFETY MGMNT	_____	Expiry _____
OTHER	_____	Expiry _____
OTHER	_____	Expiry _____

Medical Information

Do you have any allergies?	_____	if yes, specify _____
Do you have a heart condition?	_____	if yes, specify _____
Have you ever had back problems?	_____	if yes, specify _____
Are you currently on medication?	_____	if yes, specify _____
Do you have respiratory problems?	_____	if yes, specify _____
Do you have driving restrictions?	_____	if yes, specify _____
Have you had any bone fractures?	_____	if yes, specify _____
Have you had any eye injuries?	_____	if yes, specify _____
Additional Information	_____	

Are you willing to take an Alcohol/Drug test for Pre Employment as per Cabre Oilfield Inc. "Drug & Alcohol Policy" Yes No

Additional Information:

"I certify that the above information is accurate and true to the best of my knowledge"

Applicant Signature _____ **Date** _____

We consider applications for all positions without regard to race, color, religion, creed, sex, origin, disability, citizenship status or any other legally protected status. We are an equal opportunity employer.

OFFICE USE ONLY

Interviewed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments: _____

Interviewer Signature	_____		Date _____