



# KID OILFIELD LTD

## APPLICATION FOR EMPLOYMENT

Mail: RR #2 Stn Main Grande Prairie AB T8V 2Z9

Phone: 780-532-7727

Fax: 780-532-8778

Email: info@kidoilfield.com

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

---



---



---



---

### ELIGIBILITY TO WORK

Are you a citizen of Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "no" are you legally eligible to work in Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### DRIVING RECORD – Please attach Driver's abstract.

Valid Driver's license#	Expiration Date:	Circle Type of license (class): <b>1 A 3 5</b>
-------------------------	------------------	--

### 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

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 & level	Expiration date
<b>Confined Space Entry</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Defensive Driving</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>First Aid</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>H2S Alive</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Trans. Dangerous Goods</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>WHIMIS</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Other</b>				
<b>Other</b>				

*I understand that during my employment with KID Oilfield 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 a positive result failing to meet the minimum standards established by KID Oilfield Ltd may result in immediate suspension or termination of employment.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_