



1110, 396 11th Ave SW
Calgary, AB T2R 0C5
Tel: 403-263-7770
Fax: 403-263-7776

EAGLE CANADA INC
APPLICATION FOR EMPLOYMENT

Date of Application: _____

Office Use only:

Date hired: _____

Wage / Salary: _____

Personal Information:

Last Name: _____ First name: _____ Initial: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

Date of Birth: _____ Social Insurance Number: _____

Driver's License Number: _____ Class: _____ Province: _____

Healthcare number: _____ Family Doctor: _____ Province: _____

Height: _____ Weight: _____ E-Mail: _____

Position applied for:

Position applied for (check applicable positions):

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Entry Level Position | <input type="checkbox"/> Experienced Line Crew | <input type="checkbox"/> Party Manager | <input type="checkbox"/> Coordinator |
| <input type="checkbox"/> Line Truck Driver | <input type="checkbox"/> Trouble Shooter | <input type="checkbox"/> Observer | <input type="checkbox"/> Field Clerk |
| <input type="checkbox"/> Vibe Op | <input type="checkbox"/> Shooter | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Drill Push |

Other Positions: _____

Date you are available to start working: _____



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EDUCATION	School Name	Date graduated	Highest Level Completed
High School			
College			
Trade School			

General information

Have you been previously been employed by Eagle Canada Inc? ____ Yes ____ No

If yes, which years were you last employed? _____

Seismic Fieldwork can be physically demanding. For this reason please list, voluntarily, any previous injuries or disabilities that may prevent or affect your ability to complete any tasks that may be assigned to you.

Please list any compensation benefits received within the last 3 years.

Tickets or Training that you hold

<input type="checkbox"/> WHMIS	<input type="checkbox"/> H2S Alive	<input type="checkbox"/> H2S Awareness	<input type="checkbox"/> First Aid	<input type="checkbox"/> ATV
<input type="checkbox"/> Blasters (PITS)	<input type="checkbox"/> TDG	<input type="checkbox"/> Defensive Driving	<input type="checkbox"/> Bear Awareness	<input type="checkbox"/> IRP 16

Other (Specify): _____

Employment History (Starting with your most recent employer.)

Name of the company	Position	Salary	Date (From – To)

Are you employed now? ____ Yes ____ No

If yes, may we contact your current employer for reference? ____ Yes ____ No



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Personal References (Please provide the names of three persons who are NOT related to you.)

Name	Company	Phone Number

Medical History

Are you taking medication for any of the following?

<input type="checkbox"/> Angina	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/>

Are you currently taking any medication or substance that might affect your ability to work safely or that might affect the safety of others? ____ Yes ____ No If yes, explain? _____

Any Allergies to penicillin? ____Yes ____No

Other Allergies: ____Yes ____No If Yes, explain: _____

Have you had a tetanus shot in the last 5 years? ____ Yes ____No

Do you wear any glasses? ____ Yes ____No Contacts? ____ Yes ____ No Dentures? ____ Yes ____No

Emergency Contact Information (In case of accident, who do you want contacted?)

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Eagle Canada Inc is committed to respecting the privacy and confidentiality of your personal information. Personal Information collected on this form is used to assist in the proper administration within the company as well as to third party such as Healthcare provider & WCB. The direct deposit information you provide on this form will also be forwarded to our Payroll Department to assist in the direct deposit process of expenditure reimbursement. All information you provide is protected under the privacy Legislation applicable in Alberta.

Signature: _____

Date: _____