



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

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Personal Information:

Last Name: _____ First Name: _____ Initial: _____

Address: _____ Home Phone: _____

City: _____ Province: _____ Work Phone: _____

Postal Code: _____ Cell Phone: _____

Date you are available to start: _____ E-Mail: _____

Qualifications:

Position applied for: _____

State your highest level of Education: _____

Have you previously worked at Eagle Canada? Y / N If yes, fill out: _____
 Last Day Worked (approximately) Supervisor

Previous Seismic experience: Y / N If yes, fill out: _____
 Position Company 1 Company 2

Active Driver's License: Y / N If yes, which Class: _____
 (note- suspended Drivers' Licenses are not recognized)

First Aid (current): Y / N If yes, which level: _____ Issue Date: _____
 (note- Must have a copy)

H2S Alive (current): Y / N If yes, Issue Date: _____
 (note- H2S Awareness is **NOT** H2S Alive)

ATV / Snowmobile (current): Y / N If yes, Issue Date: _____
 (note- Must have a copy)

Blasters (Current): Y / N If yes, Issue Date: _____
 (note- Must have a copy)

TDG: Y / N If yes, Issue Date: _____
 (note- This must be from a third party Safety Training Company)

Defensive Driving Course: Y / N If yes, Issue Date: _____



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Personal References:

If you authorize Eagle to contact your references, then kindly provide them below and sign your name next to the 'x'. Leaving out information for a reference will result in the reference being disregarded. Do not include family, and attempt to keep these references as current, and industry-related as possible:

Year	Company	Reference's Name	Reference's Position	Phone Number

(Sign below to verify that Eagle may contact the above references)

X _____

General information

Seismic field work is physically demanding and involves working in safety sensitive areas. For this reason we need to ensure that we are aware of our employees' particular needs, and that they are fulfilling the Bona Fide Occupational Requirements for their position. Not fulfilling these requirements or being aware of their issues will increase the potential to cause harm to them and others. Once you have reviewed the job description - please list any conditions you have which could affect your ability to perform this job:

Any other information you wish to advise Eagle Canada, please do so here:

Signature: _____

Date: _____

<i>Office Use only:</i>
Note: _____
Condition: _____

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. Information you provide is protected under the privacy Legislation applicable in Alberta.