



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: _____

Eagle Canada 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.

<i>Office Use only:</i>	
Note:	_____
Condition:	_____
P:	_____
E:	_____
I:	_____