



P.O. Box 215  
 Noonan, North Dakota  
 58765

**EMPLOYMENT APPLICATION**

Position Applied For:

**Personal Information**

Last Name		Given Name(s)	
Address - Street and Number		Home Phone	Social Security Number
City	Province	Postal Code	Work Phone
Type of Employment Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer		Are you over 17 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expected Earnings Per Year \$ _____ Date Available _____		Safety Certificates/Courses EXPIRY DATE H2S <input type="checkbox"/> Yes _____ WHMIS <input type="checkbox"/> Yes _____ TDG <input type="checkbox"/> Yes _____ BOP <input type="checkbox"/> Yes _____ 1 <sup>ST</sup> AID / CPR <input type="checkbox"/> Yes _____	
Do you possess a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No   _____ Class *attach copy		Has your Driver's License ever been Suspended or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to or been employed by Wanner Well Servicing? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, When and Where?			

**Education**

Type	Institution	Program/Faculty	Degree/Diploma Certificate Obtained	Date Obtained or Expected
High School				
Institute or College				
University				
Business or Trade				
Correspondence or Night				

**Employment History** (Present or most recent position first)

If your duties or responsibilities changed substantially with the same employer, record each change as a separate position.  
 If there is not sufficient space on this application, attach extra sheets as required.  
 If resume is attached, complete left side of page only.

Present/Last Employer and Address		Type of Business	Describe Duties/Responsibilities & Significant Achievements
Position Title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Immediate Supervisor Name/Title	Phone Number		
Period of Employment	May be Approached for a Reference		
From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	Starting Salary:	Leaving Salary:	
Previous Employer and Address		Type of Business	Describe Duties/Responsibilities & Significant Achievements
Position Title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Immediate Supervisor Name/Title	Phone Number		
Period of Employment	May be Approached for a Reference		
From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	Starting Salary:	Leaving Salary:	
Previous Employer and Address		Type of Business	Describe Duties/Responsibilities & Significant Achievements
Position Title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Immediate Supervisor Name/Title	Phone Number		
Period of Employment	May be Approached for a Reference		
From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	Starting Salary:	Leaving Salary:	

**Labourer Candidates**

Are you Proficient with:  Operating Heavy Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Working in a Safe Environment <input type="checkbox"/> Yes <input type="checkbox"/> No	Working in a team environment <input type="checkbox"/> Yes <input type="checkbox"/> No  Safety Programs you are competent with:	Other Oilfield Equipment Operated  <hr/> <hr/> <hr/>
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As a labourer, you are regularly expected to lift weights exceeding 50lbs. unassisted. Is there any reason that you are unable to do this task?    Yes     No

If yes, what accommodations do you require that would allow you to perform this part of the job? \_\_\_\_\_  
 \_\_\_\_\_

**References** (Former supervisors not noted above, business associates, teachers or professors; exclude relatives)

Name	Address	Telephone	Relationship

**Activities**

**If you wish, indicate any organizations, activities, hobbies or sports with which you are involved.**  
 (You are not required to list club or organizations that indicate race, religion, colour, sex, age, marital status, physical handicap, ethnic or national origin, political belief or family status.)

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Other experience, skills or qualifications which could assist in considering your application.

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**Person to be notified** in case of an Emergency.

Name	Address	Telephone

