



## PERSONAL INFORMATION



# Terroco

Print Clearly and answer all questions. All information will be treated confidentially. This document will be used as a permanent record if you are employed.

Name \_\_\_\_\_  
 Surname \_\_\_\_\_ Middle Name \_\_\_\_\_ First (given) Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

How long at this address \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Willing to transfer? Yes  No

Position or Work applying for: \_\_\_\_\_ Full Time  Part Time  Temporary

Salary or wage expected to start \$ \_\_\_\_\_

Available to work on a 24-hour call basis? Yes  No

Do you have any relatives working for this company? Yes  No  If yes, Who: \_\_\_\_\_

Are you physically capable of performing heavy manual labour? Yes  No

Are you legally permitted to work in Canada? Yes  No

Do you consent to mandatory drug testing? Yes  No

**ON THE JOB**

Are you a Journeyman Tradesman? Yes  No  Trade: \_\_\_\_\_

Are you an Apprentice Tradesman? Yes  No  Trade: \_\_\_\_\_

Have you ever supervised the work of others? Yes  No

Have you Handled or Transported Methanol  Glycols  KCL  Acid  Xylene

Corrosives  Solvents  Hydrocarbon Frac Fluids  Crude Oil  Other \_\_\_\_\_

Have you ever operated or worked around high-pressure equipment? Yes  No

Do you have a reliable motor vehicle available at all times for transportation to and from work? Yes  No



## MOTOR VEHICLE LICENSE INFORMATION

**TO BE COMPLETED BY ALL PROSPECTIVE EMPLOYEES.**

Operators License Number: \_\_\_\_\_ Province: \_\_\_\_\_

License Class #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Driving experience: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mths.

In the last 5 years, have you been convicted of any of the following offences?

Speeding  Driving without due care & attention  Impaired Driving  Driving while suspended

Has your license been suspended for any reason within the past 5 years? Yes  No

**PRIOR TO EMPLOYMENT AND ONCE ANNUALLY, YOU WILL BE REQUIRED TO SUPPLY A CURRENT DRIVER'S ABSTRACT IF YOUR JOB DUTIES INCLUDE DRIVING A LICENSED MOTOR VEHICLE.**



## MOTOR VEHICLE LICENSE INFORMATION

PROVIDE DETAILS OF DRIVING AND OPERATING EXPERIENCE.

Description of equipment	Employer	Time Operated/Driven	
		Years	Months



## EMPLOYER INDUSTRY TRAINING COURSES

PLEASE FILL OUT THE CHART BELOW WITH ANY OTHER COURSES YOU HAVE SUCCESSFULLY COMPLETED INCLUDING, DRIVING, SAFETY, FIRST AID, ETC.

	Course Title/Company	Certificate Number	Expiry Date
First Aid			
Transportation of Dangerous Goods			
WHMIS			
H2S			
Petroleum Safety Training			
Confined Space Entry			
Professional Driving			
Other			
Other			
Other			



## EDUCATION

	LAST YEAR ATTENDED	COURSE NAME	INSTITUTE	LEVEL COMPLETED
Junior High School				Grade 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Senior High School				Grade 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/>
Post Secondary				
Apprenticeship				1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>



# WORK EXPERIENCE

Complete in full: Name, Address, City, Postal Code & Phone # of your former employers beginning with the most recent.	Employment Dates	Duties & Responsibilities	# of staff supervised	Reason for leaving
Employer: _____ Address: _____ Postal Code: _____ Phone #: _____ Supervisor: Name & Title _____	Start Date ___ Mo ___ Yr End Date ___ Mo ___ Yr	Position: _____	_____	_____
Employer: _____ Address: _____ Postal Code: _____ Phone #: _____ Supervisor: Name & Title _____	Start Date ___ Mo ___ Yr End Date ___ Mo ___ Yr	Position: _____	_____	_____
Employer: _____ Address: _____ Postal Code: _____ Phone #: _____ Supervisor: Name & Title _____	Start Date ___ Mo ___ Yr End Date ___ Mo ___ Yr	Position: _____	_____	_____
Employer: _____ Address: _____ Postal Code: _____ Phone #: _____ Supervisor: Name & Title _____	Start Date ___ Mo ___ Yr End Date ___ Mo ___ Yr	Position: _____	_____	_____

May we contact the employers listed, including your current employer? Yes  No

If no, list those you do not want contacted. \_\_\_\_\_

Please explain any periods of unemployment longer than 30 days. \_\_\_\_\_

\_\_\_\_\_



**I declare that all of the foregoing information is true and complete, and I understand that a false statement may disqualify me from employment or be cause for immediate dismissal. If accepted, my employment will be on a three month trial basis, terminable without notice. After that period, should I choose to leave Terroco, I will give two weeks notice. I will participate in group insurance plans when eligible. By signing this application I agree to provide a pre-employment medical and consent to Terroco conducting employment and personal reference checks .**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date