

BENEDICT PIPELINE INC.

 $6111 - 45^{th}$ Street, **LEDUC, AB** T9E 7C4

Phone: 780-980-0156 Fax: 780-980-0189

Email: office@benedictpipeline.com

 $9010 - 150^{th}$ Avenue, **GRANDE PRAIRIE, AB** T8X 0E8

Phone: 780-402-2592 Fax: 780-402-2786

Email: gpoffice@benedictpipeline.com

APPLICATION FOR EMPLOYMENT

| Namo | | | | | | | | | | | |
|---|--|-------|--------------|--------|-----|-------------|--------------------|-----|---------|----------|--|
| Name: City/ Postal Code: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Home Telephone: Cell Phone: | | | | | | | | | | | |
| TYPE OF EXPERIENCE- Please indicate your skills & work experience (eg. Equipment operated and how long) | | | | | | | | | | | |
| TIPE OF EXPENSES | Yes | Years | l skills | & WOII | Yes | Years | | Yes | | Level | |
| Danas Oscaratas | res | rears | Labarra | | res | rears | Discofittos. | res | Years | Level | |
| Dozer Operator | | | Laborer | | | | Pipefitter | | | | |
| Grader Operator | | | Spacer | | | | Pipefitter Helper | | | | |
| Hoe Operator | | | Welder's Hel | per | | | Low bed Driver | | | | |
| Side Boom Operator | | | Lead hand | | | | Other | | | | |
| Superintendent | | | Foreman | | | | Other | | | | |
| | | l | | | ı | l | | ı | | I | |
| DRIVING RECORD- Please attach a Driver's Abstract | | | | | | | | | | | |
| Valid Driver's License Number: Expiration Date: | | | | | | | | | | | |
| Class or Type of License: 1 A 3 5 | | | | | | | | | | | |
| | | | | | | | | | | | |
| EMPLOYMENT RECORD- Please begin with present or most recent position. List your three most recent work experiences | | | | | | | | | | | |
| and include any other pertinent information. Attach resume or additional sheets if necessary. | | | | | | | | | | | |
| From: To: | | | | | | | | | | | |
| Name of Employer: Phone: | | | | | | | | | | | |
| Name & Title of Supervisor: | | | | | | | | | | | |
| From : To: | | | | | | | | | | | |
| Name of Employer: Phone: | | | | | | | | | | | |
| Name & Title of Supervisor: | | | | | | | | | | | |
| From: To: | | | | | | | | | | | |
| Name of Employer: Phone: | | | | | | | | | | | |
| Name & Title of Supervisor: | | | | | | | | | | | |
| | | | | | | | | | | | |
| REFERENCES- Please list 2 professional references. | | | | | | | | | | | |
| Name: Relationship: | | | | | | | | | | | |
| Company: Phone Number: | | | | | | | | | | | |
| | Name: Relationship: Company: Phone Number: | | | | | | | | | | |
| Company: Phone Number: | | | | | | | | | | | |
| TRAINING Disease: | !! | | | | | f: +: - · · | 20 harmattan ara a | | | | |
| TRAINING- Please indicate what training you have received. Certification will be verified prior to employment. Course Ves No Course Number & Level Expiration Date | | | | | | | | | | | |
| | urse | | Yes | No | | Course | Number & Level | | Expirat | ion Date | |
| Confined Space Entry Defensive Driving | y | | | | - | | | - | | | |
| First Aid | | | | | | | | | | | |
| H2S Alive | | | | | - | | | | | | |
| Trans. Dangerous Go | | | | | | | | | | | |
| WHIMIS | | | | | | | | | | | |
| Ground Disturbance | | | | | 1 | | | | | | |
| Other Control | | | | | | | | | | | |
| I understand that during my employment with Benedict Pipeline Inc., I may be required to submit to a drug and alcohol test | | | | | | | | | | | |
| procedure in accordance with applicable laws and regulations. I agree that I will submit to a requested substance abuse | | | | | | | | | | | |
| screening, and understand that failure to comply with such a request or a positive result failing to meet the minimum standards | | | | | | | | | | | |
| established by Benedict Pipeline Inc. may result immediate suspension or termination of employment. | | | | | | | | | | | |
| , | | | | | | | | | | | |
| Date: | | | Signature: | | | | | | | | |
| | | | | | | | | | | | |