

APPLICATION FOR EMPLOYMENT

Company you are applying to:	Branch you are applying to:	Position you are applying for:
<input type="checkbox"/> TOMCO Group of Companies <input type="checkbox"/> TOMCO Production Services Ltd. <input type="checkbox"/> TOMCO Industrial Ltd.	<input type="checkbox"/> Rocky Mountain House <input type="checkbox"/> Bonnyville <input type="checkbox"/> Edmonton <input type="checkbox"/> Grande Prairie	<input type="checkbox"/> Field Supervisor/Foreman <input type="checkbox"/> Field Technician <input type="checkbox"/> Warehouse Technician <input type="checkbox"/> PWHT Technician <input type="checkbox"/> Management (specify): _____ <input type="checkbox"/> Other (specify): _____

APPLICANT GENERAL INFORMATION

Last name:	First Name:	Initial:
Residential Address:	City/Town:	Postal Code:
Mailing Address:	City/Town:	Postal Code:
Home Phone: ()	Cell Phone: ()	
Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Abstract is attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can provide on request		

EDUCATION / TRAINING / QUALIFICATIONS *(attach photocopy of tickets & driver's license)*

Check all that apply. Provide details where requested.

High School Diploma Year _____ or Highest Grade Achieved: _____

College / University Diploma Degree Specify: _____ Year: _____

College / University Diploma Degree Specify: _____ Year: _____

Trade Designation _____ Journeyperson Apprentice, level _____ Year: _____

Trade Designation _____ Journeyperson Apprentice, level _____ Year: _____

Industry Safety Tickets :

<input type="checkbox"/> H2S Alive	<input type="checkbox"/> First Aid	<input type="checkbox"/> IRP 12 Training	<input type="checkbox"/> Hours of Service Training
<input type="checkbox"/> CSTS	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Fork Lift Training	<input type="checkbox"/> TDG
<input type="checkbox"/> PST	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Aerial Lift	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> WHMIS	<input type="checkbox"/> Rigging	<input type="checkbox"/> Defensive Driving	_____

Other training & certification:

REFERENCES

Please list three professional references

Full Name:	Relationship:
Company:	Occupation:
	Phone: () Cell: ()
Full Name:	Relationship:
Company:	Occupation:
	Phone: () Cell: ()
Full Name:	Relationship:
Company:	Occupation:
	Phone: () Cell: ()

EMPLOYMENT HISTORY *(beginning with most recent)*

Company:	From:	To:
Address:	Supervisor:	Title:
Your Job Title:	Phone: ()	Cell: ()
Reason for leaving:		
May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities:		

Company:	From:	To:
Address:	Supervisor:	Title:
Your Job Title:	Phone: ()	Cell: ()
Reason for leaving:		
May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities:		

Company:	From:	To:
Address:	Supervisor:	Title:
Your Job Title:	Phone: ()	Cell: ()
Reason for leaving:		
May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities:		

OTHER INFORMATION

Is there any other information not previously requested that you may wish to provide about yourself? Detail below.

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview my result in my termination of employment.

Signature:

Date: