

# WHISELL CONTRACTING CALGARY LTD. EMPLOYMENT APPLICATION

## NOTICE TO ALL EMPLOYMENT APPLICANTS

THIS COMPANY IS COMMITTED TO SAFETY. UPON ACCEPTANCE OF YOUR APPLICATION YOU WILL BE REQUIRED TO REVIEW & SIGN A COPY OF OUR SAFETY AND COMPANY POLICY. WHISELL CONTRACTING realizes that substance abuse is a social and workplace issue. We believe that employers and employees should take an active role to address substance abuse in the work place and to ensure a safe and healthy work environment. Accordingly, WHISELL CONTRACTING has undertaken a Drug and Alcohol Policy and Program that includes education and prevention. As part of the prevention, the company has implemented Alcohol & Drug testing. Any position of employment offered by WHISELL CONTRACTING is conditional on negative test results and the selected candidate for the position will be required to take an alcohol and drug test. The company may also request at any time medical and/or health assessment. All employees must join the ARHCA Group Health/Long Term Disability Insurance Plan.

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_  
(MM/DD/YY)

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
(SURNAME FIRST NAME, INITIAL)

ADDRESS: \_\_\_\_\_  
(STREET CITY, PROVINCE, POSTAL CODE)

SOCIAL INSURANCE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(MM/DD/YY)

DRIVER LICENSE #: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXPIRY: \_\_\_\_\_  
(MM/DD/YY)

TRAINING INFO: (CIRCLE EITHER YES OR NO)

W.H.M.I.S.: YES / NO  
(WORKPLACE HAZARDOUS MATERIAL INF. SYS.)

T.D.G.: YES / NO  
(TRANSPORTATION OF DANGEROUS GOODS)

FLAG PERSON TRAINING YES / NO

STANDARD FIRST AID CERTIFICATE: YES / NO EXPIRY: \_\_\_\_\_  
(MM/DD/YY)

## PREVIOUS EMPLOYERS: (MOST RECENT FIRST)

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
(MM/YY) (MM/YY)

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
(MM/YY) (MM/YY)

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
(MM/YY) (MM/YY)

## RELEVANT EXPERIENCE (EQUIPMENT OPERATED ETC.)

SIGNATURE: \_\_\_\_\_