

Application For Employment

PERSONAL INFORMATION

Last Name		First	Middle	Health Care Number
Street Address			Are you over the age of 18? Yes No	Social Insurance Number (optional)
City		Province	Postal Code	Phone (permanent)
Do you have reliable transportation? Yes No	Do you have a valid driver's license? Yes No	For the Province of	License Number	Phone (cell)

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name		Relationship	Phone Number
Street Address		City	Province
			Postal Code

PREVIOUS CORPORATE EMPLOYMENT RECORD (if applicable)

Have you worked with Mullen before?	If yes, which division	Length of Employment	How did you hear about us? Other	Industry	Press Referral, by whom	Web Referral, by whom	Training
What interests you about the Mullen group of companies?							

EMPLOYMENT HISTORY

1. Company Name	Position Held	Date of Employment (from/to)	Reason for leaving	May we contact this company for a reference? Yes No
City	Phone			
2. Company Name	Position Held	Date of Employment (from/to)	Reason for leaving	May we contact this company for a reference? Yes No
City	Phone			
3. Company Name	Position Held	Date of Employment (from/to)	Reason for leaving	May we contact this company for a reference? Yes No
City	Phone			

EDUCATION SUMMARY

EDUCATION (Indicate highest level completed)	High School	To Grade
Grade School	University/College	Number of years attended

CERTIFICATES - PLEASE ATTACH COPIES

Training Course/Certificate	Expiry Date (if applicable)	(if Industry Training Course / Certificate	Expiry Date (if applicable)	(if	Equipment Type (indicate Years of Experience)
WHMIS		Oilfield Haulers			Winch Tractor Highboy
Transportation of Dangerous Goods		Rigger Certificate			Bed Truck Lowboy
Driver Improvement (Version)		H2S / Alive			Picker 16 Wheeler
First Aid (Version/Level)		Boom Truck (Level)			Pole Tri Axle
Technician (Type/Level)		Other			All Terrain Jeep
Other		Other			Other: 24 Wheeler

HARDWARE/SOFTWARE EXPERIENCE

Word	Internet	PageMaker	PowerPoint	AS400
Excel	Intranet	Photoshop	Satellite	Certificates
Outlook	Publisher	Access	IT System Support	Other

ADDITIONAL INFORMATION

Date of last hearing test	Normal	Abnormal
Are you capable of performing all tasks required for this position? Yes No		
Are you willing to actively participate in Safety and Loss Control programs? Yes No		

APPLICATION ACKNOWLEDGEMENT

I understand that failure to comply with the safety regulations of this company and relevant governments will provide grounds for dismissal. I will participate in safety courses offered by the company.

I understand that I am subject to "Post-Employment" testing for substances abuse, and will be required to undergo a Medical Evaluation at a medical facility designated by the company. I understand employment is conditional upon a "Fit for Duty" designation.

I understand that the job/position I am applying for may be considered as "seasonal" employment.

I certify that the statements made by me in this application are true and correct. I understand that a false statement may disqualify me from employment or result in dismissal for just cause. Upon employment, I agree that my Social Insurance Number may be used as an Employee ID number.

APPLICANT SIGNATURE: _____ DATE: _____

NOTE: Applicant is not employed until application is approved by company management. No person under the age of 18 is to be employed in a safety sensitive job/occupation.

We are an equal opportunity employer.