



Email: contactus@spectraoilfield.ca
 Or Fax: 780-875-8161
 Attention: Gary MacDonald

Position applying for:
 Swamper
 Picker Operator
 Winch Truck Operator

NAME _____
 ADDRESS _____
 CITY/PROV _____ Postal Code _____
 E-mail _____
 PHONE # _____ Cell #: _____

PLEASE COMPLETE INFORMATION BELOW. YOU WILL BE REQUIRED TO SUPPLY A COPY OF CURRENT TICKETS IF HIRED:
 Driver's License # _____ Prov: _____ Expiry Date: _____
 Class: _____ (dd/mm/yyyy)

CERTIFICATES	Expiry Date	Certificate #
First Aid with CPR/AED	_____	_____
H2S Alive	_____	_____
Fall Protection	_____	_____
PST (Petroleum Safety Training System) thru ENFORM	_____	_____
Oilfield Swamper	_____	_____
<input type="checkbox"/> GODI <input type="checkbox"/> Oilfield Hauler <input type="checkbox"/> PDIC	_____	_____
<input type="checkbox"/> Other _____	_____	_____

*COMMERCIAL VEHICLE ACCIDENT RECORD – LAST 3 YEARS. IF NONE, WRITE NONE (Picker / winch truck operators only)

dd/mm/yyyy	DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

*TRAFFIC CONVICTIONS/FOREFITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? Yes No

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? Yes No

IF THE ANSWER TO EITHER IS YES, GIVE DETAILS:

I CERTIFY THAT ALL ENTRIES AND INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE
 Signature: _____ Date: _____
 dd/mm/yyyy