



Instructions for Submitting Your Application To:

PIMEE WELL SERVICING LP

This application form and process is to be followed by those applicants wanting to submit their application form using one of the following methods below. Along with this Application form, please attach an Updated Resume, provide copies of ALL current Safety Certification tickets, copy of Valid Driver's License (Unrestricted), copy of a Three (3) Year Commercial Driver's Abstract (would be an asset):

A. Drop Off

Monday to Friday: 8:30 a.m. – 4:30 p.m.

**Pimee Well Servicing LP – Head Office
Kehewin Health Services Building
Kehewin, Alberta
T0A 1C0**

B. Email

Attention: Human Resource Manager

Email Address: vern.j@pimee.com

C. Fax

Attention: Human Resource Manager

Fax Number: (780)826-6399

D. Mail

Attention: Human Resource Manager

**Pimee Well Servicing LP
P.O. Box 39
Kehewin, Alberta
T0A 1C0**

If you have any questions pertaining to your application, please call Human Resource Manager at (780)826-6392 Ext.27



Pimee Well Servicing LP Application Form

Date of Application: _____ <div style="text-align: center;">(M/D/YYYY)</div>	Date Available: _____ <div style="text-align: center;">(M/D/YYYY)</div>
Position Applying For: _____ Please indicate which Division you are applying to: _____ <div style="text-align: center; font-size: small;">(Divisions: Administration, Service Rig, Rod Rig, Maintenance, Fluid Shots, Safety, Management)</div>	Please indicate any other position(s) you may be interested in: 1. _____ 2. _____

Name in Full:	Last: _____	First: _____	Middle: _____
Permanent / Mailing Address: _____		City: _____	Province: _____
Residence Phone: (____) _____		Personal Cell: (____) _____	Messages: (____) _____
Have You Ever:	Been interviewed by PWS before:	Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, Division? _____
	Applied to PWS before:	Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, Division? _____
	Been employed by PWS before:	Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, Division? _____
			When? : _____
			When? : _____
			When? : _____

Employment Logistics

Date of Birth: ____/____/____		I am able to work away from home (i.e. camp)? Y <input type="checkbox"/> N <input type="checkbox"/> If NO, provide reason: _____ _____
Are there any personal limitations that may prevent you from attending your job (health, legal, etc.)? Y <input type="checkbox"/> N <input type="checkbox"/> If YES, provide reason: _____ _____	If selected for employment are you willing to submit to a pre-employment and random drug screening test? Y <input type="checkbox"/> N <input type="checkbox"/>	Were you referred by someone from Pimee Well Servicing LP? Y <input type="checkbox"/> N <input type="checkbox"/> If YES, who referred you? _____ _____

Driver's Information

I Have Reliable Transportation? Y <input type="checkbox"/> N <input type="checkbox"/> Make _____ Model _____ Year _____	Valid Operator's License? Y <input type="checkbox"/> N <input type="checkbox"/> Type of License: _____	Expiry Date: ____/____/____	Province Issued: _____
Can you provide Pimee Well Servicing LP with a 3 Year Commercial Driver's Abstract? Y <input type="checkbox"/> N <input type="checkbox"/> If No, Explain: _____ _____			

Previous Employment

Employer Name & Location	Employer Ph # (include Area Code)	Position Held	Dates of Employment MMM-YY	Reason for Leaving
			Fr: _____ To: _____	
			Fr: _____ To: _____	
			Fr: _____ To: _____	
			Fr: _____ To: _____	

Education

Highest Level of Education? _____	Cert/Dip/Degree Achieved? _____	Date Completed? ____/____/____ MMM/YYYY
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Specific Training / Certificates

(please use date format: MM/DD/YYYY)

<input type="checkbox"/> H2S Alive	Expiry Date:	<input type="checkbox"/> TDG	Expiry Date:
<input type="checkbox"/> First Aid & CPR	Expiry Date:	<input type="checkbox"/> WHMIS	Date Issued:
<input type="checkbox"/> CSO - Common Safety Orientation	Date Issued:	<input type="checkbox"/> Gas Detection	Expiry Date:
<input type="checkbox"/> Well Service Blowout Prevention (WSBOP)	Expiry Date:	<input type="checkbox"/> Fall Protection for Rig Work	Expiry Date:
<input type="checkbox"/> Defensive Driving	Expiry Date:	<input type="checkbox"/> Fall Rescue for Rig Work	Expiry Date:
<input type="checkbox"/> Confined Space	Expiry Date:	<input type="checkbox"/> CAODC Convoy Training	Date Issued:
<input type="checkbox"/> CAODC Heavy Duty Training	Date Issued:	<input type="checkbox"/> CAODC Fatigue Management	Date Issued:
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

References

Contact Name	Title	Company	Contact Number

Safety Regulations – Disclaimer

1. I understand that failure to comply with Pimee Safety Regulations and government employment standards are grounds for dismissal. I agree to participate in safety courses offered by Pimee or outside training providers.
2. I certify that statements made in this application are true and correct. I understand that false statements may result in disqualification from employment, or termination with just cause.
3. I understand and agree that unless otherwise noted Pimee Well Servicing will contact my previous employers for a past employment reference. I, consent to Pimee Well Servicing Lp to obtain any personal and employment related information as required in connection with this application for employment / and or training.
4. I agree to undergo pre-employment or random Drug and Alcohol Screening, as required of me, for employment with Pimee Well Servicing LP. Pimee Well Servicing LP has undertaken a Substance Use Prevention Policy and Program which includes education and prevention. As part of the prevention, the Company has implemented Alcohol and Drug testing which came into effect as of January 1, 2006. Therefore, any position of employment offered by Pimee Well Servicing is conditional on negative test results and the selected candidate for the position must undergo an Alcohol and Drug Screening Test upon selection.
5. By completing and submitting this application form I hereby consent to Pimee Well Servicing's collection, use and disclosure of my personal information in the manner and for the purposes as described in the Privacy Policy. I understand that Pimee Well Servicing may disclose the above information to other parties such as clients, employees, insurance providers, benefits plan administrators and financial institutions to carry out the purposes described in the Privacy Policy and I consent to such disclosure.

The following is applicable to certain personnel working in Camp (Cenovus – Foster Creek or Christina Lake)

1. Some employment is based on specific projects and locations. Therefore, it is my responsibility as an employee to remain in camp during my scheduled shift and rotation, unless specifically advised by my immediate Supervisor or by Management. If I fail to abide and adhere to this policy, this will result in disciplinary action (i.e. Suspension, demotion) or immediate termination of employment.

Applicant's Signature:

Date:

MMM/DD/YYYY