



# EMPLOYEE APPLICATION

Phone: 1-250-785-5332

Fax: 1-250-785-8110

Troyer Ventures Ltd.

9303-85th Ave

Fort St. John B.C.

V1J 5Z3

## Applicant Information:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Class: \_\_\_\_\_

**Please include a copy of your current drivers abstract with your application form**

## Positions you are interested in:

**Please check all positions that you are interested in with Troyer:**

Driver / Operator       Swamper       Heavy Duty Mechanic

Other Positions: \_\_\_\_\_

## Past Work Experience:

**Please list most recent employer first:**

Name of Employer: \_\_\_\_\_

Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

## Current Certificates:

**Please check all current certificates you hold below:**

Course Name	Date Taken	Date Expires
<input type="checkbox"/> First Aid	_____	_____
<input type="checkbox"/> H2S Alive	_____	_____
<input type="checkbox"/> WHIMIS	_____	_____
<input type="checkbox"/> TDG	_____	_____
<input type="checkbox"/> Confined Space Entry	_____	_____
<input type="checkbox"/> Defensive Driving	_____	_____
<input type="checkbox"/> Airbrake Endorsement	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_