



5525 66th Ave, Taber, AB T1G 0A9
 Phone: (403)-634-5490 Email: accounts@oslteam.com



APPLICATION FOR EMPLOYMENT

EMPLOYMENT RECORD: (List last 3 places of employment beginning with the most recent. Please attach resume.)

From:	To:
Name of Employer:	Phone Number:
Position held:	
Reason for leaving:	

From:	To:
Name of Employer:	Phone Number:
Position held:	
Reason for leaving:	

From:	To:
Name of Employer:	Phone Number:
Position held:	
Reason for leaving:	

RELATED EXPERIENCE: (Please summarize any skills and experience pertaining to the position you are applying for.)

DRIVING RECORD: (Please attach Driver's abstract if available.)

Class of License held:	Expiration date:
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SAFETY TRAINING & CERTIFICATION

(Please indicate any applicable training you have received. Copies will be required at time of employment.)

	NO	YES	Expiration Date
Confined Space			
Defensive Driving			
First Aid			
Transportation of Dangerous Goods			
WHIMIS			
Other			
Other			

I understand that OSL may require a drug and alcohol test in accordance with applicable laws and regulations. I agree to submit to such requested substance screening and understand that failure to comply with the minimum standards of OSL's drug and alcohol policies may result in immediate suspension or termination of employment.

Date: _____ Signature: _____