



SHARP OILFIELD SERVICES

DRIVER APPLICATION

PERSONAL INFORMATION

NAME: _____
LAST FIRST

ADDRESS: _____

PHONE #: _____ CELL #: _____

EMERGENCY CONTACT: _____ PHONE #: _____

REFERRED BY: _____ # YEARS KNOWN: _____

EMPLOYMENT DESIRED

POSITION: _____ DATE AVAILABLE: _____ DESIRED SALARY: _____

ARE YOU EMPLOYED NOW YES ☐ NO ☐

MAY WE CONTACT YOUR PRESENT EMPLOYER YES ☐ NO ☐

DRIVERS LICENCE NUMBER: _____ CLASS: _____ EXPIRY: _____ PROVINCE OF: _____

COMMERCIAL DRIVERS ABSTRACT ATTACHED: YES ☐ NO ☐

RESUME ATTACHED: YES ☐ NO ☐

FORMER EMPLOYERS: LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST

DATES MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

DRIVING HISTORY

EQUIPMENT	Y/N	TRACTOR/TRAILER UNIT	Y/N	HIGHWAY	OFF ROAD	BOTH	YEARS OF EXPERIENCE

MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS

DATES (Begin with most Recent) Day Month Year			NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	PROV./STATE Occurred	FATALITIES	INJURIES



SHARP OILFIELD SERVICES

CERTIFICATES:

CERTIFICATION	EXPIRY DATE	ATTACHED COPY
WHMIS		
H2S		
TDG #		
FIRST AID		
OTHER: i.e. FAST CARD, NEXUS		

EDUCATION

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				

REFERENCES: LIST NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU'VE KNOWN FOR OVER ONE YEAR

NAME	RELATIONSHIP	CELL/PHONE NUMBER	YEARS KNOWN

PERSONAL INFORMATION:

ARE YOU ABLE TO WORK FLEXIBLE HOURS? YES ☐ NO ☐

IF NO, PLEASE EXPLAIN. _____

ARE YOU ABLE TO BE AWAY FROM HOME FOR EXTENDED PERIODS OF TIME? YES ☐ NO ☐

IF NO, PLEASE EXPLAIN. _____

ARE YOU ABLE TO SIT FOR EXTENDED PERIODS OF TIME? YES ☐ NO ☐

IF NO, PLEASE EXPLAIN. _____



SHARP OILFIELD SERVICES

TO BE READ AND SIGNED BY APPLICANT

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED TO ASSESS APPLICANT SUITABILITY AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSES OF EMPLOYMENT INVESTIGATION.

It is agreed and understood that this application for employment in no way obligates Sharp Oilfield Services to employ the applicant. It is agreed and understood that any misrepresentations of information shall be considered an act of dishonesty.

My signature certifies that this application was completed by me and that all information on it is true and complete to the best of my knowledge.

It is agreed and understood that the applicant releases employers and persons named herein from all liability for any damages on account of the employer furnishing such information.

The applicant agrees to furnish additional information and complete such examinations as may be required to complete the applicant's employment file within the scope of the position to which s/he is applying.

It is agreed and understood that any job offer may be conditional upon the passing of a medical examination requested by the Sharp Oilfield Services

If I am accepted for employment, I will not publish or disclose to anyone outside the Company, any operational or customer information during or after employment by Sharp Oilfield Services except with the company's written permission.

We recognize and respect the importance of privacy. Your personal information will be kept strictly confidential. This application will be used solely to find potential employment with Sharp Oilfield Services.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

DATE: _____

REMARKS
