



Pipeline Pigging Specialties Ltd.



603 – 21 Ave.
Nisku, AB. T9E 7X9

Ph: (780) 955-7776
Fax: (780) 955-2527

info@pipelinepigging.ca

www.pipelinepigging.ca

Employment Application

Applicant Information					
First Name:		Last Name:		Date:	
Address:					
City:		Province:		Postal Code:	
Phone:		Alt. Phone:		Email:	
Date Available:			Desired Salary:		
Position Applying for:					
Are you a Canadian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, are you authorized to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked at Pipeline Pigging Specialties before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, when?		

Previous Employment Experience				
Employer:		Phone:		
Address:				
Employment Start Date:		Employment End Date:		
Supervisor Name:		May we contact your previous supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responsibilities/Duties:				
Reason for Leaving:				

Previous Employment Experience				
Employer:		Phone:		
Address:				
Employment Start Date:		Employment End Date:		
Supervisor Name:		May we contact your previous supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responsibilities/Duties:				
Reason for Leaving:				



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Education					
High School:		From:		To:	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
College / University:		From:		To:	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree Obtained:		
College / University:		From:		To:	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree Obtained:		
College / University:		From:		To:	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree Obtained:		
College / University:		From:		To:	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree Obtained:		

References			
Reference Name:		Relationship to you:	
Company:		Phone:	
Reference Name:		Relationship to you:	
Company:		Phone:	
Reference Name:		Relationship to you:	
Company:		Phone:	

I certify that the facts contained in this application (and accompanying Resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Pipeline Pigging Specialties Ltd. I understand that filling out this form does not indicate there is a position open and does not obligate Pipeline Pigging Specialties Ltd. to hire. If hired, I agree to abide by all company work rules, policies and procedures.

Name, please print

Date

Signature