

ProTorque Connection Technologies Ltd.

APPLICATION FOR EMPLOYMENT

Position(s) Applied For	Today's Date
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Street Address	City	Province
	Postal Code	Country
How long have you been at this address:	Telephone Numbers:	
___ Years ___ Months	Home:	Work: Cell:
May we contact you at work?	<input type="checkbox"/> No <input type="checkbox"/> Yes	E-mail Address:
Do you have any friends or relatives who work for ProTorque? If yes, please state name and relationship:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed an Application with ProTorque before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If "yes", please note with which Operation and approximate date.	Date: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Due to the nature of PT business, we are sometimes required to complete a pre-access drug test. Are you willing to take and pass a pre-employment/pre-access drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing and able to spend extended periods of time away from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to lift up to 50lbs throughout the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed? If yes, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, may we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a dependable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
On what date would you be available to begin work?	Date: _____	
Do you have a valid Alberta driver's license? What class?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your license ever been suspended? A suspended license does not automatically make you ineligible for employment with ProTorque.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If "yes", explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had any motor vehicle accidents in the past 3 years? If so, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Have you been convicted of a felony within the past seven (7) years? If yes, explain at interview. (Indicating "yes" will not automatically or necessarily eliminate you from consideration for employment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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EDUCATION

	Name of School Attended	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College Business / Trade / Professional School				
Graduate / Professional				
Other (Specify)				

Additional Information

Summarize special job related skills & qualifications you feel may be helpful to us in considering your application.

EMPLOYMENT EXPERIENCE

Please begin with your present or most recent job. Include any job-related military service assignments or volunteer activities. **Please DO NOT state, "See Resume." The Application must be completed in its entirety. Incomplete Applications will not be considered for employment.**

Most Recent Employer:	Dates Employed		Supervisor Name and Phone Number:
	From (Mo/Yr)	To (Mo/Yr)	
Address:			Work Performed:
Telephone Number(s):	Wage / Salary		
	Beginning	End	
Job Title:			
Reason for Leaving:			
Employer:	Dates Employed		Supervisor Name and Phone Number:
	From (Mo/Yr)	To (Mo/Yr)	
Address:			Work Performed:
Telephone Number(s):	Wage / Salary		
	Beginning	End	
Job Title:			
Reason for Leaving:			

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Employer:	Dates Employed		Supervisor Name and Phone Number:
	From (Mo/Yr)	To (Mo/Yr)	
Address:			Work Performed:
Telephone Number(s):	Wage / Salary		
	Beginning	End	
Job Title:			
Reason for Leaving:			
Employer:	Dates Employed		Supervisor Name and Phone Number:
	From (Mo/Yr)	To (Mo/Yr)	
Address:			Work Performed:
Telephone Number(s):	Wage / Salary		
	Beginning	End	
Job Title:			
Reason for Leaving:			
Employer:	Dates Employed		Supervisor Name and Phone Number:
	From (Mo/Yr)	To (Mo/Yr)	
Address:			Work Performed:
Telephone Number(s):	Wage / Salary		
	Beginning	End	
Job Title:			
Reason for Leaving:			

PROFESSIONAL REFERENCES

Please list a minimum of three professional references of individuals to whom you reported and who are **not** related to you.

Name	Phone Number	Where did he/she supervise your work?