

**Pantera Drilling Inc.**  
**#1103 - 7<sup>th</sup> St.**  
**Nisku, AB T9E 7R1**  
**Fax: (780) 979-0237**  
**email: [recruitment@panteradrilling.com](mailto:recruitment@panteradrilling.com)**

POSITION APPLIED FOR: \_\_\_\_\_ Rig # \_\_\_\_\_

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

SOCIAL INSURANCE # \_\_\_\_\_ DATE OF BIRTH (m/d/y) \_\_\_\_\_

TRANSPORTATION AVAIL: [ ] YES [ ] NO VALID DRIVER'S LICENSE: [ ] YES [ ] NO

**IN CASE OF EMERGENCY**

NOTIFY (Name): \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

**OILFIELD RELATED WORK EXPERIENCE**

POSITION	COMPANY NAME	DATES WORKED M/D/Y TO M/D/Y	REASON FOR LEAVING	CONTACT	CONTACT PHONE NUMBER

**PREVIOUS EMPLOYMENT**

POSITION	COMPANY NAME	DATES WORKED M/D/Y TO M/D/Y	REASON FOR LEAVING	CONTACT	CONTACT PHONE NUMBER

**VALID CERTIFICATE COPIES REQUIRED WITH APPLICATION**

CERTIFICATE	CERTIFICATE #	EXPIRY DATE	CERTIFICATE	CERTIFICATE #	EXPIRY DATE
❖ Driver's License			Confined Space		
❖ Current Driver's License Abstract			Rig Tech Level		
❖ H2S Alive			Well Control		
1 <sup>st</sup> Line BOP			Boiler		
2 <sup>nd</sup> Line Well Control			TDG		
First Aid/CPR			WHMIS		
Fall Protection			Other		
Rig Rescue					

**NOTICE TO ALL APPLICANTS**

The position that you are applying for is seasonal and based on specific projects. Section 55(2) of the Alberta Standards Code authorizes an employer to terminate your employment without further notice or payments in lieu of notice at:

- A. the completion of the drilling season;
- B. the completion of the well for which you are being hired; or
- C. continued employment is or has become impossible for the employer to perform because of unforeseeable causes beyond our control, ie. poor drilling results, decline in price of oil, wet weather, etc.

*I certify that the above information supplied by me is true and I understand any misstatement of fact may be grounds for dismissal. I further understand that any offer of employment or continuance of employment may be conditional upon passing a company medical or drug testing.*

SIGNATURE: \_\_\_\_\_ DATE (m/d/y): \_\_\_\_\_