

Pantera Drilling Inc.
Bay #3, 707 – 11th Avenue
Nisku, AB T9E 7R2
Fax: (780) 979-0237
email: 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 st Line BOP			Boiler		
2 nd 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): _____