

DEBRI RESOURCES LTD.
803 Anderson Street, Nelson B.C. V1L 3Y5
Phone: 250 551-8805 Fax: 250-352-9794
Email: debri_resources@shaw.ca



APPLICATION FOR EMPLOYMENT

NAME: _____ PHONE: _____

ADDRESS: _____ BIRTHDATE _____

CITY: _____ POSTAL CODE: _____

SOCIAL INSURANCE NUMBER: _____

DRIVERS LICENCE NUMBER _____ CLASS: _____

DO YOU HAVE ANY HEALTH PROBLEMS OR ALLERGIES THAT MAY AFFECT YOUR WORK PERFORMANCE? YES NO
IF YES, PLEASE EXPLAIN:

Emergency Contact: _____

TRAINING:

FIRE SUPPRESSION COURSES: S100 _____ DATE COMPLETED _____
S185 _____ DATE COMPLETED _____

OCCUPATIONAL FIRST AID YES NO
LEVEL _____ DATE COMPLETED _____

POWER SAW OPERATOR YES NO
WCB NUMBER _____ CREW BOSS YES NO
IF YES, CERTIFICATION CARD/REFERENCES REQ'D

DANGER TREE ASSESSOR YES NO
CERTIFICATION NO. _____

DO YOU HAVE FORESTRY / FIRE FIGHTING EXPERIENCE
PLEASE SPECIFY:

NOTE: NO ONE IN POSSESSION OF, OR UNDER THE INFLUENCE OF ALCOHOL OR DRUGS
WILL BE PERMITTED ON COMPANY CONTRACTS. POSSESSION OF ALCOHOL OR DRUGS IN COMPANY
VEHICLE OR ON THE JOB SITE WILL RESULT IN IMMEDIATE TERMINATION.

I certify that I understand the above and that the information given in this application is accurate.

SIGNATURE _____ DATE _____

EMAIL ADDRESS _____