

Application Form

Applicant Name: _____ **Position:** Driller / Driller's Assistant

Home Address: _____

Phone Number: _____ **Email:** _____

Do you have the following training, certifications, or safety tickets:

Training Type	Certificate Number If Applicable
Driver's License	<input type="checkbox"/> Class: <input type="checkbox"/> QZ Air Endorsement
First Aid and CPR Level II	<input type="checkbox"/> Expires:
Ground Disturbance Level II	<input type="checkbox"/> Expires:
H ₂ S Alive	<input type="checkbox"/> Expires:
Construction Safety / Petroleum Safety Training	<input type="checkbox"/> Expires:

Drilling Methodology Experience:

Drilling Equipment Experience:

Air Rotary <input type="checkbox"/> Years:	Acker Soil Max Geo-Drill <input type="checkbox"/> Years:
Coring HQ/NQ <input type="checkbox"/> Years:	B-57 Mobile Geo-Drill <input type="checkbox"/> Years:
ODEX / STRATEX <input type="checkbox"/> Years:	B-59 Mobile Geo-Drill <input type="checkbox"/> Years:
Hollow Stem: Geotechnical <input type="checkbox"/> Years:	CME-55 Geo-Drill <input type="checkbox"/> Years:
Solid Stem: Geotechnical <input type="checkbox"/> Years:	Geo-Probe # _____ <input type="checkbox"/> Years:
Geo-Probe (Direct Push) <input type="checkbox"/> Years:	Other: <input type="checkbox"/> Years:
Piezometer Installation <input type="checkbox"/> Years:	Other: <input type="checkbox"/> Years:
Other: <input type="checkbox"/> Years:	Other: <input type="checkbox"/> Years:

Education:

High School or GED <input type="checkbox"/>
Post-Secondary <input type="checkbox"/> School: _____
Program Completed: _____ Dates: _____

Drilling-Related Work Experience:

Company: _____ Supervisor: _____ Dates: _____
Position/Description: _____
Reference: _____ Contact Information: _____
Company: _____ Supervisor: _____ Dates: _____
Position/Description: _____
Reference: _____ Contact Information: _____
Company: _____ Supervisor: _____ Dates: _____
Position/Description: _____
Reference: _____ Contact Information: _____

Additional Skills and Experience:

<input type="checkbox"/> Hydraulics Experience	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Welding Experience	<input type="checkbox"/> Other: _____



Calgary Office

#14-314 Exploration Ave. SE
Calgary AB, T3S 0C1
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Fax: 403.243.1229
Fax: 403.243.1229

Wembley Office

9619 – 102 Ave.
Wembley AB, T0H 3S0
Toll Free 1.866.844.5928
www.coredrillingcorp.com

<input type="checkbox"/> Engine Mechanics	<input type="checkbox"/> Other:
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