



Box 962, Nelson, BC V1L 6A5 Ph. 250-229-4709 Fax 250-229-4759
FIRE FIGHTING FORESTRY SEISMIC FIRST AID

SEISMIC APPLICATION FORM

NAME _____ DATE OF BIRTH _____ / ____ / ____ dd/mm/yyyy
ADDRESS _____ CITY _____ POSTAL CODE _____
PHONE () _____ CELL () _____ OTHER () _____
EMAIL _____ S.I.N. _____

PREVIOUS RELATED EXPERIENCE (i.e. SEISMIC, FIRE FIGHTER, FORESTRY WORKER, ETC)

1) COMPANY _____ LOCATION _____
POSITION HELD _____ DATE ____ / ____ / ____ TO ____ / ____ / ____
D M Y D M Y
CONTACT PERSON _____ PHONE () _____

2) COMPANY _____ LOCATION _____
POSITION HELD _____ DATE ____ / ____ / ____ TO ____ / ____ / ____
D M Y D M Y
CONTACT PERSON _____ PHONE () _____

CHECK ALL CURRENT CERTIFICATIONS (ATTACH COPIES OF SUPPORTING DOCUMENTS)

- FIRST AID _____ LEVEL _____ # _____ EXPIRY DATE ____ / ____ / ____
- DRIVER'S LICENCE # _____ CLASS _____ (attach abstract)
- PETROLEUM SAFETY TRAINING (PST)
- CHAINSAW SAFETY (ENFORM LEVEL 1)
- FALLER (ENFORM LEVEL 3 OR BCFSC CERT # _____)
- TRANSPORTATION OF DANGEROUS GOODS (TDG)
- SLED OPERATOR (by CSC)
- UTV OPERATOR (by CSC)
- WHMIS
- GPS KNOWLEDGE
- H2S ALIVE

FOR THE FOLLOWING PLEASE WRITE YES OR NO

DO YOU HAVE BRITISH COLUMBIA or ALBERTA MEDICAL COVERAGE ? _____
DO YOU HAVE *MEDICAL CONDITIONS*? ASTHMA, DIABETES, BLOOD DISORDERS, ETC. _____
DO YOU HAVE *ALLERGIES*? FOOD, INSECT, ANIMAL, ENVIRONMENTAL, ETC. _____
HAVE YOU HAD A *TETANUS SHOT* IN THE PAST 5 YEARS? _____
DO YOU HAVE LIMITATIONS - PHYSICALLY OR MENTALLY _____
DO YOU TAKE MEDICATION OR ILLEGAL SUBSTANCES THAT WOULD SHOW POSITIVE IN A MANDATORY 5 PANEL DRUG TEST _____

EMERGENCY CONTACT _____ PH # () _____

I PERMIT PANORAMA CREW SERVICES INC. TO USE MY PHOTOGRAPHIC IMAGE FOR MARKETING PURPOSES _____

SIGNATURE _____ DATE _____