



## Employment Application

LAST NAME	FIRST NAME	INITIAL	DATE
STREET ADDRESS, (INCLUDE APT. NO.)			POSTAL CODE
CITY		PROVINCE	DATE OF BIRTH
TELEPHONE		GENDER	SOCIAL INSURANCE #
VEHICLE Y/N? PLEASE FILL OUT TRANSPORTATION WAIVER		AVAILABILITY	

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

HAVE YOU EVER WORKED FOR AN EMPLOYMENT SERVICE BEFORE?	YES	NO
IF YES, WHICH COMPANY? _____		
WHERE WERE YOU ASSIGNED TO WORK?		
<b>NAME OF BUSINESS:</b>	<b>TYPE OF WORK:</b>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

### JOB QUALIFICATIONS PLEASE MARK BELOW AND YEARS EXPERIENCE PLEASE.

<b>Construction:</b>	Years exp.	<b>Carpentry:</b>	Years exp.
Laborer	_____	Framing	_____
Form stripping	_____	Forming	_____
Jack hammering	_____	Finish carpentry	_____
Restoration	_____	Steel stud	_____
Rebar	_____	Carpenters hel per	_____
Roofing	_____	Journeyman Carpenter (please circle)	Yes or No
<b>Warehousing:</b>	Years exp.	<b>Other:</b>	Years exp.
Shipping/rec.	_____	Wel ding	_____
Forkl ift operator	_____	Fl agging	_____
Order picking	_____	First aid attendant/CSO circle 1 2 or 3	_____
Production l ine	_____	Masonry(stone, brick, tile, etc)	_____
Trail er unl oading	_____	Cement industry(finish, pl acing, etc)	_____
		Man hoist (inside and sec 13 op)	_____

**Medical Questionnaire**

- |  |              |  |              |
|--|--------------|--|--------------|
| 1) Do you have a <b>heart condition</b> ?                      | Yes___ No___ | 12) do you have any <b>allergies</b> if yes please specify   | Yes___ No___ |
| 2) Do you have <b>epilepsy</b> ?                               | Yes___ No___ | Allergy_____   |              |
| 3) Do you have a history of <b>Back Problems</b> ?             | Yes___ No___ | 13) Do you have a <b>hernia</b> ?  | Yes___ No___ |
| 4) Do You have <b>Diabetes</b> (type 1 or 2)?                  | Yes___ No___ | 14) Have you ever filed a <b>W.C.B. Claim</b> ?  | Yes___ No___ |
| 5) Do you have <b>High Blood Pressure</b> ?                    | Yes___ No___ | 15) do you have <b>dizzy spells</b> ?  | Yes___ No___ |
| 6) Have you ever had a previous <b>eye injury</b> ?            | Yes___ No___ | 16) Are you taking any <b>medications</b> at this present time   | Yes___ No___ |
| 7) Are you <b>bondable</b> ?                                   | Yes___ No___ | If yes please specify_____   |              |
| 8) Have you had a previous injury to any <b>Major Joints</b> ? | Yes___ No___ | 17) Are you <b>Medically cleared</b> and fit to work with no restrictions or disabilities from a previous injury or medical condition? | Yes___ No___ |
| 9) Have you ever had a <b>head injury</b> ?                    | Yes___ No___ | 18) any Previous <b>criminal record</b> or charges?  | Yes___ No___ |
| 10) Have you ever had a <b>hearing Problem</b> ?               | Yes___ No___ | 19) Is there <b>any other information</b> we should be aware of  |              |
| 11) Have you had any <b>previous fractures</b> ?               | Yes___ No___ | about you(illness, condition or injury) _____  |              |

**Emergency Contact information:**

Name and relation to you. \_\_\_\_\_  
 Phone# \_\_\_\_\_

**On call Policy:**

I understand that I may place myself on an "on call" status if there is no work available at that time and may be called at any time to be dispatched for work. If I am not able to be contacted, I forfeit my position on the "on-Call" status to the next available worker contacted. I also make clear of my understanding that none of the above is a guarantee of work.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

I declare that all statements in this application are deemed to be true and any omission by myself or any misrepresentation is grounds for immediate dismissal, as well, my employer can request an examination by a physician as required.  
 I also understand that my employment here is not considered to be permanent but only on a temporary basis depending on the work available at that time.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

