

EMPLOYMENT APPLICATION



DATE: _____

LAST NAME		FIRST NAME & INITIAL		MALE <input type="checkbox"/>
				FEMALE <input type="checkbox"/>
APT. #	ADDRESS			
CITY	PROVINCE	POSTAL CODE		
TELEPHONE #	SOCIAL INSURANCE #			
DO YOU HAVE A VEHICLE? YES / NO (Please circle one)			DATE OF BIRTH	
			DAY	MONTH YEAR
HAVE YOU EVER WORKED FOR A TEMPORARY EMPLOYMENT SERVICE BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF SO, WHICH COMPANY(IES)? _____				
WHERE WERE YOU ASSIGNED TO WORK?				
NAME OF BUSINESS		TYPE OF WORK		
_____		_____		
_____		_____		
_____		_____		

PLEASE INDICATE ANY EXPERIENCE YOU HAVE IN ANY OF THE FOLLOWING AREAS:

	YEARS		YEARS	LEVEL
Construction Labour	_____	First Aid Attendant	_____	_____
Form Stripping	_____	Safety Officer (C.S.O.)	_____	
Carpentry	_____	Warehousing	_____	
Concrete / Cement	_____	Painting	_____	
Drywall	_____	Roofing	_____	
Flagging	_____	Landscaping	_____	
Heavy Equipment	_____	Moving	_____	
Forklift _____	_____	Other _____	_____	
Other _____	_____	Other _____	_____	

IN THE SPACE PROVIDED BELOW, PLEASE LIST: Any tickets, qualifications or completed safety courses you have (i.e. WHIMS, St. John's Ambulance), any tools or equipment you own, or any other helpful information.

WORK REFERENCES

1. EMPLOYER: _____ 2. EMPLOYER: _____

SUPERVISOR: _____ SUPERVISOR: _____

PHONE: _____ PHONE: _____

**MEDICAL EMERGENCY INFORMATION
(CONFIDENTIAL)**

This medical information is requested for the purposes of assisting us in placing you within a work position suitable to your capacity and therefore minimizing the risk of serious injury to yourself, your fellow workers and/or the public.

- | | | |
|--|-----------|----------|
| 1. Have you ever had a head injury? | Yes _____ | No _____ |
| 2. Do you have epilepsy? | Yes _____ | No _____ |
| 3. Do you have dizzy or fainting spells? | Yes _____ | No _____ |
| 4. Do you have diabetes? | Yes _____ | No _____ |
| 5. Have you ever had a hearing problem? | Yes _____ | No _____ |
| 6. Have you had a previous eye injury? | Yes _____ | No _____ |
| 7. Have you had any previous fractures? | Yes _____ | No _____ |
| 8. Have you had a previous injury to any major joints?
i.e. ankle, knee, hip, elbow, shoulder? | Yes _____ | No _____ |
| 9. Do you have a heart condition? | Yes _____ | No _____ |
| 10. Do you have high blood pressure? | Yes _____ | No _____ |
| 11. Do you have any allergies?
If yes, please specify: _____ | Yes _____ | No _____ |
| 12. Have you ever had any back problems? | Yes _____ | No _____ |
| 13. Do you have any respiratory problems?
If yes, please specify: _____ | Yes _____ | No _____ |
| 14. Do you have a hernia?
If yes, please specify: _____ | Yes _____ | No _____ |
| 15. Are you taking medications at present time?
If yes, please specify: _____ | Yes _____ | No _____ |
| 16. Have you seen a physician for any illness, injury or surgery in the past year?
Illness: _____
Injury: _____
Surgery: _____
Silicosis Test: _____ | Yes _____ | No _____ |
| 17. Are you medically cleared and fit to work with no restrictions or disabilities from any previous occupational injury, illness or medical condition? | Yes _____ | No _____ |
| 18. Is there any other pertinent medical illness or injury related information you feel we should be aware of?
If yes, please specify: _____ | Yes _____ | No _____ |
| 19. Are you bondable? | Yes _____ | No _____ |
| 20. Have you ever been charged with an indictable offence under the Criminal Code of Canada? | Yes _____ | No _____ |

I the undersigned, duly declare the above information to be accurate and correct to the best of my knowledge. I understand that any omissions or misrepresentations may result in reclassification or dismissal upon review by my employer. I further authorize my employer to obtain a medical evaluation by a physician if required.

Employee's Signature _____

IN THE EVENT OF AN EMERGENCY, WORKFORCE TEMPORARY SERVICES LTD. MAY CONTACT THE FOLLOWING PERSON(S) ON MY BEHALF:

NAME	TELEPHONE #
_____	_____
_____	_____

ON CALL PROCEDURE

If I am designated an "On-Call" employee by Workforce Temp. Services Ltd., my name will be placed in the skilled worker file(s) as considered appropriate by the management of Workforce Temp. Services Ltd. If I am unavailable for work, or Workforce Temp. Services Ltd. is unable to contact me on three (3) consecutive occasions, I understand that my name may be removed from the on-call list. I understand that all work is strictly on a casual basis and that I do not commence work until I have attended and started working at the location to which I have been dispatched. I also understand that none of the above constitutes a guarantee of work.

Signature _____

DISPATCH PROCEDURE

I understand that if I wish to be eligible for dispatch work for a particular day, I will present myself at Workforce Temp. Services Ltd. office and indicate my availability for dispatch by placing my name on the sign-in sheet. I understand that work may be assigned from names on the sign-in sheet and that if I do not respond when my name is called Workforce Temp. Services Ltd. may assume that I am no longer available for dispatch and may dispatch someone else. I understand that all work is on a casual basis and that I do not commence work until I have attended and started working at the location to which I have been dispatched. I understand that none of the above constitutes a guarantee of work.

Signature _____