

PERSONAL INFO - SHADED CELLS ARE REQUIRED

FIRST NAME		MIDDLE NAME	LAST NAME	
UNIT OR APARTMENT #		ADDRESS		
CITY	PROVINCE	POSTAL CODE	SIN #	
CELL PHONE		ALT PHONE	DATE OF BIRTH	
GENDER:		EMERGENCY CONTACT:	EMERGENCY CONTACT #:	
DO YOU CONSIDER YOURSELF A PERSON WITH A DISABILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> PREFER NOT TO SAY <input type="checkbox"/>				
DO YOU CONSIDER YOURSELF AS A VISIBLE MINORITY? YES <input type="checkbox"/> NO <input type="checkbox"/> PREFER NOT TO SAY <input type="checkbox"/>				
DO YOU IDENTIFY AS ABORIGINAL? NO <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> PREFER NOT TO SAY <input type="checkbox"/>				
EMAIL:				

GETTING TO KNOW YOU BETTER – INFORMATION THAT WILL HELP US GET YOU WORK

WHAT IS YOUR AVAILABILITY: (BE SPECIFIC REGARDING WEEKENDS, NIGHTS, PT, OR FT)	
WHAT IS YOUR CURRENT EMPLOYMENT STATUS? UNEMPLOYED <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/>	
DO YOU HAVE A VALID DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE AN INSURED VEHICLE? YES <input type="checkbox"/> NO <input type="checkbox"/>
	WILL YOU DRIVE OTHER WORKERS? YES <input type="checkbox"/> NO <input type="checkbox"/> (PAID)
DO YOU HAVE A CRIMINAL RECORD FOR WHICH YOU HAVE NOT RECEIVED A PARDON? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU CURRENTLY ON PROBATION OR PAROLE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE/ARE YOU RECEIVING EI? CURRENTLY <input type="checkbox"/> IN LAST MO <input type="checkbox"/> IN LAST 3 MO <input type="checkbox"/> IN LAST 3 YRS <input type="checkbox"/> IN LAST 5 YRS <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, WERE THEY PARENTAL BENEFITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU CURRENTLY RECEIVING INCOME ASSISTANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ELIGIBLE TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU CURRENTLY ON ANY OTHER GOVERNMENT PROGRAMS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
WERE YOU BORN IN CANADA? YES <input type="checkbox"/> - OR - DID YOU IMMIGRATE TO CANADA? YES <input type="checkbox"/>	
CITIZENSHIP: _____ YEAR ARRIVED: _____	
ARE YOU CURRENTLY IN FULL TIME EDUCATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	
WHAT IS THE HIGHEST LEVEL OF EDUCATION RECEIVED?	
NAME OF LAST SCHOOL ATTENDED? _____	
CITY/PROVINCE OF LAST SCHOOL ATTENDED? _____	
HAVE YOU EVER USED AN EMPLOYMENT AGENCY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF AGENCY:	JOBS/COMPANIES WORKED AT:

WHAT IS YOUR PERSONAL JOB GOAL? WHY HAVE YOU COME TO EMBERS?

WHAT KIND OF WORK ARE YOU LOOKING FOR?

GENERAL LABOUR

DO YOU HAVE A REFERENCE FOR PREVIOUS WORK? (NOT REQUIRED)

NAME: _____

COMPANY: _____

PHONE: _____

SKILLED CONSTRUCTION/TRADES

EXAMPLES:

PLUMBERS, FORKLIFT, TCPS, WELDERS, REBAR WORKER, CARPENTRY, HEALTH AND OFA 1/2/3, CSO, FALL PROTECTION

EVENTS/HOSPITALITY

ADMINISTRATIVE/OFFICE

WAREHOUSE

MANUFACTURING

WE WILL PROVIDE TRAINING NO MATTER WHAT LEVEL YOU ARE AT.
ASK USK ABOUT OUR TRAINING OPPORTUNITIES AT ORIENTATION.

HEALTH INFORMATION (CONFIDENTIAL)

We are collecting this information in an effort to ensure that we place you in a position that does not risk injury, reinjury or is outside of your capacity to work.

DO YOU HAVE A HEART CONDITION? YES NO

DO YOU HAVE EPILEPSY? YES NO

DO YOU HAVE DIABETES? YES NO -- IF YES: TYPE 1 OR TYPE 2

DO YOU HAVE HIGH BLOOD PRESSURE? YES NO

DO YOU HAVE ANY HEARING OR VISION PROBLEMS/IMPAIRMENT? YES NO IF YES, PLEASE EXPLAIN

HAVE YOU EVER HAD A CONCUSSION OR HEAD INJURY? YES NO IF YES, PLEASE EXPLAIN

DO YOU HAVE A HISTORY OF BACK PROBLEMS? YES NO

DO YOU HAVE ANY CONCERNS ABOUT WORKING FROM HEIGHTS? YES NO

DO YOU HAVE ANY CONCERNS ABOUT LIFTING HEAVY WEIGHTS (UP TO 50 LBS)? YES NO

ARE YOU MEDICALLY CLEARED TO WORK WITH NO RESTRICTIONS OR DISABILITIES? YES NO IF YES, PLEASE EXPLAIN

ARE YOU AWARE OF ANY MEDICAL CONDITIONS THAT MAY AFFECT YOUR ABILITY TO WORK? YES NO I

IF YES, PLEASE LIST/EXPLAIN _____

I DECLARE THE INFORMATION ON BOTH SIDES OF THIS APPLICATION 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.

TODAY'S DATE: _____ SIGNATURE: _____



APPLICATION FORM

CONSTRUCTION & TRADES WORK EXPERIENCE					
ALL CERTIFICATIONS MUST BE CONFIRMABLE BY CARD OR CERT #					
WORK SAFE CERTS	EXP. DATE	YEARS EXP.	TRANSPORT. CERTS	EXP. DATE	YEARS EXP.
CONFINED SPACE			CLASS 1 DRIVER		
CONSTRUCTION SAFETY OFFICER			CLASS 4 DRIVER		
FALL PROTECTION			CLASS 5 DRIVER		
GHS (WHMIS 2015)			FRONT END LOADER		
H2S			FRONT END LOADER		
HOIST			HEAVY EQUIPMENT OP		
OFA LVL 1			MAN LIFT (AERIAL LIFT)		
OFA LVL 2			sml EXCAVATOR/EXCAVATOR		
OFA LVL 3			SCISSOR / AERIAL LIFT		
OFA TRANSPORTATION DESIGNATION			SDCB POWER INDUSTRIAL		
TRAFFIC CONTROL PERSON			TELEHANDLER		
TRADES	YEARS EXP.	TICKETED	NOTES	REFERENCES	
ASBESTOS ABATEMENT				COMPANY:	
BOARDING				DATES:	
CARPENTER'S HELPER				SUPERVISOR:	
CARPENTRY - DEFICIENCY				PHONE #:	
CARPENTRY - FINISHING				JOB DESCRIPTION:	
CARPENTRY - FORMING					
CARPENTRY - FRAMING					
CEMENT FINISHING					
CONCRETE PLACING				COMPANY:	
DEMOLITION				DATES:	
ELECTRICIAN				SUPERVISOR:	
FABRICATION/WELDER				PHONE #:	
FORM STRIPPING				JOB DESCRIPTION:	
MASONRY (BRICK/TILE/ETC)					
PAINTING					
PIPEFITTING/GASFITTING					
PLUMBING				COMPANY:	
REBAR				DATES:	
RIGGING/CRANE OP				SUPERVISOR:	
ROOFING				PHONE #:	
SCAFFOLDING				JOB DESCRIPTION:	
SLAB ON GRADE					