



INDUSTRIAL APPLICATION

TODAY'S DATE _____

WEEKDAYS _____ WEEKENDS _____ EVENINGS _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

PRIMARY PHONE # _____ ALTERNATE PHONE # _____ SIN # _____

E-MAIL _____ BIRTH DATE (YYYY-MM-DD) _____ MALE FEMALE

DO YOU HAVE USE OF AN INSURED VEHICLE? YES NO DO YOU HAVE A VALID DRIVERS LICENSE YES NO WEIGHT _____ HEIGHT _____

DO YOU POSSESS AN INDIAN STATUS CARD? YES NO ARE YOU INTERESTED IN PARTICIPATING IN SUBSIDIZED TRAINING? YES NO

HOW DID YOU HEAR OF BEST PERSONNEL INC.? FRIEND NAME: _____
 METRO GOOGLE CLIENT _____ EVENT FACEBOOK INDEED
 CRAIGSLIST TRANSIT BIKE RACK BC JOBS OTHER _____

HAVE YOU EVER WORKED FOR AN EMPLOYMENT SERVICE BEFORE? NAME OF AGENCY _____ JOBS PLACED (LOCATION) _____	INTERNAL USE: ADDITIONAL TICKETS _____ _____ _____ _____
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PLEASE INDICATE YOUR EXPERIENCE IN THE FOLLOWING TRADES

<u>TRADE</u>	<u>YEARS EXPERIENCE</u>	<u>CONSTRUCTION TRADES</u>	<u>CHECK BOX IF JOURNEYMAN</u>	<u>CHECK BOX IF TICKETED</u>	<u>YEARS EXPERIENCE</u>
Forklift Operator	_____	Carpentry - Framing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security	_____	Carpentry - Forming	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swamping/Furniture Mover	_____	Carpentry - Finishing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shipping/Receiving/Inventory	_____	Carpenter - Deficiency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assembly/Manufacturing	_____	Carpenter's Helper	<input type="checkbox"/>	<input type="checkbox"/>	_____
Driving	_____	Form Stripping	<input type="checkbox"/>	<input type="checkbox"/>	_____
House Cleaning	_____	Slab on Grade	<input type="checkbox"/>	<input type="checkbox"/>	_____
Janitorial	_____	Pipefitting /Gasfitting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recycling	_____	Masonry (Brick/Tile/etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Landscaping	_____	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heavy Equipment Operator	_____	Painting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Siding	_____	Boarding	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fabricating / Welder	_____	Taping	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing	_____	Concrete Placing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrician	_____	Cement Finishing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rigging / Crane Op	_____	Rebar	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	_____	Demolition / Asbestos R.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Available for General Labour as well? YES <input type="checkbox"/> NO <input type="checkbox"/>		Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>SAFETY TRAINING</u>				<u>EQUIPMENT LIST</u>			
	YES	NO	EXP. DATE	YEARS OF EXPERIENCE		YES	NO
WHMIS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>
H2S	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Reflective Vest	<input type="checkbox"/>	<input type="checkbox"/>
Confined space	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Steel Toe Work Boots	<input type="checkbox"/>	<input type="checkbox"/>
Trans. Of Dangerous goods	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Steel Toe Work Shoes	<input type="checkbox"/>	<input type="checkbox"/>
O.F.A. Level _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Steel Toe Rubber Boots	<input type="checkbox"/>	<input type="checkbox"/>
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Hammer	<input type="checkbox"/>	<input type="checkbox"/>
Forklift Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Tool Belt	<input type="checkbox"/>	<input type="checkbox"/>
C.S.O.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Paddle	<input type="checkbox"/>	<input type="checkbox"/>
Hoist	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Rain Gear	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Control Person	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	TCP Cuffs	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____			_____	_____	Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>
					Gloves	<input type="checkbox"/>	<input type="checkbox"/>
					Harness	<input type="checkbox"/>	<input type="checkbox"/>
					Respirator	<input type="checkbox"/>	<input type="checkbox"/>
					Misc _____		

<u>SAFETY CONCERNS</u>		YES	NO	<u>PERSONAL HEALTH</u>		YES	NO
Have you ever submitted a W.C.B. Claim?		<input type="checkbox"/>	<input type="checkbox"/>	Do you have a heart condition?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, what happened _____				Do you have epilepsy?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have any history of back problems?		<input type="checkbox"/>	<input type="checkbox"/>	Do you have diabetes (Type 1 or 2)?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about working with heights?		<input type="checkbox"/>	<input type="checkbox"/>	Do you have high blood pressure?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about lifting heavy weights (up to 40 lbs)?		<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a hearing problem?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about working with chemicals?		<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a hernia?		<input type="checkbox"/>	<input type="checkbox"/>
Other medical concerns, please specify _____							

This information is in confidence but is necessary to ensure that if you are employed and placed on a worksite that your safety and the safety of others will not be at risk. Are you presently receiving a prescription for medication including methadone or marijuana that may affect your performance or safety? YES NO Please ask us about your TD1 federal and provincial tax credits

WORK REFERENCES

1.	COMPANY: _____ SUPERVISOR: _____ JOB DESCRIPTION: _____ DATE: _____	PHONE: _____ ADDRESS: _____ REASON FOR LEAVING: _____
2.	COMPANY: _____ SUPERVISOR: _____ JOB DESCRIPTION: _____ DATE: _____	PHONE: _____ ADDRESS: _____ REASON FOR LEAVING: _____
3.	COMPANY: _____ SUPERVISOR: _____ JOB DESCRIPTION: _____ DATE: _____	PHONE: _____ ADDRESS: _____ REASON FOR LEAVING: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS NOT NECESSARILY FOR A DEFINITE PERIOD. IF BEST PERSONNEL INC. SENDS ME TO A SITE THAT OFFERS ME FULL TIME WORK I WILL CONTACT BEST PERSONNEL INC.

DATE: _____ SIGNATURE: _____