



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 <input type="checkbox"/> FEMALE <input type="checkbox"/>

DO YOU HAVE USE OF AN INSURED VEHICLE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE A VALID DRIVERS LICENSE YES <input type="checkbox"/> NO <input type="checkbox"/>	WEIGHT	HEIGHT
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DO YOU POSSESS AN INDIAN STATUS CARD? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU INTERESTED IN PARTICIPATING IN SUBSIDIZED TRAINING? YES <input type="checkbox"/> NO <input type="checkbox"/>	WOULD YOU LIKE INFORMATION ON ETRANSFER? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____ _____ _____

PLEASE INDICATE YOUR **EXPERIENCE** IN THE FOLLOWING TRADES

<u>TRADE</u>	<u>YEARS EXPERIENCE</u>	<u>CONSTRUCTION TRADES</u>	<u>CHECK BOX IF TICKETED</u>	<u>YEARS EXPERIENCE</u>
Forklift Operator	_____	Carpentry - Framing	<input type="checkbox"/>	_____
Security	_____	Carpentry - Forming	<input type="checkbox"/>	_____
Swamping/Furniture Mover	_____	Carpentry - Finishing	<input type="checkbox"/>	_____
Shipping/Receiving/Inventory	_____	Carpenter - Deficiency	<input type="checkbox"/>	_____
Assembly/Manufacturing	_____	Carpenter's Helper	<input type="checkbox"/>	_____
Driving	_____	Form Stripping	<input type="checkbox"/>	_____
House Cleaning	_____	Slab on Grade	<input type="checkbox"/>	_____
Janitorial	_____	Pipefitting /Gasfitting	<input type="checkbox"/>	_____
Recycling	_____	Masonry (Brick/Tile/etc.)	<input type="checkbox"/>	_____
Landscaping	_____	Roofing	<input type="checkbox"/>	_____
Heavy Equipment Operator	_____	Painting	<input type="checkbox"/>	_____
Siding	_____	Boarding	<input type="checkbox"/>	_____
Fabricating / Welder	_____	Taping	<input type="checkbox"/>	_____
Plumbing	_____	Concrete Placing	<input type="checkbox"/>	_____
Electrician	_____	Cement Finishing	<input type="checkbox"/>	_____
Rigging / Crane Op	_____	Rebar	<input type="checkbox"/>	_____
Other _____	_____	Demolition / Asbestos R.	<input type="checkbox"/>	_____
Available for General Labour as well? YES <input type="checkbox"/> NO <input type="checkbox"/>		Scaffolding	<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>					<u>PERSONAL HEALTH</u>			
				YES	NO		YES	NO
Have you ever submitted a W.C.B. Claim?					<input type="checkbox"/>	<input type="checkbox"/>	Do you have a heart condition?	
If yes, what happened _____							Do you have epilepsy?	
Do you have any history of back problems?					<input type="checkbox"/>	<input type="checkbox"/>	Do you have diabetes (Type 1 or 2)?	
Do you have any concerns about working with heights?					<input type="checkbox"/>	<input type="checkbox"/>	Do you have high blood pressure?	
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?	
Do you have any concerns about working with chemicals?					<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a hernia?	
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: _____