

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 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 safety courses you have (i.e.: WHIMS, St. John’s Ambulance), any tools or equipment you own, or any other helpful information.

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**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?<br>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?<br>If yes, please specify: _____                                                                                                  | Yes _____ | No _____ |
| 12. Have you ever had any back problems?                                                                                                                         | Yes _____ | No _____ |
| 13. Do you have any respiratory problems?<br>If yes, please specify: _____                                                                                       | Yes _____ | No _____ |
| 14. Do you have a hernia?<br>If yes, please specify: _____                                                                                                       | Yes _____ | No _____ |
| 15. Are you taking medications at present time?<br>If yes, please specify: _____                                                                                 | Yes _____ | No _____ |
| 16. Have you seen a physician for any illness, injury or surgery in the past year?<br>Illness: _____<br>Injury: _____<br>Surgery: _____<br>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?<br>If yes, please specify: _____                  | Yes _____ | No _____ |
| 19. Are you bondable?                                                                                                                                            | 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, CONSTRUCTIVE SOLUTIONS MAY CONTACT THE FOLLOWING PERSON(S) ON MY BEHALF:**

NAME

TELEPHONE #

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

**DISPATCH PROCEDURE**

I understand that if I wish to be eligible for dispatch work for a particular day, I will present myself at Constructive Solutions 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 Constructive Solutions 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 \_\_\_\_\_