



LABOUR APPLICATION

PLEASE PRINT CLEARLY. MUST BE FILLED OUT COMPLETELY

Last Name : _____ First Name: _____

Home Phone #: _____ Cell Phone _____

Email Address: _____ Male Female

Bondable: _____ Transportation: Vehicle: _____ Transit: _____

Legally Entitled to Work in Canada: Yes No Convicted of a felony: Yes No

Where did you hear about us? _____

Emergency Contact: _____ Emergency Contact Phone #: _____

Availability: Mon Tue Wed Thu Fri Sat Sun

(Do we have your permission/ consent to text you with upcoming jobs at the cell number listed above? Yes No Initial _____

Available Late Night Yes No

Available Early Morning Yes No

Available Afternoon Yes No

DO YOU HAVE ANY OF THE FOLLOWING?

CERTIFICATION	PERSONAL PROTECTIVE EQUIPMENT	DISABILITIES	DRIVERS LICENCE
<input type="checkbox"/> FORKLIFT (D/M/Y) _____ Expiry	<input type="checkbox"/> COVER ALLS	<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CLASS
<input type="checkbox"/> FLAGGING (D/M/Y) _____ Expiry	<input type="checkbox"/> GLOVES	<input type="checkbox"/> BACK	
<input type="checkbox"/> FIRST AID (D/M/Y) _____ Expiry	<input type="checkbox"/> HARD HAT	<input type="checkbox"/> DISEASES	
<input type="checkbox"/> FALL ARREST (OSSA) (D/M/Y) _____ Expiry	<input type="checkbox"/> SAFETY BOOTS (CSA)	<input type="checkbox"/> RESPIRATORY	
<input type="checkbox"/> WHMIS (D/M/Y) _____ Expiry	<input type="checkbox"/> SAFETY GLASSES		
<input type="checkbox"/> CSTS/PST(D/M/Y) _____ Expiry	<input type="checkbox"/> SAFETY VEST		
<input type="checkbox"/> H2S(D/M/Y) _____ Expiry	<input type="checkbox"/> OTHER		
<input type="checkbox"/> CONFINED SPACE(OSSA) _____ Expiry			
<input type="checkbox"/> C.P.R(D/M/Y) _____ Expiry			
<input type="checkbox"/> OTHER(D/M/Y) _____ Expiry			
<input type="checkbox"/> OTHER(D/M/Y) _____ Expiry			
<input type="checkbox"/> OTHER(D/M/Y) _____ Expiry			

CHECK OFF ANY OF THE FOLLOWING YOU HAVE EXPERIENCE IN

MACHINERY/EQUIPMENT	GENERAL LABOUR	TRADES
<input type="checkbox"/> DRILL	<input type="checkbox"/> ASSEMBLY	<input type="checkbox"/> CARPENTER <input type="checkbox"/> ELECTRICIAN <input type="checkbox"/> MECHANIC <input type="checkbox"/> WELDER <input type="checkbox"/> PIPE FITTER <input type="checkbox"/> INSULATOR <input type="checkbox"/> BOILER MAKER _____ YEARS EXPERIENCE ARE YOU TICKEED IN ANY OF THE ABOVE TRADES? Provide copies _____
<input type="checkbox"/> DRILL PRESS	<input type="checkbox"/> CLEAN UP	
<input type="checkbox"/> HAMMER	<input type="checkbox"/> CONSTRUCTION	
<input type="checkbox"/> JACK HAMMER	<input type="checkbox"/> FLAGGING	
<input type="checkbox"/> LATHE	<input type="checkbox"/> INSTALLATION	
<input type="checkbox"/> MILL	<input type="checkbox"/> PLASTICS	
<input type="checkbox"/> SANDER	<input type="checkbox"/> RESTAURANT	
<input type="checkbox"/> TABLE SAW	<input type="checkbox"/> STOCKING	
<input type="checkbox"/> TAMPER	<input type="checkbox"/> LUMPER	
<input type="checkbox"/> SNOW BLOWER	<input type="checkbox"/> MANUFACTURING	
<input type="checkbox"/> SNOW PLOW	<input type="checkbox"/> ORDER PICKING	
<input type="checkbox"/> CLASS 5 LICENSE	<input type="checkbox"/> PRODUCT DEMONSTRATION	
<input type="checkbox"/> AIR BRAKE ENDORSEMENT	<input type="checkbox"/> WAREHOUSING	
Provide copies	<input type="checkbox"/> STOCKING DEMOLITION	
	<input type="checkbox"/> CAFETERIA	
	<input type="checkbox"/> CONCRETE	
	<input type="checkbox"/> DELIVERIES	
	<input type="checkbox"/> FORKLIFT	
	<input type="checkbox"/> JANITORIAL	
	<input type="checkbox"/> PACKAGING	
	<input type="checkbox"/> ROOFING	
	<input type="checkbox"/> TRADE SHOWS	
	<input type="checkbox"/> CATERER	
	<input type="checkbox"/> CAMP COOKS	
	<input type="checkbox"/> LANDSCAPING	

COMPUTER SKILLS	SHUT DOWN SKILLS	SHUTDOWN ORIENTATION
<input type="checkbox"/> YES	<input type="checkbox"/> HIGH PRESSURE	<input type="checkbox"/> CEDA
<input type="checkbox"/> NO	<input type="checkbox"/> PSI AMOUNT _____	<input type="checkbox"/> VELIOA
		<input type="checkbox"/> TNT
		<input type="checkbox"/> SUNCOR
		<input type="checkbox"/> SHELL
		<input type="checkbox"/> CLEAN HARBORS
		<input type="checkbox"/> SHALE
		<input type="checkbox"/> SYNCRUDE
		<input type="checkbox"/> OTHER



EMPLOYEE RESPONSIBILITIES

- It is your responsibility to call in to the office a minimum of 1 1/2 hours prior to your shift.
- If we have not heard from you 1 1/2 hours before your shift, we have a responsibility to our clients to re-staff that shift immediately to prevent a "No call/No show".
- Please have new times sheets with you when going to a job. We need this to be filled out correctly and completely in order to be able to pay you for your shift. Please ensure to get your tickets signed or Master time ticket is provided. This is your responsibility.
- The office hours will be discussed with you – you may drop your time tickets in the drop-off location at the back of the building.
- Call early mornings (6:00 to 9:00 AM) or late afternoon (3:00 to 6:00 PM) for next day assignments. It is 1st come, 1st serve basis. Pre-assigned work is a privilege. If you are replaced or do not follow call in time, then you must come into the office for work assignments.
- Ensure you wear the appropriate Personal Protective Equipment at your job. You must follow all safety rules set by our clients at their locations. Those failing to do so, will be asked to leave the premises and will not be paid.
- Advise A Helping Hand of any Near Misses or Incidents at your job, as soon as possible. Incident/Near Miss Forms are available at the office.
- No A Helping Hand employee is permitted to perform any job they are not trained to perform. If you are asked, you have the right to refuse work that you see as unsafe. Advise A Helping hand as soon as you encounter this issue.
- Provide the correct SIN number upon Receipt Company's ATM Card A Helping hand accepts no responsibility for delay in payment if the SIN number provided is incorrect or any information you have provided. You must come in the office personally to correct any and all information. It is illegal to provide false or misleading information.

RULES OF CONDUCT AND SAFETY

- Consuming, being in possession of, or using any alcoholic beverages or illegal drugs on company premises, related job sites, or otherwise is strictly prohibited, and constitutes grounds for **IMMEDIATE** dismissal.
- Horseplay, fighting, gambling, practical jokes, possession of firearms or otherwise interfering with other workers is strictly prohibited, and constitutes grounds for **IMMEDIATE** dismissal.
- Theft, vandalism, malicious acts or any other abuse or misuse of company or client property is strictly prohibited, and constitutes grounds for **IMMEDIATE** dismissal.
- At **NO** time will an employee operate equipment or conduct him or herself in a manner that will endanger the safety of themselves, their co-workers, or the general public, or cause endangerment to equipment or property.
- All clothing shall be appropriate to the duties being performed. Long pants, a shirt and sturdy footwear are minimum requirements. No tank tops, shorts, or sandals shall be worn.
- All unsafe acts and conditions, including "near miss" incidents, regardless of their nature, shall be promptly reported to your IMMEDIATE supervisor.
- All incidents that result in property damage or personal injury shall be reported to a supervisor **IMMEDIATELY**.
- First Aid treatment is to either be administered or obtained promptly for any injury.
- **ALL** work shall be carried out in accordance with appropriate safe work practices and job procedures in accordance with your supervisor's direction.
- **EVERY** worker shall keep his/her work area clean and orderly at all times.
- Employees have the right to refuse any work in an unsafe environment. If at any time an employee feels they are in such a situation, they shall cease working and contact their supervisor immediately.
- In case of an accident resulting in injury, A Helping Hand will expect the worker engaged in the occupation to be administered a drug and alcohol test to ensure that this is not a factor contributing to the accident

By signing this document, you acknowledge that you have either read the Safety Manual, or had it explained to you, and you understand all of the rules of A Helping Hand.

Signature:

Date: