



EMPLOYMENT APPLICATION

TRADES LABOUR CORPORATION

Complete and email or fax this application to any of TLC's offices listed below. Feel free to contact us if you have any questions.

LAST NAME		FIRST NAME & INITIAL			
APT#		ADDRESS			
CITY		PROVINCE		POSTAL CODE	
TELEPHONE #		SOCIAL INSURANCE #			
DO YOU HAVE A VEHICLE? YES / NO		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 WITH THE FOLLOWING

	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	_____	OTHER _____
FORKLIFT	_____	OTHER _____	_____	OTHER _____

IN THE SPACE BELOW PLEASE LIST any tickets, qualifications or completed safety courses you have (i.e. WHIMS, St. John's Ambulance), any tools or equipment you own, or any other helpful information.

MEDICAL INFORMATION

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 fracture? | Yes _____ | No _____ |
| 8. Have you had a previous injury to any major joints?
i.e., ankle, knee, hip, elbow, or 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?
if yes, please specify: _____ | Yes _____ | No _____ |
| 12. Have you ever had any back problems? | Yes _____ | No _____ |
| 13. Do you have any respiratory problems?
if yes, please specify: _____ | Yes _____ | No _____ |
| 14. Do you have a hernia?
if yes, please specify: _____ | Yes _____ | No _____ |
| 15. Are you taking medications at present time?
if yes, please specify: _____ | Yes _____ | No _____ |
| 16. Have you seen a physician for any illness, injury, or surgery in the past year?
Illness: _____
Injury: _____
Surgery: _____
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? | 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.

Signature

EMERGENCY CONTACT

IN THE EVENT OF AN EMERGENCY, TRADES LABOUR CORPORATION MAY CONTACT THE FOLLOWING PERSON(S) ON MY BEHALF

Name _____ Phone _____

Name _____ Phone _____

DISPATCH PROCEDURE

I understand that if I wish to be eligible for dispatch work for a particular day, I will present myself at Trades Labour Corporation 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 Trades Labour Corporation 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

TLC OFFICE LOCATIONS

Vancouver

1265 Main Street
Vancouver, BC
V6A 4B6

Phone: (604) 689-0024
Fax: (604) 689-0034
info@tradeslabour.com

Victoria

2028 Douglas Street
Victoria, BC
V8T 4L1

Phone: (250) 386-0024
Fax: (250) 386-0027
barclay@tlcvictoria.ca

Surrey

13630 108th Avenue
Surrey BC
V3T 2K5

Phone: (604) 587-0024
Fax: (604) 587-0025
info@tradeslabour.com

Penticton

101-288 Westminster Ave W
Penticton BC
V2A 1J9

Phone: (250) 486-0070
mike.m@tradeslabour.com

Kelowna

Phone: (250) 486-0070
mike.m@tradeslabour.com

Vernon

Phone: (250) 486-0070
mike.m@tradeslabour.com

Calgary

220 17 Avenue S.E.
Calgary, Alberta
T2G 1H4

Phone: (403) 234-9993
Fax: (403) 234-9994
tlcorp@telus.net

Edmonton

10582 109th Street NW
Edmonton, Alberta
T5H 3B2

Phone: (780) 425-0065
Fax: (780) 425-0067
info@tradeslabour.com

Saskatoon

325 3rd Ave North, Bay #1
Saskatoon Saskatchewan
S7K 2H9

Phone: (306) 952-0055
Fax: (306) 952-0044
info@tradeslabour.com

Winnipeg

405 A Ellice Avenue
Winnipeg, Manitoba
R3B 2Y5

Phone: (204) 943-0055
Fax: (204) 943-0072
darrell@tradeslabour.com

Toronto

218 Queen St East
Toronto, Ontario
M5A 1S3

Phone: (647) 352-4852
Fax: (647) 352-4853
info@tradeslabour.com

Seattle

108 Prefontaine Place
South Seattle, WA
98104

Phone: (206) 621-8436
Fax: (206) 621-8512
seattle@tradeslabor.com

Auburn – Tacoma

216 Auburn Way South
Auburn, WA
98002

Phone: (253) 939-6364
Fax: (253) 939-6185
auburn@tradeslabor.com