



TO BE COMPLETED - WORKER

LAST NAME: _____
SIN: _____

FIRST NAME: _____
HEALTH INS. NO.: _____

ADDRESS: _____
CITY: _____
TELEPHONE: _____

APT.: _____
POSTAL CODE: _____
CELL PHONE: _____

UNION: _____

LOCAL: _____

ALLERGIES: _____
EMERGENCY CONTACT: _____

TELEPHONE: _____

TRADE: _____ APPRENTICE : 1 2 3 JOURNEYMAN

SPECIALITIES (check):	Yes	No
Crane signaler	<input type="checkbox"/>	<input type="checkbox"/>
Concrete vibration	<input type="checkbox"/>	<input type="checkbox"/>
Man hole	<input type="checkbox"/>	<input type="checkbox"/>
Shovel operator	<input type="checkbox"/>	<input type="checkbox"/>
Pipelayer	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

If you have received additional training, please attach a copy of your certificate(s).

EXAMPLES OF TRAINING:	DATE OF ISSUE (dd/mm/yy)	DATE OF EXPIRATION (dd/mm/yy)
Workplace First Aid		
Slip, trip and fall prevention		
Working at heights		
Confined spaces		
Scaffolding		
Lift trucks		
WHMIS		
Other:		



HISTORY

HAVE YOU ALREADY BEEN ON THE TEAM? _____

IF YES, IN WHICH YEAR? _____

NAME OF SUPERVISOR: _____

NAME OF SITE: _____

PREVIOUS EMPLOYER:

OR SEE RÉSUMÉ

COMPANY: _____

DATE OF EMPLOYMENT: _____

POSITION: _____

TASKS: _____

PREVIOUS EMPLOYER:

COMPANY: _____

DATE OF EMPLOYMENT: _____

POSITION: _____

TASKS: _____

EMPLOYMENT REFERENCES

I, the undersigned, _____, hereby authorize the company or its representative to contact the people indicated in the current application to confirm the accuracy of the information provided or to obtain personal information concerning me. I also hereby authorize these people to provide such information as to allow the company to evaluate my candidacy. This verification may be done by telephone or in writing, with different educational institutions, previous employers, current employers or people indicated as references in the list below. I hereby release from any liability the people listed as references who provide information concerning me.

I confirm that I have no prior criminal record related to the job applied for, am not currently involved in any such criminal proceedings and have not been the subject of any such investigation.

I hereby declare that the information provided is accurate and that any untrue information or omission is just cause to reject my candidacy.

Reference #1:

Name of the person to contact: _____

Company: _____

Employment relationship (ex: supervisor): _____

Telephone: _____

Reference #2:

Name of the person to contact: _____

Company: _____

Employment relationship (ex: supervisor): _____

Telephone: _____

I hereby declare that the answers provided in this form are accurate and complete to the best of my knowledge. I understand that providing untrue or misleading information may result in serious consequences.

Name (please print) _____

Date _____

Signature _____

FOR OFFICE USE ONLY

LAST NAME: _____

JOB #: _____

FIRST NAME: _____

CCQ HIRE #: _____

EMPLOYEE #: _____

KEY PUNCH #: _____

DATE HIRED: _____

PROJECT #: _____