

# Bellai Brothers Construction Ltd.



## Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Trade: \_\_\_\_\_ Years Experience: \_\_\_\_\_

## Working Experience

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Tel #: \_\_\_\_\_

Trade: \_\_\_\_\_ How long: \_\_\_\_\_

Reason of Departure: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Tel #: \_\_\_\_\_

Trade: \_\_\_\_\_ How long: \_\_\_\_\_

Reason of Departure: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Tel #: \_\_\_\_\_

Trade: \_\_\_\_\_ How long: \_\_\_\_\_

Reason of Departure: \_\_\_\_\_

## Medical

Were you ever on WSIB/CSST for the company mentioned above? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If **yes**, which company? \_\_\_\_\_ Why? \_\_\_\_\_

Have you had a medical examination within the last year? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If **yes**, name of physician \_\_\_\_\_

Would you be willing to take a medical examination? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Have you ever had medical problems? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If **yes**, please list: \_\_\_\_\_

Have you ever participated in a First Aid Course? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If **yes**, when? \_\_\_\_\_

Have you ever participated in a Safety Course? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If **yes**, when? \_\_\_\_\_

Have you ever taken a WORK HAZARD MATERIAL INFORMATION SYSTEM (W.H.M.I.S.) course? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If **yes**, which company? \_\_\_\_\_

Do you have FALL ARREST COURSE? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

## Cards

		<b>Yes</b>	<b>No</b>
Québec: Competence Certificate:	Journey Man	_____	_____
	Occupation	_____	_____
	Apprentice	_____	_____
	Exemption	_____	_____

If apprentice, indicate period: \_\_\_\_\_ Year(s)

Are you up to-date with your Quebec Union? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Are you up to-date with your Ontario Union? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

## **Health and Safety is our Priority**

Your obligations as a worker are:

1. Compliance with our company's health and safety policy.
2. Use P.P.E. (Personal Protective Equipment)
3. Be alert at all times.
4. Report all injuries immediately.
5. If you are injured, you must participate in a ESRTW (Modified Work/light duties)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Company Section**

Signature: \_\_\_\_\_

Hiring Date: \_\_\_\_\_

Foreman: \_\_\_\_\_