



EMPLOYMENT APPLICATION

TRADES LABOUR CORPORATION

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

TLC Vancouver

1265 Main Street
Vancouver, BC V6A 4B6
Phone (604) 689-0024
Fax (604) 689-0034
tradeslabour@telus.net

TLC Victoria

2028 Douglas Street
Victoria, BC V8T 4L1
Phone (250) 386-0024
Fax (250) 386-0027
barclay@tradeslabour.com

TLC Surrey

13630 108th Avenue
Surrey B.C. V3T 2K5
Phone (604) 587-0024
Fax (604) 587-0025
tradeslabour@telus.net

TLC Saskatoon

325 3rd Ave North, Bay 1
Saskatoon SK S7K 2H9
Phone (306) 952-0055
Fax (306) 952-0044
info@tradeslabour.com

TLC Calgary

220 17 Avenue S.E.
Calgary, Alberta T2G 1H4
Phone (403) 234-9993
Fax (403) 234-9994
info@tradeslabour.com

TLC Edmonton

10588 109th Street NW
Edmonton, Alberta T5H 3B2
Phone: (780) 425-0065
Fax: (780) 425-0067
info@tradeslabour.com

TLC Winnipeg

405 A Ellice Avenue
Winnipeg, Manitoba R3B 2Y5
Phone (204) 943-0055
Fax (204) 943-0072
darrell@tradeslabour.com

TLC Seattle

108 Prefontaine Place South
Seattle, Washington 98104 USA
Phone (206) 621-8436
Fax (206) 621-8512
seattle@tradeslabor.com

LAST NAME		FIRST NAME & INITIAL		MALE <input type="checkbox"/>	DATE
				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	_____	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 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?
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? Yes ____ No ____
If yes, please specify: _____
12. Have you ever had any back problems? Yes ____ No ____
13. Do you have any respiratory problems? Yes ____ No ____
If yes, please specify: _____
14. Do you have a hernia? Yes ____ No ____
If yes, please specify: _____
15. Are you taking medications at present time? Yes ____ No ____
If yes, please specify: _____
16. Have you seen a physician for any illness, injury or surgery in the past year? Yes ____ No ____
Illness: _____
Injury: _____
Surgery: _____
Silicosis Test: _____
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 ____
If yes, please specify: _____
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