



APPLICATION FORM
(Fill out with printing characters)

POSITION APPLIED FOR: _____ AVAILABILITY: _____

A – PERSONAL INFORMATION

Last name:		First name(s):	
Street address:			
Civic No	Street	Appart. No.	
City		Province	Postal code
Social Security Number: ____/____/____/	Day phone: (____) _____ - _____	Evening phone: (____) _____ - _____	

B – PROFESSIONAL TRAINING

School name and city	Period	Certificat/diplôme/specilization
	from ____/____/____ to ____/____/____	
	from ____/____/____ to ____/____/____	

C – OTHER TRAINING

WHMIS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Transportation of dangerous goods	YES <input type="checkbox"/>	NO <input type="checkbox"/>
First aid and rescue	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fall arrest training	YES <input type="checkbox"/>	NO <input type="checkbox"/>
First Line Supervisor's Blow out prevention	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Second Line Supervisor's Blow out prevention	YES <input type="checkbox"/>	NO <input type="checkbox"/>

D – WORK EXPERIENCE (include your resume)

Dates	Name of employer and address	Position held	Immediate supervisor and phone number	Reason of departure
from ____/____/____ to ____/____/____			(____) _____ - _____	
from ____/____/____ to ____/____/____			(____) _____ - _____	
from ____/____/____ to ____/____/____			(____) _____ - _____	

E – MEDICAL CONDITION (work requirement)

i) In order to ensure your safety, do you have any physical or psychological medical problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please describe : _____		
ii) Does your medical condition prevents you, in any manner whatsoever, to perform all the tasks included for applied work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please describe you limitations: _____		
iii) Do you have physical limitations determined by the CSST, the Commission des lésions professionnelles or the Automobile Insurance Act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yeas, please give us all the pertinante information in order for us to ensure the respect of your limitations.: _____		

F - OTHER

Valid driver's permit: YES <input type="checkbox"/> NO <input type="checkbox"/>

IMPORTANT: I understand that false statements in this application for employment or medical examination may result in the rejection of my application or my reference. In addition, I authorize the employer to obtain further information on my qualifications or my previous jobs.

DATE: _____ SIGNATURE: _____