LABOUR unLimited
Temporary Services

Please complete the form below to apply for work with Target Personnel & Management

Your Availability: ☐ Weekdays ☐ Weekends ☐ Evenings		
First Name:	Last Name:	
Address:		
Province:	City:	Postal Code:
Phone Number:	Email Address:	
SIN#:	Birth Date:	Gender: ☐ Male ☐ Female ☐ Prefer Not
Do you have an insured vehicle? ☐ Yes ☐ No	Do you have a valid driver's license? ☐ Yes ☐ No	

Have you worked with an employment agency before? ☐ Yes ☐ No	If so, which companies?
Where were you assigned to work?	What dates did you work there?
1.	1.
2.	2.
3.	3.

Experience

If you have experience in any of the following trade, please indicate your years of experience in the spaces below:

	# Years		# Years		# Years
Forklift Operator		Shipping/Receiving/ Inventory		Printing Shop	
Recycling		Heavy Equipment Operator		Food Processing	
Landscaping		Occupational First Aid		Furniture Mover	
Machine Shop		Assembly/Manufacturing		House Cleaning	
Janitorial		Fish Plant/Dock		Swamping	
Carpentry		Construction		Other: _____	
Are you available for General Labour? ☐ Yes ☐ No					

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Safety Training
If you have certified training, please indicate below and when your certification expires.

	Expiry		Expiry
☐ WHMIS		☐ Forklift Certificate	
☐ HS2		☐ Food Safe	
☐ Confined Space		☐ OFA – Level: _____	
☐ Transportation of Dangerous Goods		☐ CPR	
☐ Other: _____		☐ Other: _____	

Equipment List
Please check all equipment that is available to you.

☐ Reflective Vest	☐ Hard Hat	☐ Coveralls
☐ Steel Toed Boots	☐ Safety Glasses	☐ Fire Retardant Coveralls
☐ Steel Toed Rubber Boots	☐ Work Gloves	☐ Other_____

Have you ever submitted a WCB Claim? ☐ Yes ☐ No	Do you have a history of back problems? ☐ Yes ☐ No
Do you have any concerns about working with heights? ☐ Yes ☐ No	Do you have any concerns about lifting heavy weights? ☐ Yes ☐ No
Do you have any concerns working with chemicals? ☐ Yes ☐ No	Other Medical Concerns: ☐ Yes ☐ No

Do you have a Criminal Record? ☐ Yes ☐ No	Have you ever had a Criminal Record Check done? ☐ Yes ☐ No Date:_____

Emergency Contact Name	Emergency Contact Number

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Work References

Company:	Supervisor:
Phone:	Email:
Job:	Dates of Work:
Address:	Reason for leaving:

Company:	Supervisor:
Phone:	Email:
Job:	Dates of Work:
Address:	Reason for leaving:

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSIONS OF FACT IS CAUSE FOR DISMISSAL. FUTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS NOT NECESSARILY FOR A DEFINITE PERIOD.

Print Name:	Date:

Signature_____

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MEDICAL EMERGENCY INFORMATION (CONFIDENTIAL)

Name: _____ Date: _____

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 major joints (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 the 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: _____ Surgery: _____

    Injury: _____ Silicosis:
17. Are you medically cleared and fit to work with no restrictions or disabilities from any previous 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: _____

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.

Employee Signature_____

I HAVE READ *LABOUR UNLIMITED TEMPORARY SERVICES* WORKSAFE POLICY AND UNDERSTAND MY RIGHTS AND AGREE TO COMPLY WITH THE REGULATIONS OUTLINED UNDER THE WSIB Act AND THE OCCUPATIONAL HEALTH & SAFETY ACT.

Employee Signature_____