



NT Temps Inc.

A subsidiary of Nottawasaga Community Economic Development Corporation

Employment Application

The Human Rights Codes prohibit discrimination in employment of race, ancestry, place of origin, colour, national or ethnic origin, citizenship, religion, creed, sex or sexual orientation, age, marital or family status, record of offenses (including an offense in respect of any provincial statute), handicap, disability, and language.

For office use only	WYNTK
SIN: _____	WHMIS
Birth Date: _____	Material Handler
	Ergonomics
	New Worker
	F&P
	Ventra
	AGC
ProveIt Session: _____	Kitchen Safety

By providing your personal information below, NT Temps has permission to contact you at the numbers, addresses and emails provided. Should you wish to no longer receive communication at a number, address or email provided, you are required to notify NT Temps to remove the contact information from your account.

Name: _____
Last
First
Middle Initial

Mailing Address: _____
RR# or Street Name and/or Post Office Box
Apt No

City
Province
Postal Code

Home Number: (____) _____ - _____ **Mobile Number:** (____) _____ - _____

Email Address: _____

Emergency Contact Name: _____ **Number:** (____) _____ - _____

Are you legally eligible to work in Canada? Yes No

Have you ever been convicted of a federal offence for which you have not been granted a record suspension? Yes No

Type of work you are willing to accept:

- 1. _____ **Rate of pay expected \$** _____
- 2. _____ **Rate of pay expected \$** _____

Are you 16 years of age or older? Yes No

Do you have a valid driver's licence? Yes No **Class** _____

Do you have access to transportation? Yes No

Do you have safety boots or shoes? Yes No

Preferred Location(s): _____

Which shifts would you be able to work? Days Afternoons Midnights Weekends

Are you able to accept work that requires heavy lifting? Yes No

Do you have a current resume? Yes No

Are you presently attending College or University? Yes No

Are you returning to school in the fall? Yes No

Please circle highest grade completed? 9 10 11 12 GED

College Courses: _____

College Certificate/Diploma: _____

University Courses: _____

University Degree: _____

List previous employment beginning with the most recent; add as much detail as possible.
Please include information from your resume.

Name and Address of Last Employer:	Last Job Title: Period of Employment From: _____ To: _____
Type of Business:	Salary:
Telephone Number: () _____ - _____	Supervisors Name: _____
Email:	Supervisors Title: _____
Describe IN DETAIL the work you did?	
Reason for leaving:	

Name and Address of Last Employer:	Last Job Title: Period of Employment From: _____ To: _____
Type of Business:	Salary:
Telephone Number: () _____ - _____	Supervisors Name: _____
Email:	Supervisors Title: _____
Describe IN DETAIL the work you did?	
Reason for leaving:	

Name and Address of Last Employer:	Last Job Title: Period of Employment From: _____ To: _____
Type of Business:	Salary:
Telephone Number: () _____ - _____	Supervisors Name: _____
Email:	Supervisors Title: _____
Describe IN DETAIL the work you did?	
Reason for leaving:	

May we approach your previous employer(s) for an employment reference? Yes No

Have you contacted your references to release information to us? Yes No

Can we share these references with your temporary placement employer(s)? Yes No

Please indicate how you heard about NT Temps and provide additional information as required.

- | | |
|---|---|
| <input type="checkbox"/> Newspaper: _____ | <input type="checkbox"/> Company: _____ |
| <input type="checkbox"/> Online: _____ | <input type="checkbox"/> Re-Registering <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> NT Temps Employee: _____ | <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter |

Applicant Skill Set – Please circle tasks you have experience in.

Vulnerable Sector Check	Criminal Record Check	Drivers Abstract	Supervisor	Manager	Foreman
			Lead Hand	Scheduler	Trainer
Industrial:			Custodial:		
Manufacturing	Warehousing	Shipping / Receiving	Domestic	Industrial	Commercial
Assembly	Order Picking	Loading / Unloading	Customer Service:		
Quality Control	Inventory	Packaging	Customer Service	Cashier	Retail
Construction:			Counter Clerk	Sales	Real Estate
Concrete	Paving	Brick layer	Restaurant:		
Demolitions	Renovations	Painting	Dish Washing	Fast Food	Cook
Carpentry	Framing	Roofing	Serving	Bartending	Smart Serve
Drywall	Taping	Plastering	Secretarial skills:		
Decks	Fences	Traffic Control Signaler	Reception	Number of Lines:	Number of Extensions:
Trades:			Data Entry: Standard / Reverse / Alpha / Numeric		
Welding: <i>Exposure / Certified</i>	Machinist: <i>Exposure / Certified</i>	Words per Minute: _____ Filing Forms			
Millwright: <i>Exposure / Certified</i>	Electrician: <i>Exposure / Certified</i>	Shorthand Dicta Medical			
Tool and Die: <i>Exposure / Certified</i>	Punch Press: <i>Exposure / Certified</i>	Correspondence English: <i>Spoken / Written</i> French: <i>Spoken / Written</i>			
Lathe: <i>Exposure / Certified</i>	Brake Press: <i>Exposure / Certified</i>	Other Spoken Languages:		Other Written Languages:	
Shear: <i>Exposure / Certified</i>	CNC Set-up: <i>Exposure / Certified</i>				
CNC Operator: <i>Exposure / Certified</i>	Tractor: <i>Exposure / Certified</i>	Computer Skills:			
Scissor Lift: <i>Exposure / Certified</i>	Engineering: <i>Exposure / Degree</i>	Type of Computer Operating System:			
Mechanically Inclined		Word	Excel	Power Point	
Maintenance Mechanic: <i>Exposure / Certified</i>		Publisher	Access	Quattro Pro	
Heavy Equipment Operator: <i>Exposure / Certified</i>		Corel Draw	Photoshop	Auto Cad	
Fork Lift: Raymond Reach: <i>Exposure / Certified</i>		AccPac	Simply Accounting	M.Y.O.B.	
Counter Balance: <i>Exposure / Certified</i>		QuickBooks	Internet	Email	
Other: _____ <i>Exposure / Certified</i>		Graphic Design	Web Design – Specify:		
Landscaping:			Accounting:		
Lawn Maintenance: <i>Personal / Commercial</i>			Billing	Invoicing	Posting
Sod: <i>Personal / Commercial</i>	Gardening: <i>Personal / Commercial</i>		Credit and Collection	Accounts Receivable	Accounts Payable
Tree Planting	Farming		Purchasing	Claims	Trial Balance
Livestock	Agriculture		Bank Reconciliation	Financial Statements	General Ledger
Produce Grading	Property Management		Mathematically Inclined	Payroll:	
Interlock	Excavation			Computer / Bank system / Manual	
Tools:			Other:		
Hand Tools	Tape Measure		First Aid: <i>Exposure / Certified</i>		PSW: <i>Exposure / Certified</i>
Power Drill	Calipers		CPR: <i>Exposure / Certified</i>		Fall Arrest: <i>Exposure / Certified</i>

PLEASE READ THE FOLLOWING CAREFULLY AND FILL OUT BELOW

Do you have restrictions with any of the following (please circle):

Bending	Yes	No	if yes, please specify restriction _____
Climbing Ladders	Yes	No	if yes, please specify restriction _____
Climbing Stairs	Yes	No	if yes, please specify restriction _____
Crawling	Yes	No	if yes, please specify restriction _____
Keyboarding	Yes	No	if yes, please specify restriction _____
Kneeling	Yes	No	if yes, please specify restriction _____
Lifting/Carrying a load of:			
11-20 lbs	Yes	No	if yes, please specify restriction _____
21-25 lbs	Yes	No	if yes, please specify restriction _____
26-50 lbs	Yes	No	if yes, please specify restriction _____
Overhead Reaching	Yes	No	if yes, please specify restriction _____
Pinching	Yes	No	if yes, please specify restriction _____
Pushing/Pulling	Yes	No	if yes, please specify restriction _____
Sitting	Yes	No	if yes, please specify restriction _____
Squatting	Yes	No	if yes, please specify restriction _____
Standing	Yes	No	if yes, please specify restriction _____

Check if you have: CSA approved safety boots _____ CSA approved safety shoes _____ Safety glasses _____

Assembly and material handling positions require manual labour and repetitive work that may require standing for 8 hours. Is there anything that would prevent you from fulfilling all the duties of this role? If yes, please describe.

Some positions require working outdoors or with food, odors, loud noises etc. Do you have any known sensitivities, allergies, skin disorders or breathing concerns that could be affected by this type of work? If yes, please describe.

By signing below, you confirm that the above information is true and you understand the importance of communicating any known restrictions to NT Temps in order for us to provide a safe work environment for you.

Signature: _____ Date: _____