

Name: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Numbers: (1) _____

(2) _____

Social Insurance No: _____

Date of Birth: _____

GENERAL INFORMATION

Driver's License Number: _____

Physical Limitations/Health Problems: _____

Have you ever received compensation for any injuries? _____ If so, please specify date and type of injury

Do you have any First Aid training? _____ Specify: _____

List any other courses, licenses or special qualifications: _____

Will you work: Day Shift ___ Afternoon ___ Night Shift ___ Weekends ___

Are you limited to any specific hours? or days? Specify: _____

Maximum you can lift: _____ Do you have safety footwear? _____

PAYROLL INFORMATION

Method of payment: Cheque ___ Direct Deposit ___ (Please provide voided cheque)

Federal tax deducted as single unless otherwise specified.

Pay periods bi-weekly starting _____

First Day Worked _____

Last Day Worked _____

Pay Rate _____ (Includes 4% vacation pay unless otherwise stated)

The position can be terminated or extended by the Employer at any time.

Signature: _____

Date: _____