



Application for Employment

Date: _____ Do you have a valid Drivers License
Name: _____ Yes No
Address: _____ Driver's License # _____
Phone Number: _____
Date of Birth: _____
SIN# _____
Day _____ Month _____ Year _____
Position Applied for: _____
Rate of pay expected: _____
Were you previously employed by us (if yes, when): _____
When will you be available for work: _____
List any friends working for us: _____
Summarize briefly level of Education achieved: _____

List any experience, skills or qualifications which you feel would especially fit you for work with the company: _____

Personal References:

Name and Occupation	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____

List below beginning with you most recent, all present and past employment:
Company name, City, Contact Person and Phone number:

1. _____

Describe the work you did: _____
Employed for how long: _____ Reason for leaving: _____

2. _____

Describe the work you did: _____
Employed for how long: _____ Reason for leaving: _____

3. _____

Describe the work you did: _____

Employed for how long: _____ Reason for leaving: _____

May we contact the employers listed above? _____ If not, indicate which ones you do not wish us to contact.

By signing below I authorize Nelson Roofing Ltd. to enquire about my employment history from the above named firms.

Name: _____ Signature: _____



Medical Information Voluntary and Confidential

1. First Aid Ticket Level? Yes No _____
2. WHMIS When? Yes No _____
3. Have you ever had a hearing problem? Yes No Date of last test _____
4. Fall Protection training? Yes No Cert# _____
5. Have you ever had a head injury? Yes No
6. Do you have Epilepsy? Yes No
7. Do you have dizzy or fainting spells? Yes No
8. Do you have Diabetes? Yes No
9. Have you had a previous eye injury? Yes No
10. Are you uncomfortable with heights? Yes No
11. Have you had any previous fractures? If yes, please specify.
 Yes No _____
12. Do you have Rheumatism or Arthritis? If yes, please specify.
 Yes No _____
13. Have you had a previous injury to any major joints, (ex: Ankle, Knee, Hip, Elbow, Shoulder) If yes, please specify.
 Yes No _____
14. Do you have a heart condition? Yes No
15. Do you have High Blood Pressure? Yes No
16. Do you have any allergies? If yes to what?
 Yes No _____
17. Have ever had a back problems? If yes please explain.
 Yes No _____
18. Do you have any respiratory problems? If yes what?
 Yes No _____
19. Do you have a hernia? Yes No
20. Are you taking any medications at the present time? If yes what?
 Yes No _____
21. Have you seen a Physician for any illness, injury or surgery in the past year?
If yes what, illness, injury or surgery?
 Yes No _____
22. Are you medically cleared and fit to work with no restrictions or disabilities from any previous occupational injury, illness or mental condition?
 Yes No
23. Is the any other pertinent medical, illness or injury related information you feel we should be aware of? If yes please specify.
 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 dismissal upon review by Nelson Roofing Ltd.

Date: _____

Name: _____ Signature: _____