



Job Application

PERSONAL INFORMATION

Name: _____ Date of Birth (dd-mmm-yyyy): _____
 Address: _____ Mobile: _____
 Email: _____ Phone: _____
 Do you have a valid Driver's License? Yes No If yes, Driver's License #: _____
 Education: _____
 Position Applied for: _____ Expected Rate of Pay: _____
 Relevant skills or qualifications: _____
 List any friends working for Nelson: _____
 Were you previously employed by Nelson? Yes No If Yes, When? _____
 When will you be available for work? _____

PERSONAL REFERENCES

Name	Occupation	Phone
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY (MOST RECENT FIRST)

Company: _____ City: _____ Duration of Employment: _____
 Contact: _____ Phone: _____ May we contact this employer: Yes No
 Describe the work you did: _____
 Reason for Leaving: _____

Company: _____ City: _____ Duration of Employment: _____
 Contact: _____ Phone: _____ May we contact this employer: Yes No
 Describe the work you did: _____
 Reason for Leaving: _____

Company: _____ City: _____ Duration of Employment: _____
 Contact: _____ Phone: _____ May we contact this employer: Yes No
 Describe the work you did: _____
 Reason for Leaving: _____

ACKNOWLEDGMENT

I 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 & Sheet Metal Ltd.

Signature: _____ Date: _____

(Individuals applying electronically will be asked to sign if interviewed)

MEDICAL INFORMATION

VOLUNTARY AND CONFIDENTIAL

1. Do you have a First Aid Ticket? Yes No If yes, level completed? _____
2. Do you have WHMIS training? Yes No If yes, when? _____
3. Do you have Fall Protection Training? Yes No Certificate # _____
4. Have you ever had a hearing problem? Yes No Date of last test? _____
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 ever had an eye injury? Yes No
10. Are you uncomfortable with heights? Yes No
11. Have you ever had a bone fracture? Yes No If yes, please specify. _____
12. Do you have Rheumatism or Arthritis? Yes No If yes, please specify. _____
13. Have you ever had an injury to a major joint? (e.g. Ankle, Knee, Hip, Elbow, Shoulder)
 Yes No

If yes, please specify. _____

14. Do you have a heart condition? Yes No
15. Do you have High Blood Pressure? Yes No
16. Do you have allergies? Yes No If yes, to what? _____
17. Have you ever had a back problem? Yes No
If yes, please explain. _____

18. Do you have any respiratory problems? Yes No
If yes, what? _____

19. Do you have a hernia? Yes No

20. Are you taking any medications at the present time?
 Yes No

If yes, what? _____

21. Have you seen a Physician for any illness, injury or surgery in the past year?
 Yes No

If yes, what illness, injury or surgery? _____

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 there any other pertinent medical, illness or injury related information you feel we should be aware of?
 Yes No

If yes, please explain _____

ACKNOWLEDGMENT

I 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 & Sheet Metal Ltd.

Signature: _____ Date: _____

(Individuals applying electronically will be asked to sign if interviewed)