



ULTIMATE TRADESMEN



Applicant Information

Full Name: _____ Date: _____
 (last) (first) (Middle Int.)

Address: _____ (street address) _____ (apartment/unit #)
 _____ (city) _____ (province) _____ (postal code)

Phone: _____ Email: _____

Date Available: _____ Social Insurance No. : _____ Date of Birth: _____

Do you have a valid driver's license? Yes No

Do you have the use of an insured vehicle? Yes No

Have you ever worked for this company? Yes No

Are you currently covered under any other healthcare provider? Yes No

If yes, when? _____

If you have experience in any of the following trades, please indicate below

Trade	Years Experience	Construction Tickets (please check if any apply to you)	√	Expiry
Carpentry		Aerial/Elevated Work Platform		
Concrete		Bobcat/Skid Steer		
Drywall / Mudd / Tape		Demolition/Asbestos Abatement		
Electrical		Hoisting & Rigging		
Equipment Operator		H2S Alive		
HVAC / Sheet		Forklift		
Ironworker		Telehandler (zoom boom)		
Masonry / Brick		WHMIS		
Millwright		CSTS		
Painter / Sandblasting		Scaffolding		
Pipefitter / Steamfitter		First Aid (Level: _____)		
Plumber / Gasfitter		Fall Protection		
Roofer		Confined Space		
Scaffolding		Flagging		
Siding / Cladding		NCSO / Safety		
Tile Setter		Other:		
Welder		Other:		



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Previous Experience

Have you ever worked for an employment service like UTL before? Yes No
If yes, please specify:

Confidential – Medical Emergency Information

The medical information is requested to assist 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 the public.

In the event of an emergency, Ultimate Tradesmen Ltd. may contact the following person(s) on my behalf:

Full Name: _____ Relationship: _____

Telephone: _____ Mobile Number: _____

Confidential – Medical Information	Yes	No
Do you have any concerns about working at heights?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about lifting heavy objects (up to 60 lbs.)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about working with chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Other medical concerns, please specify: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

Equipment List

Gear	Yes	No	Gear	Yes	No
Reflective Vest	<input type="checkbox"/>	<input type="checkbox"/>	Work Gloves	<input type="checkbox"/>	<input type="checkbox"/>
Steel Toed Work Boots	<input type="checkbox"/>	<input type="checkbox"/>	Coveralls	<input type="checkbox"/>	<input type="checkbox"/>
Steel Toed Rubber Boots	<input type="checkbox"/>	<input type="checkbox"/>	Fire Retardant Coveralls	<input type="checkbox"/>	<input type="checkbox"/>
Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____		
Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____		



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Health & Safety Orientation

Topic	Action or Sub-topic	✓
1. Company safety policy	Review Safety Policy	<input type="checkbox"/>
2. Employee safety responsibilities	Review Responsibilities	<input type="checkbox"/>
3. Imminent Danger means a danger that is not normal for that occupation or a danger under which a person engaged in that occupation would not normally carry out the person's work (OH&S section 35 (2))	Not to operate any tool, appliance, or equipment, if on reasonable and probable grounds, the worker believes there exists an imminent danger to the health or safety of that worker, or another worker on site OH&S section 35 (1c)	<input type="checkbox"/>
4. Workplace Violence & Harassment	Review Workplace Violence and Harassment Policy	<input type="checkbox"/>
5. Safe Work Practices (SWP)	SWPs to be reviewed at time of client orientation	<input type="checkbox"/>
6. Safe Job Procedures (SJP)	SJPs to be reviewed at time of client orientation	<input type="checkbox"/>
7. Personal Protective Equipment (PPE)	Review PPE requirements	<input type="checkbox"/>
8. Rules	Review Company Rules	<input type="checkbox"/>
9. Hazard Assessments/Safety Meetings	When, attendance, hazard assessments, etc.	<input type="checkbox"/>
10. Reporting: Unsafe Acts	When, how, who to	<input type="checkbox"/>
- Conditions	When, how, who to	<input type="checkbox"/>
- Accidents	When, how, who to	<input type="checkbox"/>
- Near Misses	When, how, who to	<input type="checkbox"/>
- Harassment/Violence	When, how, who to	<input type="checkbox"/>
- Substance Abuse	When, how, who to	<input type="checkbox"/>
11. First Aid	Where first aid kits found, who certified, reporting, etc.	<input type="checkbox"/>
12. Emergency Telephone Numbers	Name/position of who to call, when available, etc.	<input type="checkbox"/>
13. Questionnaire Completed	Re-explain questions where failure seen	<input type="checkbox"/>

Worker Signature: _____

Trainer Signature: _____

Date: _____



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Orientation Knowledge & Competence Quiz

1. What types of accidents are to be reported to your supervisor?
 - a. Minor injuries
 - b. Major injuries
 - c. All injuries
 - d. None of the above
2. When are you required to wear a CSA approved hard hat?
 - a. On Mondays, Wednesdays, and Fridays
 - b. After lunch break
 - c. Always unless specified by a supervisor or safety officer
 - d. Whenever I feel it is necessary
3. How can you tell if a pair of boots is CSA approved and meets requirements to work on a job site?
 - a. They have a 6" ankle support
 - b. The green CSA triangle is visible somewhere on the boots
 - c. The steel toes are securely in place, with no dangling leather or laces that could lead to tripping
 - d. All the above
4. True or False. Hearing protection is not necessary when working with or near any heavy equipment or power tools?
 - a. True
 - b. False
5. What does WHMIS stand for?
 - a. Workers Have Missed Italian Soup
 - b. Workplace Hazardous Materials Information System
 - c. When Hazardous Materials Is Safe
 - d. When Henry Makes Interesting Statement
6. Complete the following sentence: "A fall hazard area is any area from which a fall of _____ may occur or where a fall from a lesser height involves an unusual risk or injury."
 - a. 10 feet
 - b. 6 feet
 - c. 20 feet
 - d. 100 feet
7. At what location do you meet after an emergency evacuation?
 - a. The bar
 - b. The break room
 - c. The muster point
 - d. The front door
8. Are modified duties available if you are injured at work?
 - a. Yes
 - b. No
9. True or False. Workers have the right to refuse dangerous work?
 - a. True
 - b. False
10. Is violence or harassment acceptable in the workplace?
 - a. Yes
 - b. No
11. True or False. All employers must supply and make available; first aid equipment, supplies and facilities, and ensure approved first aid treatment by a qualified first aider?
 - a. True
 - b. False
12. What is Ultimate Tradesmen Ltd.'s policy on drugs and alcohol in the workplace?
 - a. Consumption is permitted but only during breaks
 - b. Ultimate Tradesmen Ltd. has a **ZERO** tolerance policy on drugs and alcohol
 - c. As long as you are still able to work safely
 - d. As long as you are under the legal limit
13. How long after you are injured must you report your injury to Ultimate Tradesmen Ltd.?
 - a. Within a week or so
 - b. Two business days
 - c. Not necessary
 - d. Within one hour



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Disclaimer & Signatures

By signing below I certify that I, _____, have been given the Ultimate Tradesmen Ltd. "Safety Orientation", have read and understand the material contained within, along with any additional information provided to me by Ultimate Tradesmen Ltd..

I understand that all work is on a casual basis and that I do not commence work until I have attended and started working at the location to which I have been dispatched. I understand that none of the above constitutes a guarantee of work.

Failure to show for an assignment without calling prior to job start constitutes a "No Call/No Show" violation. UTL maintains a zero tolerance for this violation and can choose not to assign you to any other positions if you commit a No Call/No Show violation.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Office Signature: _____ Date: _____