



**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.

<b>For office use only</b>	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

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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: \_\_\_\_\_

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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: _____	

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

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

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.

- Newspaper: \_\_\_\_\_      Company: \_\_\_\_\_  
 Online: \_\_\_\_\_      Re-Registering    Walk-in  
 NT Temps Employee: \_\_\_\_\_      Word of Mouth    Facebook    Twitter

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

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

**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: \_\_\_\_\_