



LABOUR LEASING

Notes for office use only

APPLICATION FORM

Date of Application

Last Name		First Name		Middle Initial	
Address					Postal Code
City		Province		Date of Birth (Month/Day/Year)	
Telephone No.			Email Address		
Social Insurance Number			What is your Gender (Male or Female)		
Do you have an insured vehicle?			Do you have a valid drivers license?		

PLEASE INDICATE LENGTH OF TIME/EXPERIENCE WITH THE FOLLOWING:

Trade	Years/Months	Certified	Training Certifications	Valid Cert	Expiry
Carpentry			Skip Operator		
Concrete			WHMIS (GHS)		
Welder			Flagging		
Electrical			Zoom/Telehandler		
Plumbing			Aerial Work Platform		
Roofing/Siding			Fall Arrest		
Equipment Operator			Confined Space		
Drywall			Basic Hoisting & Rigging		
Sandblaster			Elevated Work Platform		
Tile Setter/Flooring			First Aid (Basic/Intermediate/Advanced)		
HVAC/Sheet Metal			CSTS		
Skilled Labour			Other		



LABOUR LEASING

CONFIDENTIAL - MEDICAL EMERGENCY INFORMATION

We request your medical information to help match you with a suitable position and reduce the risk of injury to yourself, coworkers, or the public.

Yes/No

1. Are you medically cleared & fit to work with no restrictions or disabilities from any occupational injury, illness or medical condition?		
2. Have you ever had a head injury?		
3. Do you have epilepsy?		
4. Do you have dizzy or fainting spells?		
5. Do you have diabetes?		
6. Have you ever had a hearing problem?		
7. Have you had a previous eye injury?		
8. Have you ever had any previous fractures?		
9. Have you ever had a previous injury to any major joints (i.e. ankle, knee, hip, elbow, shoulder)?		
10. Do you have a heart condition?		
11. Do you have high blood pressure?		
12. Do you have any allergies?		
13. Do you have any respiratory problems?		
14. Do you have a hernia or have a history of back problems?		
15. Are you taking any medications presently?		
16. Have you seen a physician for any injury, or surgery in the past year?		
17. Is there other medical illness or injury related information you feel we should be aware of?		
18. Have you ever submitted a WCB Claim?		
19. Do you have concerns with working at heights?		
20. Do you have concerns with lifting heavy weights (up to 60lbs)?		
21. Do you have concerns working with chemicals?		
22. Are you bondable?		




LABOUR LEASING

POLICIES AND PROCEDURES

SOS Labour Leasing has in place a number of company policies and procedures. You are required to comply with company policy in its entirety. Failure to comply with these policies may result in disciplinary action being taken against you. All policies and procedures are found in the SOS Health and Safety Management System Manual via <https://soslabourleasing.com/safety/>

TIPS FOR SUCCESS WITH OUR COMPANY



LABOUR LEASING

- ZERO TOLERANCE FOR ALCOHOL & DRUG USE. YOU WILL BE TERMINATED.
- NO TICKET = NO CHEQUE.
- NO EXCEPTIONS.
- IF YOU WALK-OFF A JOB OR ARE ASKED TO LEAVE A JOB SITE FOR ANY REASON, YOUR PAYCHEQUE WILL BE HELD FOR 2 WEEKS AND YOUR EMPLOYMENT WILL BE TERMINATED.
- ALL APPLICANTS MUST PRESENT 2 PIECES OF VALID IDENTIFICATION WITH APPLICATION.
- NO PUBLIC TELEPHONE OR WASHROOM.
- IF YOU ARE ON A REPEAT JOB, YOU MUST BE HERE 1 HOUR BEFORE THE SCHEDULED START TIME.
- IF YOU CAN'T RETURN FOR ANY REASON, YOU MUST CALL & LEAVE A MESSAGE SO WE CAN REPLACE YOU FOR THE DAY.
- IF YOU DO NOT LET US KNOW AT LEAST 2 HOURS BEFORE THE START TIME, YOU WILL NOT WORK AT SOS LABOUR LEASING AGAIN.
- PLEASE RETURN ANY BORROWED EQUIPMENT AT THE END OF EACH DAY. FAILURE TO DO SO WILL RESULT IN THE FOLLOWING AMOUNTS BEING DEDUCTED FROM YOUR CHEQUE:
 - HARD HATS \$15
 - BOOTS \$30
 - SAFETY VEST \$15
 - HAMMER \$15

TIPS FOR SUCCESS

1. ARRIVE ON TIME WITH YOUR PERSONAL PROTECTIVE EQUIPMENT AND BE PREPARED TO WORK SAFELY.
2. INTRODUCE YOURSELF TO THE CUSTOMER WITH A FRIENDLY HANDSHAKE. INFORM THE CUSTOMER THAT YOU WERE SENT BY SOS LABOUR LEASING TO WORK FOR THE DAY AND ASK FOR YOUR ASSIGNMENT.
3. LISTEN CAREFULLY SO THAT YOU UNDERSTAND YOUR JOB DUTIES. ASK QUESTIONS ABOUT ANYTHING YOU DO NOT UNDERSTAND.
4. BE FRIENDLY, BE LIKEABLE AND WORK WELL WITH OTHERS FOR THE BEST CHANCE AT BEING ASKED BACK.
5. ASK FOR ADDITIONAL DUTIES RIGHT AWAY WHEN YOU COMPLETE YOUR ASSIGNED TASK.
6. WORK HARD AND DO A QUALITY JOB SO THE CUSTOMER HAS POSITIVE THINGS TO SAY ABOUT YOU.
7. USE APPROVED BREAK TIMES TO EAT, SMOKE OR USE CELL PHONES. AVOID THESE ACTIVITIES EXCEPT DURING AUTHORIZED MEAL AND REST PERIODS.



LABOUR LEASING

EMERGENCY CONTACT INFORMATION

IN THE EVENT OF AN EMERGENCY, SOS LABOUR LEASING LTD. MAY CONTACT THE FOLLOWING PERSON(S) ON MY BEHALF:

Name:	Telephone:
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DO YOU HAVE THE FOLLOWING EQUIPMENT (PPE)

Yes/No

Reflective Vest		
CSA Steel Toed Work Boots		
CSA Steel Toed Rubber Boots		
Hard Hat		
Safety Glasses		
Hearing Protection		
Work Gloves		
Coveralls		
Fire Retardant Coveralls		

WORK REFERENCES - START WITH MOST RECENT

Company	Supervisor's Name	Phone No.	Address	Job Description	Date of Employment	Reason for Leaving
1.						
2.						
3.						



LABOUR LEASING

NON-SOLICITATION CLAUSE

During your employment, you may become aware of information relating to the business of SOS Labour Leasing Ltd, including but not limited to client lists, trade secrets, client details and pricing structures.

Confidential information, including client lists, trade secrets, pricing structures and any and all documents provided to you in the course of your employment remain the sole property of SOS Labour Leasing. You shall not, either during or after your employment, without the prior consent of the SOS Labour Leasing, directly or indirectly divulge to any person or use the confidential information for your own or another's benefit. This non-solicitation clause prevents employees from actively seeking, contacting, approaching or poaching our clients, clients employees or clients sub contractors in their entirety.

APPLICANT/EMPLOYEE AGREEMENT/ACKNOWLEDGEMENT

I, the undersigned, duly declare the above information to be accurate and correct to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my omissions or misrepresentations may result in reclassification or dismissal upon review by my employer. I further authorize my employer to obtain a medical evaluation by a physician if required and understand that my employment is not necessarily required for a definite period. Furthermore, I have read and understand the SOS Health and Safety Management System Manual and agree to complying with the contents within.

Date Signed:

Applicant/Employee Signature:

"By entering my digital signature, I agree to the terms and conditions outlined in this application and I understand that my digital signature is legally binding."

SUBMISSION OF APPLICATION

Please forward your completed application plus any supporting documents (resume, 2 pieces of valid government issued I.D., valid certificates) to apply@soslabourleasing.com

Thank you from the SOS Recruitment Team! We look forward to meeting you in person!