

## **Application Form**

## 1- Candidate Identification & Contact Details Firstname : Name : Address : Postal Code: \_\_\_\_ Citv : Home Mobile \_\_\_\_\_\_ Phone : Phone: Email: Birthday Date (dd/mm/year) : Social Insurance Number: 2- Emergency Contact (to be completed upon hiring) Emergency Contact Person: Contact Person Link : Home Phone : \_\_\_\_\_ Work : Mobile : 3- Experience (please attach your resume to your application) □ Polishing a floor □ Washing carpets by extraction □ Stripping a floor □ Waxing a food floor ☐ High-rise cleaning work □ Washing care walls □ Specialized cleaning : □ Washing agricultural windows □ Specialized cleaning : Middle □ Specialized cleaning : Fermes Other (specify):

Information needed for your criminal background check

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contact:

#### 4- Desired job □ Seasonal (specify): □ Permanent □ Temporary □ On call **Availability** □ Day □ Evening □ Night □ Week-end □ When are you ready to start? Mobility Do you have any mode of transportation to get to your workplace? □ No You are ready to move km minutes from your up to: or home 5- Training General safety on construction sites □ Yes □ No Followed up to 1 year ago : □ Yes S.I.M.D.U.T □ No Followed up to 3 years ago : □ No □ Yes First Aider Forklift Operator □ Yes No Elevating Platform Operator □ Yes □ No 6- Job References Please include at least two (2) references : 1<sup>st</sup> reference Business # Phone : Name: Person to Contact contact : position : 2nd reference Business # Phone : Name: Person to

Contact

position :



3th reference		
Business Name	Phone Number :	
Person to contact :	Position :	
7- Criminal record		
Have you ever been convicted of a which you have not received a part	criminal, civil or felony don? □ Yes □ No	offense for
Offense(s)	:	Year

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Please note that criminal background checks will be conducted before hiring. Please also note that a conviction does not automatically mean rejection of your application.



### 8- Medical

This section is for your safety, please answer to the best of your knowledge. If your condition limits you from performing the applied position, we will try to find a reasonable solution.

Can your physical or psychological condition prevent you from or limit you in performing the applied job?
□ Yes □ No
<pre>If yes, specify:</pre>
Do you suffer from any illness or medical condition that may require you to receive assistance (fainting, heart problems, epilepsy, etc.)? $\Box$ Yes $\Box$ No
If yes, specify :
Have you ever made a claim to the CNESST (CSST) or the SAAQ?
□ Yes □ No
If yes, for what site injury :
Did your injury result in time off work?
□ Yes □ No
If yes, number of days
. Have you been diagnosed with a permanent impairment or functional limitation? $\hfill\Box$ Yes $\hfill\Box$ No If yes,
specify:
Since you may be called upon to work on other contracts and our contracts are very diverse (commercial, industrial, institutional and food), can you answer the following questions:
Have you ever suffered or do you suffer from:
• Back pain or joint disease :□ Yes □ No
If yes, specify

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• Lung problems (limiting you to dusty places) □ Ye	s □ No
If yes, specify:	
• Diabetes : □ Yes □ No	
• Tendinitis : □ Yes □ No	
Do you have any food allergies? □ Yes □ No	
If yes, specify:	

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# 9- Consent to verification of information provided for your employment

I hereby consent to representatives of 8830088 Canada Inc. or any other party acting on their behalf obtaining information relating to:

- My current (if applicable) and previous employment: position held, dates of employment, subjective information about your conduct, skills
- My legal records (civil, criminal and penal);
- My training/certifications (verification of diplomas & certificates);
   as well as any other information deemed necessary.

By the same token, I consent to the establishments, companies, and individuals likely to provide information related to the evaluation of my application to disclose information relevant to the evaluation of my application.

I am aware that this information may contain personal details about my character and reputation.

I also authorize 8830088 Canada Inc. to keep my employment file for the entire duration of my employment and until any dispute is settled.

#### 10- Statement

I declare that the information provided in this application form is, to the best of my knowledge, true and complete. I understand that a false declaration may result in the rejection of my application or my immediate dismissal without notice.

Signature	Date
	(dd/mm/year)

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