

Personal information

| | | | |
|------------------|------|----------------|-------------|
| Name | | Date: | |
| Mailing address | City | Province | Postal code |
| Telephone number | | Cellular/Other | |

The following personal information is collected for the sole purpose of contacting candidates for an interview or for future employment opportunities. The information will be kept on file for six months and will be safely destroyed following that period of time.

Work experience

 Please indicate past work experiences. You may include more information on the back of this page.

| | |
|------------------------|------------------|
| 1. Employer name | Title - Job held |
| Dates (Day/Month/Year) | Hourly rate |
| Reason for leaving | |
| 2. Employer name | Title - Job held |
| Dates (Day/Month/Year) | Hourly rate |
| Reason for leaving | |
| 3. Employer name | Title - Job held |
| Dates (Day/Month/Year) | Hourly rate |
| Reason for leaving | |

| | |
|---|---|
| Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No | Availability for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal |
| Do you have a reliable method of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Please check your education level: <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> College or University Studies |
| Are you willing to work out of town? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Safety training

 Please check the Safety Training you have completed by checking the appropriate box:

| | | |
|---|--|---|
| WHMIS <input type="checkbox"/> Yes <input type="checkbox"/> No | Fall Protection <input type="checkbox"/> Yes <input type="checkbox"/> No | First Aid/ CPR <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Man Lift/ Scissor Lift <input type="checkbox"/> Yes <input type="checkbox"/> No | Powder Actuated Tools <input type="checkbox"/> Yes <input type="checkbox"/> No | Scaffolding <input type="checkbox"/> Yes <input type="checkbox"/> No |

Skills & Experience

 Please check your level of knowledge and/or experience in the following:

| Skills & Experience | No Knowledge | Basic to Limited | First Year | 1 to 5 Years | Over 5 Years |
|-------------------------------------|--------------|------------------|------------|--------------|--------------|
| Reads Blueprints | | | | | |
| Layout | | | | | |
| Framing - Steel Stud Interior Walls | | | | | |
| Framing Heavy Gauge Steel Walls | | | | | |

Skills & Experience (cont.) Please check your level of knowledge and/or experience in the following:

| Skills & Experience | No Knowledge | Basic to Limited | First Year | 1 to 5 Years | Over 5 Years |
|--|--------------|------------------|------------|--------------|--------------|
| Framing Suspension Ceiling | | | | | |
| T-Bar Ceilings and Grid | | | | | |
| Specialty Ceilings (open cell, paraline) | | | | | |
| PC350 Demountable Partition | | | | | |
| Computer Floors (raised floors) | | | | | |
| Insulation and Poly | | | | | |
| Drywall Installation - Commercial | | | | | |
| Drywall Installation - Residential | | | | | |
| Crack filling | | | | | |
| Plastering - Thin coat | | | | | |
| EIFS - Stucco | | | | | |
| Corner beads - Reveals | | | | | |

Physical requirements

All applicants must be able to meet physical requirements to perform essential job functions. Please indicate whether you are able to perform the following physical requirements (with or without reasonable accommodation):

| | |
|--|---|
| Standing - may be required to be on your feet for periods of time up to 6 to 8 hours <input type="checkbox"/> Yes <input type="checkbox"/> No | Bending - repeated bending may be required <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Walking - may be required for long periods of time <input type="checkbox"/> Yes <input type="checkbox"/> No | Crawling - in conjunction with pushing/pulling, climbing, kneeling and bending <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lifting - frequent and repetitive heavy, over-head lifting - maximum of 80 pounds <input type="checkbox"/> Yes <input type="checkbox"/> No | Reaching/Twisting - in conjunction with pushing/pulling, climbing, kneeling and bending <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Carrying - weights will vary during loading-unloading procedures, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No | Arms, Wrists and Hands - repetitive movement of the arms, wrists and hands <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pushing/Pulling - pushing/pulling, moderate to maximum efforts may be required <input type="checkbox"/> Yes <input type="checkbox"/> No | Coordination - average to excellent body coordination <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Climbing - Adequate body balance is required for scaffolding <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing - adequate hearing capabilities for task requirements <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Kneeling - frequent kneeling for periods of time <input type="checkbox"/> Yes <input type="checkbox"/> No | Vision - clear vision with or without corrective lenses in both eyes <input type="checkbox"/> Yes <input type="checkbox"/> No |

References Please list a minimum of 2 work-related references

| | | |
|------|----------|------------------|
| Name | Employer | Telephone number |
| Name | Employer | Telephone number |
| Name | Employer | Telephone number |

I certify by electronically submitting this form that the answers given are true and complete to the best of my knowledge. I understand that proof of eligibility to work in Canada may be required before engagement. I understand that false or misleading information given in my application or interview(s) may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of FundyPros, including serving an initial probationary period.

Signature _____

Date _____