



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.

For office use only	WYNTK
SIN: _____	WHMIS
Birth Date: _____	Material Handler
	Ergonomics
	New Worker
	F&P
	SPS
	Ventra
	Tarpin
	CSR
	AGC

Name: _____
Last First Middle Initial

Mailing Address: _____
RR# or Street Name and/or Post Office Box Apt No

City Province Postal Code

Telephone Number: (____) _____ - _____ Alternative 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 pardon? 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

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: _____

List previous employment beginning with the most recent; add as much detail as possible.

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

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

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

For employment references, may we approach:

Your last employer? Yes No Your previous employer(s)? Yes No

Please indicate how you heard about NT Temps and provide additional information as required.

- | | |
|--|--|
| <input type="checkbox"/> Newspaper: _____ | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Online: _____ | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> NT Temps Employee: _____ | <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter |

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

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

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.

Manufacturing positions often expose you to odors and loud noises. 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: _____



Health and Safety at Work

I hereby certify that I have received WHMIS training within the past three years. I am aware that I have the right to refuse work that I feel is unsafe and I am obligated to report hazards to my on-site supervisor and to NT Temps as soon as they occur. As well, I understand that NT Temps Inc. does not support any conditions that will compromise my safety on the job site. I also agree to follow any safety regulations and behaviour based safety procedures outlined by supervisory staff and to work within the guidelines set forth in the Ontario Health and Safety Act.

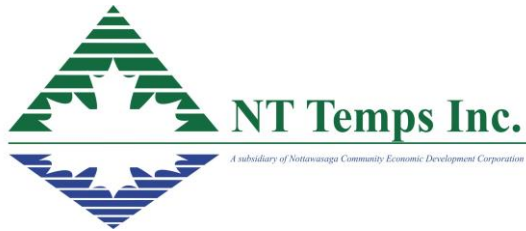
I further understand that NT Temps Inc. will not tolerate any form of harassment or abuse directed toward its employees. If I feel that I am the victim of abuse or harassment, I will report such incidents to my supervisor at NT Temps Inc. so that correct action may be taken.

In addition, I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I authorize NT Temps Inc. to retain my personal information on file for employment purposes. I understand that if employed, falsified statements on this application shall be sufficient cause for dismissal. In addition, I understand that I am an “elect to work” employee and any assignment I choose to accept may end at any time without notice.

By signing below, I acknowledge that I have reviewed and understood the above information.

Employee (Signature) _____ Date _____

Employer (Signature) _____ Date _____



Overtime Consent Form

In accordance with the Employment Standards Act, 2000 legislation regarding overtime hours worked:

NT Temps Inc. has explained the overtime legislation and how it affects me.

1. NT Temps Inc. has provided me with supporting documentation, "Information for Employees About Hours of Work and Overtime Pay" issued by the Government of Ontario.

I understand that this written consent form allows me to work in excess of 8 hours per day but not exceeding 12 hours only if I am willing to do so.

Employees Signature: _____

2. In addition, I understand that this written consent form allows me to work in excess of 48 hours per week but not exceeding 60 hours only if I am willing to do so.

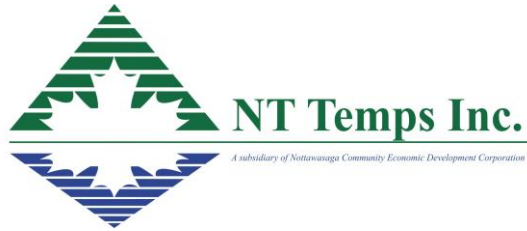
Employees Signature: _____

3. I understand that this agreement can be cancelled with 2 weeks written notice and expires 5 years after the signing date.

Date: _____

Employees Name: _____ (Please Print)

Employers Signature: _____



Candidate Consent Form

I consent to the collection of my personal information, as required by NT Temps Inc. and understand that this information will be used strictly for the purpose of assisting me in finding a suitable employment opportunity.

I further consent to the disclosure of such personal information to NT Temps Inc.'s clients when, in NT Temps Inc.'s exclusive discretion, the client may provide me with suitable employment.

I further consent to the retention of my personal information by NT Temps Inc. as long as I am using the company's placement services.

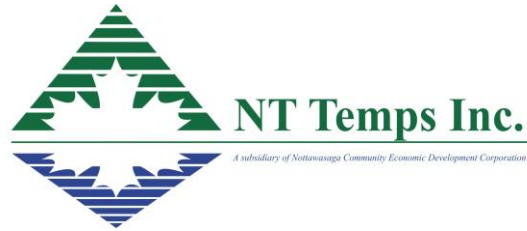
In the event that I wish to withdraw my consent to the use, disclosure and retention of my personal information, I understand that it is my responsibility to contact NT Temps Inc. in writing, at which time I will be informed by NT Temps Inc. whether and how such withdrawal will affect the services being provided to me.

I fully understand the above consent statements and am entering into them voluntarily, as certified by my signature below.

Date: _____

Candidate's Name: _____

Candidate's Signature: _____



Offer of Employment

NT Temps Inc. would like to offer you employment on the following terms.

While you would be assigned to work for businesses other than NT Temps Inc., you would nonetheless be considered to be an employee of NT Temps Inc.

NT Temps Inc. can never be sure just how long a particular assignment might last. That is the nature of the employment, and as such, it is considered to be temporary.

With that in mind, then, the terms of our offer to you are as follows:

1. Date of Commencement of Employment

The date of commencement of employment would be the day upon which you first work for wages with an assigned client. Even though you will have completed a candidate information form and would have agreed to this offer of employment, the date of commencement of that employment would not in fact be considered to have arisen until such time as you actually perform work for wages for a client.

2. Information to be provided to you

NT Temps Inc. will provide you with the name of the client to whom you are being assigned, as well as appropriate contact information for the client, what your wage rate and any benefits that might be associated with the assignment will be, what the expected hours of work will be, the estimated term of the assignment (if we can ascertain that), and a general description of the work. This information may be provided orally at the time the assignment is communicated to you. A written confirmation of the assignment will be provided within a reasonable time, however, if for some reason you do not receive that information in written form from us within a reasonable time, you are to contact us and request a copy of the information.

3. Obligations to keep NT Temps advised of your circumstances

- (a) You will have the obligation to keep NT Temps advised of your availability for work. To that end, you have the duty to contact NT Temps every week to advise of your availability the following week. Failure to contact NT Temps Inc. by at least Thursday at twelve noon (12:00) on any particular week of your availability

for work the following week will mean that you will be deemed to be considered to be unavailable for work that following calendar week.

- (b) While NT Temps Inc. would expect to identify any circumstance in which you might not be assigned for a considerable period of time, we want to catch any situation from “falling through the cracks.” Accordingly, should you not be assigned to perform work for any client for thirty days—and even if you have been calling in—you are required to contact the Agency by phone, e-mail or in person to advise of such a prolonged period of non-assignment.

4. Entitlement to Notice of Termination of Employment/Severance Entitlements:

As part of this agreement, you would be bound to the following terms:

- (a) Should you be guilty of willful misconduct or willful neglect of duty, you would not have any entitlement to notice of termination, to Severance Pay under the *Employment Standards Act*, or to Termination Pay under the *Employment Standards Act*.

You would also hereby be acknowledging and agreeing that your employment with NT Temps Inc. would cease and that you would be deemed to have been guilty of willful misconduct or willful neglect of duty such that there would be no obligation on the part of NT Temps Inc. to provide you with any notice of termination or to provide Termination Pay or Severance Pay under the *Employment Standards Act* should any of the following circumstances exist:

- i) You should fail to contact NT Temps Inc. for ten consecutive calendar weeks;
- ii) You should refuse three consecutive reasonable offers of assignments* without providing a legitimate reason for such refusal;
- iii) You should refuse six reasonable offers of assignments* in any ten week period without a valid reason for refusing; or
- iv) You should otherwise have been guilty of willful misconduct or willful neglect of duty.

*You would have the obligation to advise at the time of the offer why any such offer would not be reasonable in your view.

- (b) In circumstances in which cause for summary termination does not exist, the amount of notice (or compensation in lieu) and/or Severance Pay to which you would be entitled would be limited to the amounts contemplated as a minimum (based on your length of service) under the *Employment Standards Act*, and that any claims for compensation arising out of any termination of your employment by NT Temps Inc. would be those contemplated as minima under the *Employment Standards Act* (based on your length of service).

5. Vacation Pay

Effective January 1, 2013, I understand that my 4% vacation pay will not be accrued and will be paid out weekly unless I request otherwise.

Note this is an important legal document. Please take the time to review this carefully. If you wish, you may want to consult a lawyer.

If these terms are agreeable, please indicate your acceptance of this offer by signing in the space indicated below.

Employee Name (Print) _____

Employee (Signature) _____ Date _____

Employer (Signature) _____ Date _____