



ID \_\_\_\_\_

**PROTEC JOB APPLICATION**

		GRAVEYARD	WEEKDAYS	WEEKENDS	EVENINGS
<b>E-MAIL:</b> _____		<b>AVAILABILITY</b>			
LAST NAME		FIRST NAME		MIDDLE INIT.	
STREET ADDRESS, APT NO.				DATE OF APPLICATION	
CITY				PROVINCE	
TELEPHONE NO.				DATE OF BIRTH	
				MONTH	DAY
				YEAR	
		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>		
DO YOU HAVE USE OF AN INSURED VEHICLE? Yes <input type="checkbox"/> No <input type="checkbox"/>		DO YOU HAVE A VALID DRIVER'S LICENSE? Yes <input type="checkbox"/> No <input type="checkbox"/>		WEIGHT	HEIGHT
		ARE YOU A QUALIFIED TRUCK DRIVER?		Standard <input type="checkbox"/>	Automatic Only <input type="checkbox"/>
				1 Ton <input type="checkbox"/>	3 Ton <input type="checkbox"/> 5 Ton <input type="checkbox"/>

HOW DID YOU HEAR ABOUT PROTEC: \_\_\_\_\_

HAVE YOU EVER WORKED FOR A SHOW SERVICE COMPANY BEFORE? Yes  No   
 IF SO, WHICH COMPANY(IES)? \_\_\_\_\_

WHERE WERE YOU ASSIGNED TO WORK?

NAME OF BUSINESS	TYPE OF WORK
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**WORK REFERENCES**

1 - COMPANY : _____	PHONE : _____
SUPERVISOR : _____	ADDRESS : _____
JOB DESCRIPTION : _____	REASON FOR LEAVING : _____
DATE : _____	
2 - COMPANY : _____	PHONE : _____
SUPERVISOR : _____	ADDRESS : _____
JOB DESCRIPTION : _____	REASON FOR LEAVING : _____
DATE : _____	
3 - COMPANY : _____	PHONE : _____
SUPERVISOR : _____	ADDRESS : _____
JOB DESCRIPTION : _____	REASON FOR LEAVING : _____
DATE : _____	

<b>SAFETY / CONCERNS</b>	YES	NO
Are you bondable?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever submitted a W.C.B. Claim?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of back problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about working with heights?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about lifting heavy weights?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about working with chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Other medical concerns, please specify _____		

Available for General Labour as well? Yes  No

IF YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING TRADES, PLEASE INDICATE IN THE SPACE BELOW

TRADE	YEARS EXPERIENCE	CONSTRUCTION	CHECK BOX JOURNEYMAN	CHECK BOX IF TICKETED	YEARS EXPERIENCE
<input type="checkbox"/> Forklift Operator	_____	<input type="checkbox"/> Carpentry - Framing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Furniture Mover	_____	<input type="checkbox"/> Carpentry - Forming	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Machine Shop	_____	<input type="checkbox"/> Carpentry - Finishing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Printing Shop	_____	<input type="checkbox"/> Carpenter's helper	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Shipping/Receiving/Inventory	_____	<input type="checkbox"/> Pipefitting/Gasfitting	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> House Cleaning	_____	<input type="checkbox"/> Masonry(Bricks/Tiles)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Recycling	_____	<input type="checkbox"/> Roofing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Assembly/Manufacturing	_____	<input type="checkbox"/> Painting	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Food processing	_____	<input type="checkbox"/> Boarding/Taping	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Janitorial	_____	<input type="checkbox"/> Fabricating/Welding	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Heavy Equipment Operator	_____	<input type="checkbox"/> Concrete Placing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Fish Plant/Dock	_____	<input type="checkbox"/> Cement Finishing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Landscaping	_____	<input type="checkbox"/> Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Swamping	_____	<input type="checkbox"/> Stripping Forms	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Electrician	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Demolition/Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	_____

EVENT INDUSTRY	YEARS EXPERIENCE	MUSICIAN	YEARS EXPERIENCE
<input type="checkbox"/> Rigger	_____	<input type="checkbox"/> Piano	_____
<input type="checkbox"/> Video Tech	_____	<input type="checkbox"/> Guitar	_____
<input type="checkbox"/> Recording Engineer	_____	<input type="checkbox"/> Drums	_____
<input type="checkbox"/> Audio Tech	_____	<input type="checkbox"/> Horns	_____
<input type="checkbox"/> Lighting Tech	_____	<input type="checkbox"/> DJ	_____
<input type="checkbox"/> Camera Operator	_____	<input type="checkbox"/> Announcer / MC	_____
<input type="checkbox"/> Spotlight Operator	_____		
<input type="checkbox"/> Stage Hand/Carp	_____		
<input type="checkbox"/> Pusher	_____		
<input type="checkbox"/> Loader	_____		
<input type="checkbox"/> Site Supervisor	_____		

SAFETY TRAINING				EQUIPMENT LIST			
	YES	NO	EXP.DATE		YES	NO	
WHMIS	<input type="checkbox"/>	<input type="checkbox"/>	_____	Reflective Vest	<input type="checkbox"/>	<input type="checkbox"/>	
ETCP	<input type="checkbox"/>	<input type="checkbox"/>	_____	Steel Toed Boots	<input type="checkbox"/>	<input type="checkbox"/>	
H2S	<input type="checkbox"/>	<input type="checkbox"/>	_____	Steel Toed Rubber Boots	<input type="checkbox"/>	<input type="checkbox"/>	
LPEC	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	
Confined Space	<input type="checkbox"/>	<input type="checkbox"/>	_____	Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>	
Trans.of Dangerous Goods	<input type="checkbox"/>	<input type="checkbox"/>	_____	Work Gloves	<input type="checkbox"/>	<input type="checkbox"/>	
O.F.A. Level _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Coveralls	<input type="checkbox"/>	<input type="checkbox"/>	
C.P.R.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fire Retardant Coveralls	<input type="checkbox"/>	<input type="checkbox"/>	
Forklift Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Scissorlift	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Boomlift	<input type="checkbox"/>	<input type="checkbox"/>	_____				
C.S.O.	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Flagging Safety	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Other (Specify) _____				Other (Specify) _____			

**In case of an emergency Protec may call:**

NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_ RELATION : \_\_\_\_\_

NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_ RELATION : \_\_\_\_\_

**EMPLOYMENT BY CLIENTS:**  
 THE CONTRACTOR AGREES THAT IN NO EVENT WILL THE CONTRACTOR SEEK OR ACCEPT AN OFFER OF PERMANENT OR TEMPORARY EMPLOYMENT FROM ANY CLIENT OR REFER ANOTHER PERSON TO A CLIENT OF PROTEC UNLESS THE CONTRACTOR HAS OBTAINED PRIOR APPROVAL FROM PROTEC  
 \_\_\_\_\_ AND \_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL . FURTHER, I UNDERSTAND AND AGREE THAT MY CONTRACT IS NOT NECESSARILY FOR A DEFINITE PERIOD

DATE : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_