

Employee #: _____

Start Date: _____

Shift: _____

Head Office: 2365 Finch Avenue West, Suit #207, Ontario M9M 2W8 | Tel: 416-742-0222/416-742-0022 |
Fax: 416-741-0069

Please complete all sections thoroughly even if you are attaching a resume.

EMPLOYMENT APPLICATION

DATE: _____ EMAIL: _____

NAME: _____
First Middle Last

HOME TEL: _____ ALTERNATE: _____

PRESENT ADDRESS: _____
No. Street Apt. #

City Province Postal Code

MAJOR INTERSECTION: _____

DOB: ____/____/____ SOCIAL INSURANCE NUMBER: _____
Day Month Year

WORK PERMIT CERTIFICATE #: _____ EXPIRY DATE: _____

POSITION APPLIED FOR: _____ ALTERNATE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH YOU HAVE NOT BEEN
GRANTED A PARDON? YES ____/NO ____

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES ____/NO ____

HOW MANY POUNDS ARE YOU COMFORTABLE LIFTING?

0 – 20: YES ____/ NO ____ 30 – 50: YES ____/NO ____

DO YOU TRAVEL BY CAR? YES ____/ NO ____ BUS? YES ____/ NO ____

IN WHAT GEOGRAPHIC LOCATION ARE YOU WILLING TO WORK? _____

ARE YOU AVAILABLE TO WORK OVERTIME? YES ____/NO ____

IF YES, WHEN ARE YOU AVAILABLE? _____

DO YOU HAVE ANY ALLERGIES OR HEALTH ISSUES THAT WOULD PREVENT YOU FROM WORKING IN ANY
ENVIRONMENT? YES ____/NO ____; IF YES, PLEASE SPECIFY: _____

DO YOU HAVE ANY OF THE FOLLOWING SAFETY EQUIPMENT?

SAFETY SHOES ___/ SAFETY BOOTS ___/ SAFETY HELMET ___/ BACK BRACE ___/ SAFETY GLASSES ___/

OTHER: _____

WHAT SHIFT(S) ARE YOU WILLING TO WORK? DAY ___/ AFTERNOON ___/ MIDNIGHT ___/ CONTINENTAL ___

HOW DID YOU HEAR ABOUT US (please circle)?

NEWSPAPER PHONEBOOK RELATIVE/FRIEND INTERNET OTHER: _____

RECORD OF EDUCATION

SCHOOL	COURSES STUDIED	YEAR COMPLETED	DIPLOMA/DEGREE
HIGHSCHOOL			
COLLEGE/UNIVERSITY			
OTHER (SPECIFY)			

WORK EXPERIENCE

COMPANY'S NAME: _____ ADDRESS: _____ TELEPHONE NO.: _____ JOB TITLE: _____ SUPERVISOR: _____ HOURLY WAGE: _____ DUTIES PERFORMED: _____ REASON FOR LEAVING: _____ EMPLOYED FROM: _____ TO: _____ MAY WE CONTACT THIS EMPLOYER FOR A REFERNCE? YES ___ / NO ___
COMPANY'S NAME: _____ ADDRESS: _____ TELEPHONE NO.: _____ JOB TITLE: _____ SUPERVISOR: _____ HOURLY WAGE: _____ DUTIES PERFORMED: _____ REASON FOR LEAVING: _____ EMPLOYED FROM: _____ TO: _____ MAY WE CONTACT THIS EMPLOYER FOR A REFERNCE? YES ___ / NO ___

SKILLS

GENERAL	FORKLIFT
ASSEMBLY ___ GENERAL LABOUR HEAVY ___ GENERAL LABOUR LIGHT ___ INSPECTION ___ INVENTORY ___ MATERIAL HANDLER ___ ORDER PICKER ___ PACKER ___ SHIPPER/RECEIVER ___ STOCKING ___ SHIFT SUPERVISOR ___ WAREHOUSE SUPERVISOR ___	CHERRY PICKER ___ COUNTERBALANCE ___ NARROW ISLE ___ PUMP TRUCK ___ RAYMOND REACH ___ REVERSE REACH ___ WALKIE ___

DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR.



PROCEDURE

Please be advised of the following procedure concerning Medican Staffing Inc. policy for paying flexible staff.

It is entirely the responsibility of the employee to ensure prompt arrival to all assignments at the time specified by Medican Staffing Inc. and/or the client company.

Should an employee show up late to an assignment the client has the right to send that employee home without pay that employee in lieu of the client company.

However, if the client company does not cancel an order for flexible staff at least 2 hours before the beginning of the shift and that employee arrives promptly at the client company, the employee will be paid for 4 hours of work that day.

Please sign below, acknowledging that you understand and will comply with the above mentioned procedure.

Please Print Name

Applicant's Signature

Date

Thank you!

A WORKER SHALL

- Work in compliance with the Act and Regulations.
- Use or wear any equipment, protection devices or clothing required by the employer.
- Report to the employer or supervisor of any known missing or defective equipment(s) or protective device(s) that may be hazardous to the individual or any other worker(s).
- Report any known workplace hazard to the employer or supervisor.
- Report any known violation of the act or regulations to the employer or supervisor.
- Do not remove or make ineffective any protective device required by the employer or by the regulations.
- Do not use or operate any equipment or work in any way that may endanger you or any other worker(s).
- Do not engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct.

I have read and understood the information listed above in regards to the Occupational Health and Safety Act. I understand that it is my responsibility to comply with the policies listed above.

Applicant's Name (Please Print)

Applicant's Signature

Date

PRIVACY POLICY

As of January 1st, 2014, all businesses must adhere to Bill C-6, Canada's Personal Information Protective and Electronic Document Act (PIPEDA). The purpose of this legislation is to improve the safeguards over your personal information and to provide you with better control and understanding of its use and potential distribution.

Medican Staffing Inc. is extremely pro-active in our efforts to comply with the legislation. All personal information gathered by our company is held in the highest degree of confidentiality.

Medican Staffing Inc. collects personal information to better serve you and assist us in understanding your strengths and needs before we can place you in the employment field.

HOW WE TAKE CARE OF YOUR PERSONAL INFORMATION

Whether in electronic or paper-based format, Medican Staffing Inc. maintains a strict security system to safeguard your personal information from unauthorized access, disclosure or misuse. As well, when we no longer need your personal information, we take as much care to destroy it as we do storing it.

YOUR CONSENT

Your consent is required before we collect, use and disclose your personal information, except in special circumstances, such as during a fraud investigation, an investigation by the police, or in a situation otherwise permitted by the law.

Applicant's Name (Please Print)

Applicant's Signature

Date

Medican Staff Signature

Date

Thank you for taking the time to read this important information. Should you have any question(s) please feel free to contact us at 416-742-2220.

Yours Truly,

Medican Staffing Inc.

APPLICANT AGREEMENT

Clause 1: General

As a candidate/applicant applying for the employment through Medican Staffing Inc., I am fully aware and I acknowledge the Medican Staffing Inc. is an employment agency that provides temporary employment services. I further acknowledge that during and at the completion of the application registration with Medican Staffing Inc. that I have been provided with documentation, including a Medican Staffing Inc. business card, all of which have the business name and contact information of the agency. If for any reason(s) I did not receive this business/legal contact information of the agency, I acknowledge that it is my legal right to request such information.

Medican Staffing being a temporary agency, I am aware and acknowledge that employment opportunities offered to me may be for a limited time of less than three months or based on a specific task to be performed, at the completion of which the employment will end and accordingly, I will not be entitled to any termination notice pursuant to the Employment Standards Act, 2000 or any other statute or common law whatsoever. I further acknowledge that if I become entitled to any termination and or severance benefit, such benefit(s) will be pursuant to the Employment Standards Act, 2000, only. With this clean understanding of the employment policies of Medican Staffing Inc., I hereby declare my full agreement to be bound by any one and/or all the clauses of this agreement, and in confirmation thereof, I have accordingly affixed my signature to this agreement.

Clause 2: Candidate/Applicant

I, the undersigned do hereby acknowledge and agree that although I have completed the Medican application process, including safety training and the filling out of other documents relating to the application and request for employment process, I have not commenced employment and that this process does not in any way whatsoever guarantee me employment with Medican Staffing Inc. now or anytime in the future.

I further acknowledge and agree that Medican Staffing has not yet attempted to assign me to a client and that it will contact me when such an attempt is about to be made, and then, once I am assigned and work on the assignment, my employment with Medican will commence.

Clause 3: Work Assignment – 3 Months or More

I, the undersigned do hereby acknowledge and agree that if I am offered work assignment by Medican Staffing Inc. and I work continuously for a period of three (3) months or more, my employment may be terminated at any time with or without cause. I understand and agree that if my employment is terminated without cause, I will only be entitled to notice of termination or pay in lieu thereof, and severance pay (if applicable), pursuant to the Employment Standards Act, 2000.

APPLICANT AGREEMENT (continued)

Clause 4: Work Assignment – Less than 3 Months

I, the undersigned do hereby acknowledge and agree that if I am offered employment by Medican Staffing Inc. that such employment may be for a limited term of up to three (3) months or for specified task of less than three (3) months, following which my employment will automatically end and there will be no entitlement to notice of termination or pay in lieu thereof, nor severance pay whatsoever, pursuant to contract, statute (including but not limited to the Employment Standards Act, 2000), and the common law.

Clause 5: Employee's requirement to contact agency when assignment ends/prolonged period of non-assignment

I, the undersigned do hereby acknowledge and agree that as an employee with a client of Medican Staffing Inc., it is my responsibility to contact the agency by phone, email or in writing at least once on the first working day of the week immediately following the week of my last assignment, to report that my assignment with the client has ended and that I may be on a prolonged period of non-assignment and to confirm my availability to work. I further acknowledge and agree that if I do not contact the agency, as herein required, to report that my assignment with the client has ended and that I am available to work and one week following my last assignment has elapsed, I will be deemed to have abandoned my employment with the agency and/or there will be just cause for my termination and accordingly, I will not be entitled to notice of termination or pay in lieu thereof, nor severance pay (if applicable), pursuant to contract, statute (including but not limited to the Employment Standards Act, 2000) and the common law.

Clause 6: Employee's Availability to Work

I further acknowledge and agree that if I fail to contact the agency by phone, email or by writing on at least three (3) working days in any one week to confirm my availability to work, I will be deemed to have been unavailable to work for that week for the purposes of the Employment Standards Act, 2000. Further, I acknowledge and agree that if I fail to contact the agency by phone, email or by writing on at least six (6) working days in two consecutive weeks to confirm my availability to work, I will be deemed to have abandoned my employment with the agency and/or there will be just cause for my termination and accordingly, I will not be entitled to notice of termination or pay in lieu thereof, nor severance pay (if applicable), pursuant to contract, statute (including but not limited to the Employment Standards Act, 2000) and the common law.

I further acknowledge and agree that if I am unavailable to work for two (2) consecutive assignments or any three (3) assignments in a three (3) month period, I will be deemed to have abandoned my employment and/or there will be just cause for my termination and accordingly, I will not be entitled to notice of termination nor pay in lieu thereof, and severance pay (if applicable) pursuant to contract, statute (including but not limited to the Employment Standards Act, 2000) and the common law.

For the purposes of validating clauses 5 and 6, Medican Staffing Inc. has implemented a log book to record the name, date and time of called received from employees.



APPLICANT AGREEMENT (continued)

Clause 7: Work assignment information and non-solicitation

I, the undersigned do hereby acknowledge and agree that when an assignment is offered to me by Medican Staffing Inc., I will be provided with the Medican Staffing Inc. contact information, as well as the name of the client I am being assigned to, their contact information, as well as the wage rate, hours of work, pay period, estimated term of the assignment if available, and a general description of the work to be performed. This information will be provided orally at the time it is initially provided, and in writing as soon as practical thereafter. If I do not receive this information with my first pay cheque, I have responsibility to contact the office of Medican Staffing Inc. by phone, email or in writing to request a copy of this information.

I further acknowledge and agree not to solicit employment from any client of Medican Staffing Inc. to whom I have been assigned for a period of six (6) month following the termination of my employment with Medican Staffing Inc.

Clause 8: Acknowledgment

If is acknowledged and agreed that this agreement will take precedent and/or supersede all other agreements and policies, written or implied, with Medican Staffing Inc. regarding its employment practices.

I do hereby declare that by affixing my signature hereunder, I have expressed my full agreement with the terms of this agreement with the terms of this agreement as set out in Clauses 1 through 8.

Applicant's Name (Please Print)

Applicant's Signature

Date

Medican Staff Signature
Per: Terry Sawh

Date



EXCESS HOURS OF WORK AGREEMENT

This agreement is entered into between Medican Staffing Inc. (employer) and (employee) on this day of 20, at Medican Staffing Inc. , 2365 Finch Avenue West suite 207.

I hereby acknowledge receipt of the information Sheet for Employees regarding Hours of Work and Overtime Pay, produced by the Director of Employment Standards (Ontario) dated March 1st, 2005. I have carefully read the Information Sheet and fully understand that I have the right as an employee to exercise an option to work or not to work in excess of my regular working hours.

In consideration of the above, I hereby agree to working in excess of eight (8) hours per day or in excess of 48 hours per week, up to a maximum of 60 hours in any one week, as may be requested from time to time by my employer, Medican Staffing Inc. I fully understand that I am under no obligation to work excess hours and if I do not want to work excess hours, I do not have to sign this agreement, I further acknowledge that I have the right to cancel this agreement by providing my employer, Medican Staffing Inc. with a two (2) weeks written notice.

Medican Staffing Inc. fully and unequivocally acknowledges the right of the employee as stated herein, and in keeping with section 21.1 of the Employment Standards Act, 2000.

Applicant's Name (Please Print)

Applicant's Signature

Date

Medican Staff Signature

Date



AGREEMENT: PAYMENT OF VACATION PAY

In furtherance of Section 36, subsection (4), of the Employment Standards Act, 2000, regarding the payment of Vacation Pay, Medican Staffing Inc. (employer) and (employee), do hereby agree as follows:

Vacation pay equivalent to 4 percent of the employee’s gross wages shall be included in each weekly payment or part thereof earned by the employee. It is acknowledged that Medican Staffing Inc. has a weekly payment policy.

It is further acknowledged that the amount in respect of the 4 percent vacation pay shall be clearly stated on the employees pay stub.

Applicant’s Name (Please Print)

Applicant’s Signature

Date

Medican Staff Signature

Date

HEALTH AND SAFETY TRAINING CHECKLIST

Prior to any job placement, the worker must be provided with the following:

1. Workplace Safety Talk: Duties & Responsibilities of Worker, Supervisor & Employer (OSHA Sections 23 to 28); Worker Awareness in 4 Steps { }
2. WHMIS Training & Certification (1988 & GHS – 2015) { }
3. Medican Staffing Employee Orientation Guide – contains Work Assignment/ WHMIS information, Safety related work refusal, among other information { }
4. Medican Staffing Health and Safety Handbook – contains H&S Policy Statement, Health & Safety Committee /Representatives & information relating to # 1 above { }
5. Ministry of Labor Poster, Version 7 - “Fair At Work”; Your ESA Rights 2018 { }
6. Statutory requirements regarding excess hours of work { }
7. Agreement regarding payment of Vacation Pay { }
8. Your Employment Standards Rights: Temporary Help Agency – Revised 2018 { }
9. Workplace Violence / Harassment Policy and Program { }

I hereby acknowledge that I have received the WHMIS Health and Safety training and related documents listed above and it is my responsibility to comply with all safety rules and regulations, in the interest of promoting and maintaining a safe and healthy work environment.

Please check off the boxes next to 1-9 and print your name, signature and date below:

Applicant’s Name (Please Print)

Applicant’s Signature

Date

Medican Staff Signature

Date

INDUSTRIAL SKILLS EVALUATION

Applicant's Name (Please Print)

ORDER PICKING AND PACKING:

Please circle the items that are completely identical.

90786219	90786219
Z2ZZ28383	Z2Z228383
200020202	200020202
135755532	135755531
QCP3M9U1K	QPC3M9U7K

SPELLING:

Please circle each word which is not spelled correctly.

Acurate	Balance	Duplicate
Change	Harmany	Extreme
Facette	Gravity	Originel
Justice	Personell	Imitate
Stumble	Thirst	Materinity

MATH

Please answer the following basic math questions.

$5 \times 9 = \underline{\hspace{2cm}}$

$4 \times 7 = \underline{\hspace{2cm}}$

$11 + 25 = \underline{\hspace{2cm}}$

$47 - 39 = \underline{\hspace{2cm}}$

$48 \text{ divide by } 8 = \underline{\hspace{2cm}}$

$96 - 12 = \underline{\hspace{2cm}}$

$58 + 35 = \underline{\hspace{2cm}}$

$9 \times 9 = \underline{\hspace{2cm}}$

$31 - 15 = \underline{\hspace{2cm}}$

$36 \text{ divide by } 12 = \underline{\hspace{2cm}}$



ACKNOWLEDGEMENT

I understand that, if accepted for temporary, permanent or contract work, I will be working for Medican Staffing Inc. on their payroll at their client(s) site. I understand that the nature of the work with Medican Staffing Inc. is casual and that all placements are for the duration of the assignment only (if applicable). I further understand that in no way is any offer of work to be construed as anything other than a temporary assignment unless otherwise specified by a Medican Staffing representative. I understand that I can be moved to various assignments with different pay rates.

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I give Medican Staffing Inc. permission to verify my employment reference for work record. I understand that any and all false statements may disqualify me from employment or cause my termination.

I understand that possible employment with Medican Staffing Inc. may entitle me to information about client(s) and/or staff that should be treated with strict confidence. This information, including all reporting materials information, will be considered Proprietary information and will be held in firmest confidentiality.

Information obtained from present and/or former employers is to be considered as “Confidential and Privileged” and used only for purposes of assessing employment suitability in relation to current capabilities, including work skills, work habits and personal character.

By this authorization, Medican Staffing Inc. and all who may provide information as reference herein are released from any liability which may otherwise ensue.

Applicant’s Name (Please Print)

Applicant’s Signature

Date

Medican Staff Signature

Date