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# Job Application File

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Be noticed that not all the listed qualifications are recognized as requirement, and some trainings shall be provided on the job site. Correspondingly, being bondable is not a requirement but an asset.

The following job description is present for your reference.

The attached application form must be submitted to [jobs@cleandemo.ca](mailto:jobs@cleandemo.ca).

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**Position:**

Asbestos Abatement Foreman

**Contents:**

Job Description & Application Form

**Date of Issue:**

July 26, 2018

## Requirements

- Must have Asbestos Abatement certificate
- 2 years of Asbestos/Mold Removal experience
- First aid certificate is an asset
- General knowledge of construction/demolition and the use of hand tools
- Proficiency with containment set-up and the use of standard abatement equipment
- Experience supervising and mentoring junior workers is an asset
- Feel comfortable working in an environment that may contain mold and/or asbestos and commit to wearing proper PPE at all times
- Able to wear all required PPE (hard hat, respirator, Tyvek suit, steel-toed boots)
- Must be clean-shaven in order to wear a half/full face respirator
- Individuals must have their own CSA-approved steel-toed boots, all other PPE is provided
- Must be physically fit, able to lift and carry 50 pounds
- Ability to work well alone as well as in a team environment
- Demonstrated commitment to safety, their own and others
- Able to work long hours, overtime and possible weekend work in various weather conditions
- Must arrange transportation to and from the job site
- Having a valid Driver's License and vehicle would be an asset
- The ability to read, write, speak and understand English
- Pass a criminal check
- Attention to detail
- Liaising with Regulatory Agencies when required

## Job Summary

- Follow WorkSafe BC regulations
- Ensure all necessary paperwork is completed in detail
- Perform tasks involving physical labour on work sites; clean and prepare sites, erect scaffolding, clean up rubble, debris and other waste materials
- Preparation of job sites which includes assembling containments and sealing off work areas
- Establish Negative Air utilizing Hepa-Filtered Air Scrubbers
- Operate hand and power tools of all types: hammers, measuring equipment, and a variety of other equipment.
- Remove asbestos while wearing respirators using a variety of manual and mechanical means.
- Bag asbestos waste as well as double bag, decontaminate, and send it out of containment.
- Clean contaminated equipment and/or areas for re-use.
- Perform other activities at construction sites, as directed

## Compensation

- Paid bi-weekly
- Competitive wages depending on experience with the possibility for overtime and advancement (\$5/hour hazard pay is included during asbestos abatement jobs)

Last Name _____		First Name _____		Middle Name or Initial _____	
Birth Date (DD/MM/YYYY) _____		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		Weight _____ Height _____	
Social Insurance Number _____		Address _____			
City _____		Province _____		Postal Code _____	
Primary Phone Number _____		Alternative Phone Number _____		Email _____	
Are you legally entitled to work? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have 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"/>	
Education _____		Are you bondable? Yes <input type="checkbox"/> No <input type="checkbox"/>		Expected Hourly Rate \$ _____ /hr	

### Availability

Please mark all that apply to you.

- I am able to **travel** for periods of time.
- I am able to work **long hours** and **overtime**.
- I am able to work on **weekends**.
- I currently **do not have a job**, and I am actively **looking for a job**.
- I currently **have a job**, and I am casually **looking for a better opportunity**
- I currently **have a job**, and I am **looking for a second job**. I am available \_\_\_\_\_

I am able to start working from \_\_\_\_\_

### Qualifications and Tools

Please indicate your experience, trainings and equipment:

Experience List	Year	Training List	YES	Exp. Date	Years of Experience	Equipment List	YES
Asbestos Abatement	___	AHERA Building Inspection	<input type="checkbox"/>	___	___	Hardhat	<input type="checkbox"/>
Demolition	___	Moderate Risk Abatement	<input type="checkbox"/>	___	___	Reflective Vest	<input type="checkbox"/>
Construction Labour	___	High Risk Abatement	<input type="checkbox"/>	___	___	Steel Toe Work Boots	<input type="checkbox"/>
First Aid Attendant	___	O.F.A. Level	<input type="checkbox"/>	___	___	Steel Toe Work Shoes	<input type="checkbox"/>
Drywall	___	WHMIS	<input type="checkbox"/>	___	___	Steel Toe Rubber Boots	<input type="checkbox"/>
Carpentry	___	Confined Space	<input type="checkbox"/>	___	___	Respirator	<input type="checkbox"/>
Heavy Equipment	___	Fall Protection	<input type="checkbox"/>	___	___	Misc _____	<input type="checkbox"/>
Other _____	___	Other _____	<input type="checkbox"/>	___	___	_____	<input type="checkbox"/>

Please list any additional tickets, qualifications, tools, or any other helpful information: \_\_\_\_\_

\_\_\_\_\_  I also attached a resume.

## Safety and Health Concerns (Confidential)

*This medical information is requested for the purposes of assisting us in placing you within a work position suitable to your capacity and therefore minimizing the risk of serious injury to yourself, your fellow workers and /or the public.*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you ever submitted a <b>W.C.B. Claim</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please specify what happened: _____  |                              |                             |
| 2. Have you ever had a <b>head injury</b> ?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you have <b>epilepsy</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you have <b>dizzy or fainting spells</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you have <b>diabetes</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Have you ever had a <b>hearing problem</b> ?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Have you had a <b>previous eye injury</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Have you had any <b>previous fractures</b> ?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Have you had a <b>previous injury to any major joints</b> (i.e. ankle, knee, hip, elbow, shoulder)?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Do you have a <b>heart condition</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Do you have <b>high blood pressure</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Do you have any <b>allergies</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please specify: _____  |                              |                             |
| 13. Have you ever had any <b>back problems</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Do you have any concerns about <b>lifting heavy weights</b> (up to 50 lbs)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Do you have any concerns about <b>working with heights</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Do you have any concerns about <b>working with chemicals</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Do you have any <b>respiratory problems</b> ?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please specify: _____  |                              |                             |
| 18. Do you have a <b>hernia</b> ?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please specify: _____  |                              |                             |
| 19. Have you seen a physician for any <b>illness, injury or surgery in the past year</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Illness :  | _____                        |                             |
| Injury :   | _____                        |                             |
| Surgery :  | _____                        |                             |
| 20. Are you <b>medically cleared and fit to work with no restrictions or disabilities</b> from any <b>previous occupational injury, illness or medical condition</b> ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Is there any <b>other pertinent medical illness or injury related information</b> you feel we should be aware of?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please specify: _____  |                              |                             |
| 22. Are you presently <b>receiving a prescription</b> for medication <b>including methadone or marijuana</b> that may affect your performance or safety?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please specify: _____  |                              |                             |

## Work Reference

Company _____	Phone _____
Supervisor _____	Address _____
Job Description _____	_____
Date _____	Reason for Leaving _____

## Emergency Contact

*In the event of emergency, Clean Demo and Construction may contact the following person(s) on my behalf.*

Name _____	Phone _____	Name _____	Phone _____
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*I the undersigned, duly declare the above information to be accurate and correct to the best of my knowledge.*

*I understand that false statements may disqualify me from employment or result in dismissal for just cause.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ (DD/MM/YYYY)