



Job Application File

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.

Position:

Asbestos Abatement Worker

Contents:

Job Description & Application Form

Date of Issue:

July 26, 2018

Requirements

- Experience in the field is an asset but we also provide on site training
- 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
- Moderate/High Risk designation is an asset

Job Summary

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