

Name: First <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Middle:	Last:
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Home Phone:	Cell Phone:	I authorized Diversified to communicate potential job opportunities / placements via text message: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Based on your service provider message and data rates may apply.</small>
Email:		

Address: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing Address		City:	Province:	Postal Code:
Social Insurance Number:*	DOB (DD/MM/YY):*	SIN Expiry Date (DD/MM/YY):	Are You Legally Able To Work In Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name: <input type="checkbox"/> Friend/Other <input type="checkbox"/> Family		Emergency Phone:	High School, University, College/Technical School:	Grade/Degree: Major / Trade Studied:

Work History

From:	To:	Name Of Employer:	Supervisor & Phone #:	City:	Type Of Work:	Final Wage:	Reason For Leaving:

Lifting Ability: <input type="checkbox"/> Heavy (50lbs +) <input type="checkbox"/> Medium (20lbs To 50lbs) <input type="checkbox"/> Light (0lbs To 20lbs)	Availability: <input type="checkbox"/> Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	Transportation: <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> City Transit <input type="checkbox"/> Ride <input type="checkbox"/> Other	Are there any restrictions which may prevent you from performing Diversified Staffing Services job duties? If yes , please explain: <input type="checkbox"/> No <input type="checkbox"/> Yes
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Experience & Work Skills

General Labour	Warehouse	Construction	Trades	Equipment	Training
<input type="checkbox"/> Loading / Unloading <input type="checkbox"/> Landscaping <input type="checkbox"/> Snow Removal <input type="checkbox"/> Stockroom <input type="checkbox"/> Maintenance <input type="checkbox"/> Janitorial <input type="checkbox"/> Shop Hand/Helper <input type="checkbox"/> Cook <input type="checkbox"/> Kitchen Help <input type="checkbox"/> Housekeeping <input type="checkbox"/> Banquet Serving <input type="checkbox"/> Bartender <input type="checkbox"/> Food Production	<input type="checkbox"/> Swamper <input type="checkbox"/> Production / Assembly Line <input type="checkbox"/> Inventory <input type="checkbox"/> Data Entry <input type="checkbox"/> Shipper / Receiver <input type="checkbox"/> Order Picker <input type="checkbox"/> Warehouse Racking <input type="checkbox"/> Pallet Jack - Manual <input type="checkbox"/> Pallet Jack – Electric <input type="checkbox"/> RF Scanning Forklift: <input type="checkbox"/> Certified <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Reach Truck <input type="checkbox"/> Dockstocker (Standup Counterbalance) <input type="checkbox"/> Order Picker (Cherry Picker)	<input type="checkbox"/> Skid Steer/Bobcat <input type="checkbox"/> Front End Loader <input type="checkbox"/> Concrete Finisher <input type="checkbox"/> Cribbing <input type="checkbox"/> Framing <input type="checkbox"/> Jackhammer <input type="checkbox"/> Masonry <input type="checkbox"/> Scaffolding <input type="checkbox"/> Tamper <input type="checkbox"/> Roofing <input type="checkbox"/> Rebar Carpentry: <input type="checkbox"/> Rough <input type="checkbox"/> Finished <input type="checkbox"/> Helper Drywall: <input type="checkbox"/> Installer <input type="checkbox"/> Taper <input type="checkbox"/> Sander Painter: <input type="checkbox"/> Rough <input type="checkbox"/> Interior	Carpenter: <input type="checkbox"/> Journeymen <input type="checkbox"/> Apprentice Yr. _____ Millwright: <input type="checkbox"/> Journeymen <input type="checkbox"/> Apprentice Yr. _____ Plumber: <input type="checkbox"/> Journeymen <input type="checkbox"/> Apprentice Yr. _____ Welder: Type: _____ <input type="checkbox"/> Journeymen <input type="checkbox"/> Apprentice Yr. _____ Mechanic: Heavy Equipment Technician: <input type="checkbox"/> Journeymen <input type="checkbox"/> Apprentice Yr. _____ Heavy Duty Mechanic: <input type="checkbox"/> Journeymen <input type="checkbox"/> Apprentice Yr. _____ Other: _____ <input type="checkbox"/> Journeymen <input type="checkbox"/> Apprentice Yr. _____ Electrician: <input type="checkbox"/> Journeymen <input type="checkbox"/> Apprentice Yr. _____ Pipefitter/Steamfitter: <input type="checkbox"/> Journeymen <input type="checkbox"/> Apprentice Yr. _____ Machinist: <input type="checkbox"/> CNC Machinist <input type="checkbox"/> Manual Machinist	<input type="checkbox"/> Steel Toe Boots <input type="checkbox"/> Steel Toe Shoes <input type="checkbox"/> Steel Toe Rubber Boots <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Vest <input type="checkbox"/> Own Tools – Specify Below Banquet Server/Bartender: <input type="checkbox"/> Solid Black Collared Long-Sleeve Dress Shirt <input type="checkbox"/> Black Belt <input type="checkbox"/> Solid Black Creased Dress Pants <input type="checkbox"/> Black Socks or Nylons <input type="checkbox"/> Black Polishable Dress Shoes Flagging/Traffic Control: <input type="checkbox"/> Flagging Coveralls <input type="checkbox"/> Flagging Paddle <input type="checkbox"/> Two-way radios <input type="checkbox"/> Orange Hard Hat	Valid Tickets In: <input type="checkbox"/> Aerial Work Platform <input type="checkbox"/> Confined Space <input type="checkbox"/> CPR <input type="checkbox"/> CSTS <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> Ground Disturbance <input type="checkbox"/> Fall Arrest <input type="checkbox"/> POST (Petroleum Oriented Safety Training) <input type="checkbox"/> First Aid <input type="checkbox"/> Flagging <input type="checkbox"/> Basic <input type="checkbox"/> Junior <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Senior <input type="checkbox"/> H2S <input type="checkbox"/> WHMIS 2015 <input type="checkbox"/> ProServe <input type="checkbox"/> FoodSafe

I AGREE THAT I WILL SETTLE ANY AND ALL PREVIOUSLY UNASCERTAINED CLAIMS, DISPUTES OR CONTROVERSIES ARISING OUT OF OR RELATING TO MY APPLICATION OR CANDIDACY FOR EMPLOYMENT, EMPLOYMENT OR CESSATION OF EMPLOYMENT WITH DIVERSIFIED STAFFING SERVICES LTD., EXCLUSIVELY BY ARBITRATION BEFORE A SINGLE ARBITRATOR, ALL PURSUANT TO THE *ARBITRATION ACT* (ALBERTA).

IF EMPLOYED, I AGREE THAT IF AT ANY TIME I SHALL MAKE CLAIMS AGAINST THE COMPANY FOR PERSONAL INJURIES, UPON WRITTEN REQUEST I WILL SUBMIT MYSELF TO EXAMINATION BY A COMPANY PHYSICIAN. SHOULD I BE GIVEN EMPLOYMENT BY YOU, I AGREE THAT SUCH EMPLOYMENT MAY BE TERMINATED BY YOU AT ANY TIME WITHOUT LIABILITY TO ME FOR WAGES OR SALARY EXCEPT SUCH AS MAY HAVE BEEN EARNED AT DATE OF SUCH TERMINATION.

I ALSO AGREE THAT AT ALL TIME WHILE OPERATING ANY EQUIPMENT FOR DIVERSIFIED STAFFING SERVICES LTD.; I WILL ADHERE TO ALL OCCUPATIONAL HEALTH RULES AND REGULATIONS. ALSO, IF AT ANY TIME I AM REQUESTED TO OPERATE EQUIPMENT FOR WHICH I AM NOT FAMILIAR WITH THE RULES AND REGULATIONS, I WILL CONTACT A DIVERSIFIED STAFFING SERVICES LTD. REPRESENTATIVE BEFORE ATTEMPTING ANY OPERATION OF SAID EQUIPMENT FOR THE SAFETY AND OPERATIONAL REQUIREMENTS OF THAT PIECE OF EQUIPMENT.
*To Be Supplied Upon Offer Of Employment

I Confirm And Verify That All Information On This Application Is Correct

Signature	Date (dd/mm/yy)
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Comprehension:

- Our Calgary Distribution Center services twenty stores in Northern Alberta on Mondays. If it took four stores to fill one trailer, how many trailers would it take to satisfy Monday's workload?
- If we ship to twenty stores on Monday, ten stores on Tuesday, nineteen stores on Wednesday, fifteen stores on Thursday and twelve on Friday, how many stores do we ship to in a week?
- If you are put in a situation on a job where you feel unsafe, physically threatened, or otherwise dissatisfied, you should:
 - Leave the Jobsite
 - Call Diversified Immediately
 - Ignore the Problem and Continue Working

Arithmetic:

- | | | |
|----------------|---------------------|--------------------|
| 1) $17 + 4 =$ | 5) $4 \times 8 =$ | 9) $220 \div 10 =$ |
| 2) $16 + 19 =$ | 6) $9 \times 9 =$ | 10) $12 \div 4 =$ |
| 3) $48 - 12 =$ | 7) $12 \times 12 =$ | 11) $28 \div 14 =$ |
| 4) $32 - 11 =$ | 8) $8 \times 8 =$ | 12) $72 \div 8 =$ |

Sequence & Matching:

- Which shape would come next in the pattern?



Answer: _____

- The chart below shows how many pens were used in a week. If the pattern continues, how many pens will be used on Friday?

Monday	5
Tuesday	9
Wednesday	13
Thursday	17
Friday	?

Answer: _____

- How many of the five items listed below are exact duplicates of each other?

05270	05270
84382	24382
43434	43434
84629	84628
381161	361181

Answer: _____

- What number is missing from the pattern?

27, ?, 23, 21, 19, 17

Answer: _____

This supplement is designed for workers who have previously completed a WHMIS 1988 course.

Completion and documentation of this WHMIS 2015 (GHS) Supplement will ensure that workers' training is up-to-date and that employers are compliant with the standards in Canada's Hazardous Products Act (HPA), and the new Hazardous Products Regulations (HPR).

Circle the correct answer.

1. WHMIS provides information to workers about hazardous materials through which of the following method(s)?

- a) Supplier & Workplace labels
- b) Safety Data Sheets
- c) Worker education & training
- d) All of the above

RATIONALE: WHMIS is a Canada-wide system that provides workers with information about hazardous materials through supplier and workplace labels, SDSs, and worker education and training. In Canada, if a workplace uses hazardous products, there must be a WHMIS program in place. Workers must be educated and trained so they understand the hazards, and know how to work safely with hazardous products

2. A pyrophoric gas:

- a) Causes oxygen deprivation
- b) Causes skin corrosion or irritation
- c) Spontaneously ignites in air at or below 130 degrees Fahrenheit
- d) Emit flammable substance when in contact with water

RATIONALE: Pyrophoric gases, solids, and liquids are all products that catch fire very quickly (spontaneously) if exposed to air. Pyrophoric gases, such as silane, are typically stored in compressed gas cylinders.

3. Workplace labels are required when:

- a) Products are transferred from its original supplier container into another container
- b) The supplier label is missing or illegible
- c) The product is produced in the workplace
- d) All of the above

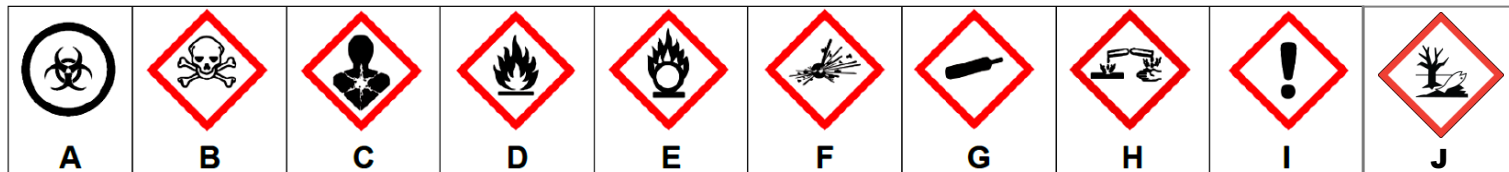
RATIONALE: Labelling is a key element of the WHMIS standard. Almost all controlled products at any workplace will have a label on it. All labels must meet WHMIS standards, be clear, easy to read, and prominently displayed.

4. A Safety Data Sheet (SDS) is available in the workplace to:

- a) Assist the purchasing department in buying chemicals
- b) Describe workplace policy
- c) Provide detailed hazard and safety information about a controlled product
- d) None of the above

RATIONALE: Safety Data Sheets (SDSs) are a worker's "Right-To-Know" and provide detailed information about the hazards of a product and how to use it safely.

5. Match the WHMIS 2015 hazard pictogram with the correct category below:



1.1 Flammables (gases, aerosols, liquids, solids); Pyrophoric (liquids, solids, gases); Self-reactive substances and mixtures; Self-heating substances and mixtures; Substances and mixtures which, in contact with water, emit flammable gases, organic peroxides

1.2 Oxidizing (liquids, solids, gases). May cause fire or enhance the combustion of other materials

1.3 Gases under pressure. May explode if heated, punctured or dropped.

1.4 Health Hazard. Carcinogenicity; Harmful or fatal; respiratory sensitization; reproductive toxicity. May cause allergic reaction, cancer, birth defects, damage organs.

1.5 Corrosive to metals. Causes severe skin burns and eye damage.

1.6 Explosive, self-reactive substances and mixtures, organic peroxides.

1.7 Acute toxicity (oral, dermal, inhalation). Harmful or fatal even in small amounts.

1.8 Acute toxicity. Harmful to skin, eyes, or respiratory system. Fatal in large amounts.

1.9 Biohazardous infectious materials. For organisms or toxins that can cause diseases in people or animals.

2.0 Harmful to the environment and/or aquatic life with long-lasting effects.

RATIONALE: Pictograms are graphic images that immediately show the user of a hazardous product what type of hazard is present. With a quick glance, you can see, for example, that the product is flammable, or if it might be a health hazard. Pictograms will be on the product supplier labels of the hazardous products you work with. They will also be on the SDSs (as the symbol or words that describe the symbol).

WHEREAS the undersigned, _____ (hereinafter referred to as the "Releasor"), is employed by Diversified Staffing Services Ltd. (hereinafter referred to as "Diversified");

AND WHEREAS the Releasor will be:

- I. Utilizing his or her own vehicle (the "Vehicle") for job-related duties while on assignment through Diversified (the "Job Related Duties");
- II. Travelling with another employee of Diversified (the "Other Employee") for Job Related Duties in the Vehicle; or
- III. Travelling with the Other Employee for Job Related Duties in a vehicle owned by the Other Employee (the "Other Employee's Vehicle");

AND WHEREAS the undersigned does hereby, for himself or herself, and his or her personal representatives, heirs and next of kin, acknowledge, agree and represent that he or she is aware that there exists a real possibility that a motor vehicle accident may occur in connection with the use of the Vehicle or the Other Employee's Vehicle during Job Related Duties.

NOW, THEREFORE, KNOW ALL PERSONS BY THESE PRESENTS THAT in consideration of the Releasor's continued employment with Diversified and other good and valuable consideration (the receipt and sufficiency of which consideration is hereby acknowledged by the Releasor), the Releasor hereby assumes full personal and legal responsibility for all risks of bodily injury, death or property damage to the Releasor or others suffered while using the Vehicle or travelling in the Other Employee's Vehicle or related in any way to the use of the Vehicle or the Other Employee's Vehicle by the Releasor or any other party for or in relation to Job Related Duties, whether same results from the negligence of the Releasor or others.

The undersigned does hereby fully and forever release, remise and forever discharge Diversified its officers, directors, shareholders, servants, heirs, executors, administrators, insurers, affiliates, successors, assigns and agents from any and all actions, causes of action, claims, demands, damages, obligations and liabilities, whether known or unknown, and without restricting the generality of the foregoing, any claim for personal injury or property damage arising out of or in any way connected to the use of the Vehicle or the Other Employee's Vehicle for or in relation to Job Related Duties.

The undersigned hereby agrees to indemnify and save and hold harmless Diversified, its officers, directors, shareholders, servants, heirs, executors, administrators, insurers, affiliates, successors, assigns and agents from any loss, liability, damage or cost they might incur arising in any way from claims made by the Releasor or by any other party for personal injury or property damage arising out of or in any way connected to the use of the Vehicle or the Other Employee's Vehicle for or in relation to Job Related Duties.

The undersigned has had a reasonable opportunity to read, understand and voluntarily sign this Release, Waiver and Indemnity and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made. This Release, Waiver and Indemnity is made and entered into on the _____ day of _____, 20_____.

Signature

Print Name

Address, City, Province, Postal Code

By signing this document, I acknowledge and agree to the following:

1. That the supervisor on my assignment is not my employer (as defined by the Workers' Compensation Act and Occupational Health and Safety legislation).
2. It is as much my responsibility as it is my employers to ensure a workplace is safe. I will act in a way that does not put other employees in danger and will use all safety equipment that is required.
3. I will report all injuries on the date of injury/illness to Diversified Staffing Services.
4. I will attend Diversified's office to report all injuries, or if this is not possible, I will call and speak with a **Diversified Staffing Placement Consultant**.
5. In the event that I am injured, I am aware of the availability of modified employment activities and agree to discuss this with my physician directly.
6. Following an injury, I agree to contact **Jacqueline Winston (403-237-5741)** frequently to provide an update of my status.
7. I understand that I may be requested to take a post-accident Alcohol & Drug Test.
8. That I will cooperate with all efforts by Diversified Staffing Services to help me recover from an injury.

Policies and Procedures

The Diversified Staffing Group of Companies has developed a general Policies and Procedure Manual to protect the health and well-being of our employees, our clients and our company as a whole. Diversified and our group of companies firmly believe that these practices promote a desirable work environment and help ensure workplace wellness.

The Policies and Procedure Manual covers the following topics:

- **Employee Health & Safety Program**
- **Ethical Business Conduct Policy**
 - Standards
 - Honesty & Integrity
 - Human Rights
 - Avoidance of Conflicts of Interest
- **Use of Property & Equipment Guidelines**
- **Alcohol & Drug Policy**
- **Workplace Violence & Harassment Policy**
 - Preventing Violence & Harassment
 - Management Support & Intervention
 - Corrective Action
- **Privacy Policy**
- **Confidentiality Policy**

The complete Policies and Procedures Manual is available upon request.

I am aware that it is entirely my responsibility to ensure that I have obtained and understand the contents of the manual completely and fully. If there is any part or parts of the aforementioned document that I do not fully comprehend or which I require clarification, I hereby acknowledge my responsibility to seek this clarification from Diversified Staffing Services. I am also fully and completely aware that any breach I might cause, wither intentionally or unintentionally, of the policies and procedures outlined in the manual my result in disciplinary action by Diversified against myself, up to and including termination of employment.

I, _____, hereby acknowledge that I understand and I am bound by the Injury Reporting Agreement and the Policies and Procedures listed above.

Signature (Applicant)

Date(dd/mm/yy)

Signature (Witness)

Date(dd/mm/yy)

TO: DIVERSIFIED STAFFING SERVICES LTD., and to each firm, corporation, business I may be assigned to by you to work and to perform services for (the latter parties being hereafter referred to as “clients”).

I, _____, in consideration of my employment with DIVERSIFIED STAFFING SERVICES LTD., and in my recognition of the fact that without this agreement, I would not be assigned by DIVERSIFIED STAFFING SERVICES LTD., to work for and perform services for its clients, I hereby to covenant, agree, and declare as follows:

1. I recognize that by virtue of my employment I may acquire Confidential Information or have access to Restricted Data (hereafter referred to as “information”) all of which is the property of the party to whom I have been assigned to work or provide services for (clients).
2. I will diligently keep secret all such information in whatever form and regardless of how it comes to my attention.
3. I will not at any time, directly or indirectly disclosed such information to anyone nor will I at anytime use such information for myself.
4. I recognize such information, be it contained in relation memoranda, data, sketches, computations, prints, documents, drawing specifications, records and the like, are valuable property rights belonging to the party to whom I have been assigned to work for (clients), are and will be received by me in confidence and in trust without further disclosure, production and transmittal.
5. I further covenant and agree that upon leaving any assignment I will not take with me any such memoranda, data, sketches, computations, records, and the like, nor any reproductions thereof.
6. Clients are entitled to rely upon this agreement as if they named party of signatory thereto.

Signature (Applicant)

Date(dd/mm/yy)

Signature (Witness)

Date(dd/mm/yy)