
Job Application File

Be noticed that not all the listed qualifications are recognized as requirement, and some trainings shall be provided in-house. 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@aeenviro.ca.

Position:

Hazmat / Environmental Specialist

Contents:

Job Description & Application Form

Date of Issue:

February 26, 2020

Requirements

- Experience in hazmat inspection is an asset but we also provide on in-house training
- Good report writing, communication and time management skills
- Good work attitude and willing to learn new skills
- Ability to remain focused on a task and be detailed oriented
- Ability to speak confidently with clients, contractors and WorkSafeBC Officers
- Ability to work independently and in group/team environments
- Demonstrated commitment to safety, their own and others
- Ability to wear PPE such as a respirator, hard hat, eyewear, etc without restrictions
- Have their own CSA-approved steel-toed boots, all other PPE are provided
- Ability to climb a ladder
- Ability to pass criminal record checks to obtain security clearance
- Ability to work occasionally on weekends and evenings (project dependent)
- Ability to work out of town on short notice
- Have a reliable vehicle and a valid BC Driver's License with good driving record
- Familiar with Microsoft Word and Excel programs
- Good typing skills

Job Summary

- Conduct and prepare site inspection reports
- Conduct hazardous materials surveys and assessments
- Interpret findings and prepare technical reports
- Provide recommendations to meet WorkSafeBC regulations
- Provide project support for AE Enviro personnel
- Perform other task and activities, as directed

Compensation

- Paid bi-weekly
- Competitive wages depending on experience with the possibility for overtime and advancement

Last Name _____	First Name _____	Middle Name or Initial _____
Birth Date (DD/MM/YYYY) _____	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	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)