



iSCORE Test

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#BEJCCG8D
2005/11/07

Name: SAMPLE PERSON
Telephone: 416-746-0444
Email:
Requested By: 2

OVERALL RECOMMENDATION



PROCEED WITH EXTREME CAUTION
 PROCEED WITH CAUTION
PROCEED

TYPE OF TEST	SECTION	SCORE
Math/Accuracy Evaluation	Numerical Accuracy	2.5 / 3
	Posting Accuracy	2 / 4
	Math	4 / 6
	Alphanumeric Accuracy	0.75 / 1
Light Industrial	Mailroom	3 / 3
	Shipping/Receiving	3 / 3
	Stockroom	2 / 3
Visual Shipping & Receiving		14 / 16
Spelling		9 / 10
Reading Comprehension		8 / 10
TOTAL		48.25 / 59

APPLICATION FOR EMPLOYMENTPRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LASTNAME, FIRSTNAME)* <input type="text"/>			
PRESENT ADDRESS <input type="text"/>	CITY <input type="text"/>	PROVINCE <input type="text"/>	POST CODE <input type="text"/>
PERMANENT ADDRESS <input type="text"/>	CITY <input type="text"/>	PROVINCE <input type="text"/>	POST CODE <input type="text"/>
PHONE NO.* <input type="text"/>		CELL/ALTERNATE NO. <input type="text"/>	
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?*			<input type="radio"/> YES <input type="radio"/> NO
DO YOU HAVE A VALID WORK PERMIT?*			<input type="radio"/> YES <input type="radio"/> NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME FOR WHICH YOU HAVE NOT BEEN PARDONED?*			<input type="radio"/> YES <input type="radio"/> NO

EDUCATION HISTORY

SCHOOL/GED	NAME	#YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	<input type="text"/>	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO	<input type="text"/>
HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO	<input type="text"/>
COLLEGE	<input type="text"/>	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO	<input type="text"/>
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	<input type="text"/>	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO	<input type="text"/>

EMPLOYMENT INFORMATION

POSITION APPLYING FOR* <input type="text"/>	AVAILABLE FOR <input type="radio"/> FULL TIME <input type="radio"/> PART TIME	SALARY EXPECTED <input type="text"/>
HOW DID YOU HEAR ABOUT OUR COMPANY? <input type="text"/>	IF YOU SELECTED OTHER: <input type="text"/>	

PLEASE INDICATE THE DAYS AND HOURS YOU ARE AVAILABLE TO WORK*

Please list earliest start time available and latest end time (if you are available any time write 'open'). If you cannot work a regular 8-hour shift, please indicate the maximum number of hours you can work each day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE INDICATE LENGTH OF EXPERIENCE (YEARS/MONTHS)

<u>WAREHOUSE</u>	<u>FORKLIFT</u>	<u>SEMI-SKILLED</u>	<u>SKILLED</u>
Unloading/Loading <input type="text"/>	Counter Balance <input type="text"/>	Brake Press <input type="text"/>	Arc Welding <input type="text"/>
Order Picking	Reach	Punch Press	Mig Welding

Packaging	Cherry Picker	Milling	Tig Welding
Shipping/Receiving	Clamp	Lathe	Maint. Mechanic
Assembly	Pallet Rider	CNC	Millwright Mechanic
Sorting	Walkie		Engineer
Other	Other	Other	Other

HOW MANY POUNDS CAN YOU LIFT?
 10lbs 20-30lbs 40-50lbs 50-60lbs 60+lbs

SAFETY EQUIPMENT (Please check what you own):
 Safety Boots Safety Glasses Safety Gloves Other

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS STARTING WITH THE LAST ONE FIRST)

Date (Month & Year)				
From <input type="text"/>	Name & Phone Number of Employer <input type="text"/>	Pay <input type="text"/>	Position <input type="text"/>	Reason for Leaving <input type="text"/>
To <input type="text"/>			Supervisor <input type="text"/>	Telephone <input type="text"/>
From <input type="text"/>	Name & Phone Number of Employer <input type="text"/>	Pay <input type="text"/>	Position <input type="text"/>	Reason for Leaving <input type="text"/>
To <input type="text"/>			Supervisor <input type="text"/>	Telephone <input type="text"/>
From <input type="text"/>	Name & Phone Number of Employer <input type="text"/>	Pay <input type="text"/>	Position <input type="text"/>	Reason for Leaving <input type="text"/>
To <input type="text"/>			Supervisor <input type="text"/>	Telephone <input type="text"/>
From <input type="text"/>	Name & Phone Number of Employer <input type="text"/>	Pay <input type="text"/>	Position <input type="text"/>	Reason for Leaving <input type="text"/>
To <input type="text"/>			Supervisor <input type="text"/>	Telephone <input type="text"/>

REFERENCES (THREE PROFESSIONAL REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	TEL.	BUSINESS	POSITION	YEARS KNOWN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHYSICAL DEMANDS SELF-EVALUATION FORM

Your safety is very important to us! We would like to establish what job functions you are comfortable performing. Please indicate the maximum amount of each activity that you feel you can perform safely and comfortably.

EXAMPLES:

Standing: if you could stand a maximum of 50% of your workday, you would select 'S' for 'Sometimes', as it covers approximately half of your day.

Lifting - Heavy II (Greater than 30kgs/65lbs): If you could not lift the weight indicated, as part of your duties, then you would select 'N' for 'Never.'

LEGEND:

Yes (51% and above)

Sometimes (up to 50% of the time)

Never

<u>Physical Requirements</u>	<u>Y</u>	<u>S</u>	<u>N</u>	<u>Details/Comments</u>
<u>General:</u>				
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Kneeling/stooping/crouching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Climbing stairs/ladders/catwalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Repetitive bending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Repetitive finger movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Repetitive hand movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Repetitive wrist movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching forward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching overhead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Colour vision: Distinguishing shades/colours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<u>Lifting:</u>				
Heavy II (30kgs/65lbs or more)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Heavy I (18-30kgs/41-65lbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Moderate II (11-18kgs/26-40lbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Moderate I (5-11kgs/11-25lbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Light (5kgs/10lbs or less)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<u>Carrying/Pushing/Pulling:</u>				
Carrying I (1-9kgs/1-20lbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Carrying II (10-18kgs/21-40lbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pushing I (1-9kgs/1-20lbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pushing II (10-18kgs/21-40lbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pulling I (1-9kgs/1-20lbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pulling II (10-18kgs/21-40lbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<u>Environmental Conditions:</u>				
Heights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Heat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Dry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Dust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Working Alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Working as a Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<u>Other (Please Explain):</u>					

AUTHORIZATION

"I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in the refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications. I understand that I will not directly approach any of iSCOREsolutions Clients for work whether temporary or permanent in nature. After registration if I wish to pursue a permanent, full or part-time positions with any of iSCOREsolutions Clients I will only do so adhering to iSCOREsolutions Policies and Prodedures."