



INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 230

Dear Applicant,

Enclosed please find and **complete the following:**

- Application for Membership Form
- Local 230 Privacy Form
- Objects and Code of Excellence
- Apprentice Registration Form (if applicable)
- Manulife RRSP Enrolment Form
- Manulife Pension (RPP) Enrolment Form
- Convyta Health & Welfare Enrolment Form
- I.O. Beneficiary Designation Form
- Skills Checklist

Please **read carefully, complete all forms in full, and return to:**

**IBEW Local 230
21 – 21 Dallas Road
Victoria BC, V8V 4Z9**

You may **submit your application digitally** to our Dispatcher at dispatcher@ibew230.org.

Along with the above forms, which must be completed in full, **please also include these supporting documents with your application:**

- Your **current resume**
- Copy of **proof of Canadian Citizenship or PR** (e.g., birth certificate, passport, or PR documentation)
- Copy of your **valid Driver's License**

IF YOU ARE A JOURNEY LEVEL:

- Copies of your Trade Qualifications and your Interprovincial cards or certificates, as well as tickets for any additional related courses you have taken which are still valid

IF YOU ARE A REGISTERED APPRENTICE:

- Copies of your registration (Trade Worker ID and Apprenticeship Numbers, i.e. Wallet cards)
- A copy of your Skilled Trades BC transcript

IF YOU ARE A FOUNDATIONS STUDENT:

- Copies of your ELT certificate and marks

IF YOU ARE A WATT STUDENT:

- Please complete ALL forms and return all supporting documentation listed above.

ONLY APPLICATIONS WITH ALL REQUIRED FORMS COMPLETED AND DOCUMENTS PROVIDED

WILL BE PROCESSED



Established in Victoria in 1902

Unit #21 – 21 Dallas Rd, Victoria, BC V8V 4Z9

Telephone: 250-388-7374

Fax: 250-388-6313

Email: dispatcher@ibew230.org

www.ibew230.org



Application for Membership CANADA (B.C.)

Form No. 107C (B.C.) Rev 09/24

[PLEASE PRINT OR TYPE FULL NAME]

FIRST NAME

M.I.

- JR III
- SR IV
- II V

LAST NAME

ADDRESS (STREET & NUMBER)

CITY

PROV.

POSTAL CODE

EMAIL ADDRESS

DATE OF BIRTH (mm/dd/yyyy)

DATE OF HIRE (mm/dd/yyyy)

SOCIAL INSURANCE NO. (Last four only)

| | | | | | | |
|---|---|---|---|---|---|---|
| X | X | X | - | X | X | - |
|---|---|---|---|---|---|---|

TELEPHONE NO.

PRESENT EMPLOYER

CLASSIFICATION

INDUSTRY WHERE YOU ARE EMPLOYED

- RAILROAD
- GOVERNMENT
- INSIDE CONSTRUCTION & MAINTENANCE
- OUTSIDE CONSTRUCTION & MAINTENANCE
- UTILITY
- TELECOMMUNICATIONS
- BROADCASTING
- MANUFACTURING

HOW DID YOU BECOME AN I.B.E.W.® MEMBER? [SELECT ONE]

- I WAS ORGANIZED
- I WAS ORGANIZED AS AN APPRENTICE
- I WAS SELECTED FOR AN APPRENTICESHIP PROGRAM
- I AM A NEW HIRE
- OTHER

ARE YOU A VETERAN OF THE ARMED FORCES ?

- Yes
- No

HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.® ? YES
IF SO, WHERE? NO

LOCAL UNION PROV.

OBLIGATION OF I.B.E.W.® "I, the undersigned, in the presence of members of the International Brotherhood of Electrical Workers®, make application to join the I.B.E.W.®, and promise and agree to conform to and abide by the Constitution and laws of the I.B.E.W.® and its Local Unions. I will further the purposes for which the I.B.E.W.® is instituted. I will bear allegiance to it and will not sacrifice its interest in any manner." I am applying for membership in Local _____ of the I.B.E.W. (the "Union"). In applying for membership I understand that the Union intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining. I hereby give the Union my permission to disclose, retain, and use my personal information in accordance with its Privacy Policy.

LOCAL UNION APPLICATION DATE(mm/dd/yyyy)

TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT *



THIS PORTION TO BE FILLED OUT BY L.U. FINANCIAL SECRETARY

CARD NUMBER

INITIATION DATE(mm/dd/yyyy)

INITIATION FEE PAID

* TYPE OF MEMBERSHIP "A" "BA"

PAID \$2.00 PENSION ADM. FEE? Yes No

Local Union 230
International Brotherhood of Electrical Workers
Privacy Statement

The protection of your privacy and the personal information under our control is of utmost importance to LU 230, IBEW.

We are committed to meeting or exceeding all requirements of Provincial and Federal Privacy legislation and will only collect, use, and disclose your information for conducting the legitimate business of the Union as explained in Local's Privacy Policy.

We further commit to take all reasonable steps necessary to ensure the accuracy of the personal information we keep about you and to prevent any and all unauthorized use of personal information under our control

You may choose not to provide us with some or all of your personal information however, please understand that if you make this choice, it may affect your eligibility for membership and to some or all benefits that you could otherwise receive.

Requests for information regarding LU 230's Privacy Policy or complaints will be handled in a timely manner by booking an appointment with the Union's Compliance Officer.

Statement of Applicant

I _____ have read and agree to the above privacy statement and
(print name)

consent to LU 230, IBEW collecting from myself and other sources, using and disclosing my personal information as required for conducting the legitimate business of the Union.

(signature)

Signed this ____ day of _____ at _____, British Columbia.

Please specify the following:

- Gender: Female Male Other
Please specify if other _____
- Visible Minority: Yes No
If yes, please specify _____

In case of emergency, we require an emergency contact:

- Name & Relationship _____
- Phone _____
- Email address _____

Statement of Witness

I _____ certify that I have witnessed the above individual sign this consent.
(print name)

Objects and Code of Excellence Agreement

The International Brotherhood of Electrical Workers is a craft union representing all unionized electrical workers on Vancouver Island.

In placing an application and signing below; you are pledging your support of the following IBEW Constitutional objects:

- To organize all workers in the entire electrical industry in the United States and Canada, including those in public utilities and electrical manufacturing, into local unions,
- To promote reasonable methods of work,
- To cultivate feelings of friendship among those of our industry,
- To settle all disputes between employers and employees by arbitration (if possible),
- To assist each other in sickness or distress,
- To secure employment,
- To reduce the hours of labour,
- To secure adequate pay for our work,
- To seek a higher and higher standard of living,
- To seek security for the individual,
- And by legal and proper means to elevate the moral, intellectual, and social conditions of our members, their families and dependents in the interest of a higher standard of citizenship.

To better support and encourage these objects in the heart and minds of our members; all IBEW members proudly live up to a standard referred to as the "Code of Excellence." While common sense to most trade workers; for us – it's an expectation.

The Code expects a member to:

- Exercise safe and productive work practices.
- Perform the highest quality and quantity of work.
- Utilize their skills and abilities to the maximum.
- Arrive at work on time, ready and willing to work.
- Follow appropriate employer and customer rules.
- Promote an alcohol and drug free workplace.
- Work in a safe and healthy manner
- Give eight hours work for eight hours pay and ensure supervision has been notified when you leave the workplace.
- Respect management directives that are safe, reasonable and legitimate.
- Respect the customer's rights and property.
- Respect the rights of your coworkers
- Utilize the skills and abilities you have learned to gain a competitive advantage.
- Take care of the employer's tools and equipment as if they were our own.
- Refuse to condone any act of property destruction, including graffiti.
- Start work on time, work until the appropriate quitting time and limit break periods to the time allowed.
- Use the proper tool for the job while maintaining personal responsibility for company tools.
- Perform personal business, including cell phone use, during authorized break periods only.
- Never participate in job slowdowns, disruptions or activities designed to extend the job or create overtime.
- Always strive to conduct yourself in a way that promotes a positive image of the IBEW.

Date: _____

Print Name: _____

Signature: _____



Please print clearly in the blank boxes.

Application Form

Sign up for your Registered Pension Plan (RPP)

Send your completed form to:
IBEW Local 230 Office

If you aren't sure how to complete any of these boxes, the Plan Sponsor/Employer can help you.

Class: Indicate Apprentice or Journey

Dates can be left blank for the Local 230 Office to complete.

Tell us about your plan

| | | |
|---|---|---|
| Plan Sponsor/Employer International Brotherhood of Electrical Workers Local 230 | | Manulife policy number 10005188 |
| Member # (SIN #) | Date you started with your employer (mmm/dd/yyyy) | Date you are joining the plan (mmm/dd/yyyy) |
| Class | Province of Employment | |

Your personal information

| | | | | |
|---|---------------|-------------------------------|--------------------------------------|----------------|
| First Name | | Middle Initial | Last Name | |
| Mailing address (number, street and apartment number) | | | | |
| City | | Province | Country | Postal Code |
| Date of birth (mmm/dd/yyyy) | | Social Insurance Number (SIN) | | Marital Status |
| Sex | Spouse's name | | Spouse's date of birth (mmm/dd/yyyy) | |
| Your preferred language | | Telephone number | Ext. | Email address |

A **revocable** beneficiary can be changed at anytime.

An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You will also need your beneficiary's consent to withdraw or transfer money from your account. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

If you want to name more than three beneficiaries, attach a separate page with the names and the percentage of proceeds for each beneficiary.

If you have locked-in money in your RPP and you have a spouse on the date of your death, the law may require any death benefit be paid to your spouse, regardless of other beneficiaries you've named.

If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

Name your beneficiary (or beneficiaries)

If you do not name a beneficiary and you do not have a spouse at the date of your death, proceeds will be paid to your estate.
 Check here if you have attached a separate page listing your beneficiaries. Please sign and date.

| Name | Relationship | Percentage of proceeds |
|------|--------------|------------------------|
| | | |
| | | |
| | | |
| | | |

The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.

For Quebec only:

The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here: Revocable

Trustee for a minor beneficiary named above (not applicable in Quebec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

In Quebec, the proceeds will be paid in trust to the minor child's tutor.

| Trustee name | Relationship |
|--------------|--------------|
| | |

Your investment instructions

If you do not complete this section, or the total does not add up to 100%, your contributions will be invested in the appropriate Target Retirement Date Fund based on when you reach your plan's normal retirement age.

You can go online to change the funds you have chosen.

The minimum amount you can invest in a fund is 5%.

Percentages must be whole numbers.

Note: the investment performance of a market-based fund is not guaranteed.

Complete if Retirement Date Fund is your investment strategy

Write in the 4-digit fund code for your Retirement Date Fund below.

| | | |
|-----------|---|--|
| Fund Code | Fund name Target Retirement Date Fund | Percentage of your contribution 100% |
|-----------|---|--|

Complete if Asset Allocation Fund is your investment strategy

Write in the 4-digit fund code for your Asset Allocation Fund below.

| | | |
|-----------|--|--|
| Fund Code | Fund name Manulife Asset Allocation Fund | Percentage of your contribution 100% |
|-----------|--|--|

Complete if Build your own portfolio is your investment strategy

Specify the percentage of contributions you want to invest in each fund. Your percentages must add to 100%.

| Fund Code | % | Fund Code | % | Fund Code | % | Fund Code | % |
|---|---|-----------|---|-----------|---|-----------|-------------|
| 1000 | | 1001 | | 1002 | | 1003 | |
| 1004 | | 1005 | | 1010 | | 3132 | |
| 4131 | | 4136 | | 4162 | | 4191 | |
| 4192 | | 4271 | | 5011 | | 5132 | |
| 5181 | | 5452 | | 7132 | | 7141 | |
| 7241 | | 7313 | | 7451 | | 7631 | |
| 7032 | | 8196 | | 8322 | | 8631 | |
| 8011 | | 8321 | | 8361 | | 8452 | |
| 8181 | | | | | | | |
| Total selected must add up to 100% | | | | | | | 100% |

Please sign here

You confirm that you have read, understood and agreed to the information in this form, including the *Enrolment and Registration Authorization* section below, and the *Personal Information Statement*. You also confirm that information in this form is correct to the best of your knowledge.

Enrolment and Registration Authorization

You request that Manulife enrol you as a Member in this plan. If applicable, you authorize the Plan Sponsor/Employer to deduct your contributions to the plan from your earnings.

| | |
|--------------------------------|---------------------------|
| Your signature | Date signed (mmm/dd/yyyy) |
| Plan administrator's signature | Date signed (mmm/dd/yyyy) |

For Manulife use

| | | |
|--------------------------|--------------------|-----------------------------------|
| Manulife customer number | Date (mmm/dd/yyyy) | Document version 21-1.5 |
|--------------------------|--------------------|-----------------------------------|



Please print clearly in the blank boxes.

Important: If this application is for a spousal RSP, the spouse (i.e. Spousal Member) must complete this form.

Check one:

This RSP is for you as a Member (i.e. employee)

This RSP is for you as a Spousal Member

Application Form

Sign up for your Group Retirement Savings Plan (RSP)

Send your completed form to:
IBEW Local 230 Office

If you aren't sure how to complete any of these boxes, the Plan Sponsor/Employer can help you.

Class: Indicate Apprentice or Journey

Dates can be left blank for the Local 230 Office to complete.

Tell us about your plan

| | | |
|---|---|--|
| Plan Sponsor/Employer International Brotherhood of Electrical Workers Local 230 | | Group annuity policy number 20005188 |
| Member # (SIN #) | Date you started with your employer (mmm/dd/yyyy) | Date you are joining the plan (mmm/dd/yyyy) |
| Class | Member class Not applicable | |

Your personal information

| | | | |
|---|-------------------------------|-----------|----------------|
| First Name | Middle Initial | Last Name | |
| Mailing address (number, street and apartment number) | | | |
| City | Province | Country | Postal Code |
| Date of birth (mmm/dd/yyyy) | Social Insurance Number (SIN) | | Marital Status |
| Your preferred language | Telephone number | Ext. | Email address |

Complete this section only if the application is for you as a spousal member. Otherwise, leave this section blank.

Tell us about the contributor (the employee)

| | | | |
|-----------------------------|-------------------------------|-----------|--|
| First Name | Middle Initial | Last Name | |
| Date of birth (mmm/dd/yyyy) | Social Insurance Number (SIN) | | |

A **revocable** beneficiary can be changed at anytime.

An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You will also need your beneficiary's consent to withdraw or transfer money from your account. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

If you want to name more than three beneficiaries, attach a separate page with the names and the percentage of proceeds for each beneficiary.

If you have locked-in money in your RSP and you have a spouse on the date of your death, the law may require any death benefit be paid to your spouse, regardless of other beneficiaries you've named.

If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

Name your beneficiary (or beneficiaries)

If you do not name a beneficiary, proceeds will be paid to your estate.

Check here if you have attached a separate page listing your beneficiaries. Please sign and date.

| Name | Relationship | Percentage of proceeds |
|------|--------------|------------------------|
| | | |
| | | |
| | | |
| | | |

The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.

For Quebec only:

The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here: Revocable

Trustee for a minor beneficiary named above (not applicable in Quebec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

In Quebec, the proceeds will be paid in trust to the minor child's tutor.

| Trustee name | Relationship |
|--------------|--------------|
| | |

Your investment instructions

If you do not complete this section, or the total does not add up to 100%, your contributions will be invested in the appropriate Target Retirement Date Fund based on when you reach your plan's normal retirement age.

You can go online to change the funds you have chosen.

The minimum amount you can invest in a fund is 5%.

Percentages must be whole numbers.

Note: the investment performance of a market-based fund is not guaranteed.

Complete if Retirement Date Fund is your investment strategy

Write in the 4-digit fund code for your Retirement Date Fund below.

| | | |
|-----------|---|--|
| Fund Code | Fund name Target Retirement Date Fund | Percentage of your contribution 100% |
|-----------|---|--|

Complete if Asset Allocation Fund is your investment strategy

Write in the 4-digit fund code for your Asset Allocation Fund below.

| | | |
|-----------|--|--|
| Fund Code | Fund name Manulife Asset Allocation Fund | Percentage of your contribution 100% |
|-----------|--|--|

Complete if Build your own portfolio is your investment strategy

Specify the percentage of contributions you want to invest in each fund. Your percentages must add to 100%.

| Fund Code | % | Fund Code | % | Fund Code | % | Fund Code | % |
|---|---|-----------|---|-----------|---|-----------|-------------|
| 1000 | | 1001 | | 1002 | | 1003 | |
| 1004 | | 1005 | | 1010 | | 3132 | |
| 4131 | | 4136 | | 4162 | | 4191 | |
| 4192 | | 4271 | | 5011 | | 5132 | |
| 5181 | | 5452 | | 7132 | | 7141 | |
| 7241 | | 7313 | | 7451 | | 7631 | |
| 7032 | | 8196 | | 8322 | | 8631 | |
| 8011 | | 8321 | | 8361 | | 8452 | |
| 8181 | | | | | | | |
| Total selected must add up to 100% | | | | | | | 100% |

Complete this section only if your spouse is set up as a spousal member in this RSP. Otherwise, leave this section blank.

Tell us how to split your contribution between you and your spouse

Tell us how you want to split the amount to be deducted from each pay between **your RSP account** (as the employee) and **your spouse's RSP account**.

| | |
|---|-------------|
| Percentage to invest in your RSP | % |
| Percentage to invest in your spouse's RSP | % |
| Total must be 100% | 100% |

Tell us about your spouse

| | | |
|------------|-----------|-------------------------------|
| First name | Last name | Social Insurance Number (SIN) |
|------------|-----------|-------------------------------|

Please sign here

I confirm that I have read, understood and agreed to the information in this form, including the *Enrolment and Registration Authorization* section below, and the *Personal Information Statement*. I also confirm that information in this Application Form is correct to the best of my knowledge.

Enrolment and Registration Authorization

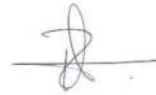
I request that Manulife enrol me as a Member in this plan and register me in a Retirement Savings Plan (RSP) under the Income Tax Act (Canada).

I understand that any withdrawals from my RSP will be taxed according to the rules outline in the Income Tax Act (Canada) or the Taxation Act (Quebec), as applicable. I understand that withdrawals may be restricted under the terms of the plan.

I authorize the Plan Sponsor (my employer or my spouse's employer if I am a Spousal Member) to remit contributions and to deliver directions to Manulife on my behalf.

I request that Manulife accept a transfer of locked-in funds into the plan, if applicable, according to the terms described in the Lock-in Retirement Account (LIRA) or locking-in addendum. I understand that with respect to such funds, these terms will override the group RSP contract.

| | |
|-----------------------------------|---------------------------|
| Your signature (as the annuitant) | Date signed (mmm/dd/yyyy) |
|-----------------------------------|---------------------------|



Brett Marchand
Senior Vice President, Group Retirement Solutions

For Manulife use

| | | |
|--------------------------|--------------------|-----------------------------------|
| Manulife customer number | Date (mmm/dd/yyyy) | Document version 21-1.5 |
|--------------------------|--------------------|-----------------------------------|

JOINT ELECTRICAL INDUSTRY'S WELFARE PLAN

APPLICATION FOR ENROLMENT AND BENEFICIARY DESIGNATION

Revised

Please complete in ink and print clearly. This is a two-sided form – please see reverse.

Please fill in all information and ensure you have signed and dated this form.

NOTE: This form is for the Health Plan ONLY and will not update your beneficiary on your Pension Plan.

Page 1 of 2

| MEMBER INFORMATION | | | |
|--|--------------------------------|-------------------------------------|--|
| NAME (Surname, Given Name & Initials) | | SOCIAL INSURANCE NUMBER | |
| MAILING ADDRESS | | CITY | PROVINCE |
| | | POSTAL CODE | |
| TELEPHONE NUMBER | GENDER (Male/Female) | DATE OF BIRTH (Month, Day, Year) | TRADE |
| PHARMACARE REGISTRATION NO. (where applicable) | | EMAIL ADDRESS | |
| MARITAL STATUS DECLARATION – Refer to other side for the definition of an eligible Spouse | | | |
| I hereby certify that I have read the Spousal Definition and that, as of the date of this declaration, I have a Spouse as follows: | | | |
| SPOUSE'S NAME (Surname, Given Name & Initials) | GENDER (Male/Female) | DATE OF BIRTH (Month, Day, Year) | DATE OF MARRIAGE, OR DATE OF COHABITATION: |
| DEPENDENT INFORMATION (Other than Spouse) – List all eligible dependents, other than your Spouse, starting with the eldest: If adding children over 19, indicate the school they are attending full-time. | | | |
| NAME (Surname, Given Name & Initials) | RELATIONSHIP (Son/Daughter) | DATE OF BIRTH (Month, Day, year) | STUDENT (Yes/No) and name of school, if over 19 |
| | | | |
| | | | |
| | | | |
| CO-ORDINATION OF BENEFITS | | | |
| Are you covered by another benefit plan (ie your Spouse's Plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the benefits covered: _____ Policy No(s) _____ Insurance Carrier _____ | | | |
| GROUP LIFE INSURANCE BENEFICIARY DESIGNATION | | | |
| I designate the following individual(s)* as my revocable group life insurance beneficiary(ies), if living, otherwise my Estate* and revoke any prior designation I have made. *Indicate Estate, if no named beneficiary. | | | |
| NAME (Surname, First Name & Initials) | | RELATIONSHIP | |
| | | | % |
| | | | % |
| APPLICATION FOR ENROLMENT | | | |
| I, the undersigned, hereby: | | | |
| a) apply to be enrolled as a Member of the JOINT ELECTRICAL INDUSTRY'S WELFARE PLAN, | | | |
| b) certify that the information provided on this form is correct, | | | |
| c) consent to the collection, use and disclosure of my personal information by the Board of Trustees of the Plan (or its authorized agent) for the purpose of administering the Plan and the benefits that may be conferred on Members of the Plan, | | | |
| d) agree to be bound by all the terms and conditions of the Plan, | | | |
| e) agree to promptly update the Plan Administrator on any changes to the status of a Spouse, dependent or other beneficiary, and | | | |
| f) agree that I am liable for any benefit paid out incorrectly in the event that I have not updated the Plan Administrator on any change to the status of a Spouse, dependent or other beneficiary | | | |
| g) understand that completion of this form does not in itself, entitle a Member to benefits – qualification for benefits is in accordance with the rules of the Plan | | | |
| h) understand that in the event of suspected fraudulent activity pertaining to claims submitted on behalf of myself and/or dependents, I acknowledge and agree to the disclosure of this information to relevant parties, such as the Plan Sponsor, regulatory and law enforcement agencies. | | | |
| i) certify that I have read the information provided on the reverse side of this form. | | | |
| SIGNATURE OF MEMBER | | DATE (MM-DD-YYYY) | |
| SIGNATURE OF WITNESS (cannot be spouse, beneficiary, or trustee) | | NAME OF WITNESS | |

Name: _____

IBEW Local 230 Application Skills Checklist

| Skills and Experience | | | | |
|--|--------------------------|--------------------------|--------------------------|-------------------------------|
| | Proficient | Seen | No | Days/Months Experience |
| <u>Pipe Installation</u> | | | | |
| Slab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Underground conduit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| EMT conduit install ½ to 2" (hand) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| EMT conduit install 2" to 4" (hydraulic) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PVC conduit installation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rigid conduit installation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exposed conduit installation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <u>Cable Installation</u> | | | | |
| Wire Pulling - Branch BX (Steel) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wire pulling - Branch Lumex (Wood) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wire pulling - Feeders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Teck cable installation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| High Voltage Splicing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Distribution installation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cable Tray installation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Substation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire Alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Telephone/Data installation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Environmental Controls (DDC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Motor Controls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nurse Call/Public Address System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Instrumentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Power Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Infrared Scanning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Name: _____

| | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|---------------------|
| Traffic Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Marine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Electronics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Blueprint Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Code Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Certificates | | | | |
| | Yes | No | Current | Expiry Date: |
| CSTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| First Aid, Level _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PSSP, Level _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Elevated Work Platform | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| FSR A or B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fall Arrest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Confined Space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| WHMIS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| IMSA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| TCP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Vic Ship Security Clearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Work Area | | | | |
| | Yes | No | | Comments |
| Local Work only (within 40km) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Vancouver Island only | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Will travel within BC | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Will travel outside province | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14/7 Shift work in Camp | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20/8 Shift work in Camp | <input type="checkbox"/> | <input type="checkbox"/> | | |