



CUSW DISPATCH - HELP REQUEST FORM

Send requests to: request@cusw.ca or fax: 416-240-9970

EMAIL: request@cusw.ca
FAX: 416-240-9970
TOLL FREE: 1-800-376-8539
PHONE: 416-240-7259
www.cusw.ca

Employer: _____

Tel: _____ Fax: _____

Job Classification:	Number Required:	Start Date:	Duration of work:	Work location (site or station):
Reporting location:	Reporting time:	Hours per week:		Requirements first day:
Report to:		<input type="checkbox"/> 5 days 8 hrs/ Other: _____	<input type="checkbox"/> 4 days 10 hrs/ _____	<input type="checkbox"/> SIN <input type="checkbox"/> Blank cheque (for direct deposit) <input type="checkbox"/> Trade certificates(s) <input type="checkbox"/> Board & Travel documents
Conditions of employment: <ul style="list-style-type: none"> <input type="checkbox"/> Proof of legal status <input type="checkbox"/> Picture ID <input type="checkbox"/> Medical <input type="checkbox"/> Approved safety glasses <input type="checkbox"/> Approved footwear <input type="checkbox"/> Nuclear Energy Worker <input type="checkbox"/> Trade certificates (C of Q) <input type="checkbox"/> Security check <input type="checkbox"/> Tools (members supply tools as per CA) <input type="checkbox"/> WHIMIS certificate <input type="checkbox"/> Other licences required (please list. ie. AZ, Fire Alarm) _____ 				
Scope of work:				
Specific demands (ie. climbing, working at heights, outdoor work etc.):				
Requested by:		Contact #:		Date:
Notes/comments:				