SANITATION BROS INC

Industrial Hygiene. Peak Performance. | (647) 365-1503 | sanitationBros20@gmail.com

EMPLOYMENT APPLICATION

Please complete all fields — print clearly or type

Sanitation Bros INC is an equal opportunity employer. All information is kept strictly confidential.

1 — PERSONAL INFORMATION

LAST NAME | FIRST NAME | M.I. | DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS | APT | CITY | PROV | POSTAL

PHONE (PRIMARY) | PHONE (ALT.) | EMAIL ADDRESS

SOCIAL INSURANCE NUMBER (SIN)

Legally eligible to work in Canada? Yes No

Valid driver's licence? Yes No

Required for payroll — kept strictly confidential

Previously employed by Sanitation Bros INC? Yes No

IF YES — WHEN?

2 — POSITION APPLIED FOR

POSITION APPLYING FOR | AVAILABLE START DATE | DESIRED RATE $

Shift Pref:

EMPLOYMENT TYPE: Full-Time Part-Time Casual / On-Call Seasonal

Weekends? Yes No

OT? Y N

3 — EDUCATION

INSTITUTION / SCHOOL	CITY & PROVINCE	YRS ATTENDED	DIPLOMA / CERTIFICATE	COMPLETE?
High School				
College/CEGEP				
University/Trade				

4 — LICENCES, CERTIFICATIONS & TRAINING

CERTIFICATE / LICENCE NAME	ISSUING ORGANIZATION	DATE OBTAINED	EXPIRY DATE

e.g.: WHMIS 2015, Food Safe, First Aid/CPR, Forklift, Fall Arrest, Ontario DZ/AZ Licence, Confined Space Entry

5 — EMPLOYMENT HISTORY (MOST RECENT FIRST)

Employer 1

COMPANY / EMPLOYER NAME | CITY / PROVINCE | PHONE NUMBER | SUPERVISOR NAME

JOB TITLE / POSITION | FROM MM/YYYY | TO MM/YYYY | START PAY | END PAY | Contact? Y

DUTIES & RESPONSIBILITIES

REASON FOR LEAVING

Employer 2

COMPANY / EMPLOYER NAME | CITY / PROVINCE | PHONE NUMBER | SUPERVISOR NAME

JOB TITLE / POSITION | FROM MM/YYYY | TO MM/YYYY | START PAY | END PAY | Contact? Y

DUTIES & RESPONSIBILITIES

REASON FOR LEAVING

Employer 3

COMPANY / EMPLOYER NAME | CITY / PROVINCE | PHONE NUMBER | SUPERVISOR NAME

JOB TITLE / POSITION | FROM MM/YYYY | TO MM/YYYY | START PAY | END PAY | Contact? Y

DUTIES & RESPONSIBILITIES

REASON FOR LEAVING

7 — PROFESSIONAL REFERENCES (NOT FAMILY MEMBERS — 3 REQUIRED)

Reference 1

FULL NAME	RELATIONSHIP / TITLE	PHONE NUMBER	EMAIL ADDRESS

Reference 2

FULL NAME	RELATIONSHIP / TITLE	PHONE NUMBER	EMAIL ADDRESS

Reference 3

FULL NAME	RELATIONSHIP / TITLE	PHONE NUMBER	EMAIL ADDRESS

8 — APPLICANT DECLARATION

I certify that all information in this application is true, accurate, and complete. I understand that false or misleading information may result in rejection of this application or, if employed, dismissal. I authorize Sanitation Bros INC to contact all employers, institutions, and references listed. I consent to a background check if required for the position. I understand that employment is subject to Ontario Employment Standards Act, OHSA, WHMIS, and company policy.

APPLICANT SIGNATURE	DATE (MM/DD/YYYY)	PRINT FULL NAME

FOR OFFICE USE ONLY

RECEIVED BY	DATE RECEIVED	INTERVIEW DATE	DECISION	CONFIRMED START

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NEW EMPLOYEE INFORMATION

Complete before first day — all sections required

All information is kept strictly confidential and used only for payroll, HR, and workplace safety purposes.

1 — PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE) | PREFERRED NAME | DATE OF BIRTH | GENDER (OPTIONAL)

HOME ADDRESS | CITY | PROVINCE | POSTAL CODE | COUNTRY

PERSONAL PHONE | PERSONAL EMAIL | SIN — SOCIAL INSURANCE NUMBER (PAYROLL REQUIRED)

2 — EMPLOYMENT DETAILS

JOB TITLE / POSITION | DEPARTMENT | START DATE | HOURLY RATE $ | PAY CYCLE

EMPLOYMENT TYPE: Full-Time Part-Time Casual Seasonal

3 — EMERGENCY CONTACTS (2 REQUIRED)

Emergency Contact 1

FULL NAME | RELATIONSHIP | PHONE (PRIMARY) | PHONE (ALTERNATE)

ADDRESS (IF DIFFERENT FROM EMPLOYEE) | EMAIL ADDRESS

Emergency Contact 2

FULL NAME | RELATIONSHIP | PHONE (PRIMARY) | PHONE (ALTERNATE)

ADDRESS (IF DIFFERENT FROM EMPLOYEE) | EMAIL ADDRESS

4 — HEALTH INFORMATION (VOLUNTARY — FOR WORKPLACE SAFETY ONLY)

Medical conditions we should be aware of? Yes No | IF YES, DESCRIBE

KNOWN ALLERGIES (LATEX, CHEMICALS, FOOD, ETC.) | WORKPLACE ACCOMMODATIONS REQUIRED (IF ANY)

5 — EMPLOYEE DECLARATION

I certify that all information above is accurate. I agree to notify Sanitation Bros INC of any changes.

EMPLOYEE SIGNATURE | DATE (MM/DD/YYYY) | PRINT FULL NAME

6 — DIRECT DEPOSIT AUTHORIZATION

Complete to receive pay by direct deposit. Attach a VOID cheque or bank-issued direct deposit form.

FINANCIAL INSTITUTION (BANK NAME) | ACCOUNT TYPE | ACCOUNT HOLDER NAME (AS AT BANK)

TRANSIT NUMBER (5 DIGITS) | INSTITUTION NUMBER (3 DIGITS) | ACCOUNT NUMBER

WHERE TO FIND YOUR BANKING NUMBERS:

At the bottom of a cheque: [0 1 2 3 4] [0 0 4] [1 2 3 4 5 6 7]
TRANSIT(5) INST(3) ACCOUNT NUMBER

You can also get these from your online banking app under 'Direct Deposit' or ask your teller.
DO NOT submit actual cheques — write VOID in large letters across the face before submitting.

ATTACH: Void Cheque Bank Direct Deposit Form Bank Letter / Statement

I authorize Sanitation Bros INC to deposit my pay to the account listed above. I understand I may update this at any time.

EMPLOYEE SIGNATURE | DATE (MM/DD/YYYY)

7 — GOVERNMENT-ISSUED ID (FOR HR RECORDS — 2 PIECES REQUIRED)

At least one ID must be photo ID with full legal name.

ID TYPE	ID NUMBER	ISSUING PROVINCE / COUNTRY	EXPIRY DATE	VERIFIED BY
Primary (Photo ID)				
Secondary ID				

8 — HR / MANAGER SIGN-OFF

PROCESSED BY (PRINT) | TITLE | DATE | HR / MANAGER SIGNATURE

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FEDERAL TD1 — 2025

Personal Tax Credits Return | Canada Revenue Agency

Canada Revenue Agency (CRA) — 2025 Taxation Year | Give this completed form to your employer. **RC0001 E (25)**

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME AND INITIAL(S)	DATE OF BIRTH (YYYY-MM-DD)	SIN

ADDRESS (NUMBER AND STREET)	CITY	PROVINCE	POSTAL CODE

EMPLOYER'S NAME

Sanitation Bros INC (pre-filled)

EMPLOYEE NO.

PART A — TAX CREDITS WORKSHEET (2025 AMOUNTS)

Line	Description	Claim Amount ($)
1	Basic personal amount — Every resident of Canada can claim this	**16,129.00**
2	Age amount — if you will be 65 or older on December 31, 2025 (max $8,790)	
3	Spouse or common-law partner amount (net income of spouse/partner)	
4	Amount for an eligible dependant	
5	Canada caregiver amount for infirm children under 18 (per child: $2,499)	
6	Amount for an eligible dependant (18 or older) / Canada caregiver amount	
7	Amount for children under 18 born in 2007 or later (per child: $2,499)	
8	Pension income amount (max $2,000)	
9	Disability amount (self) — if eligible for disability tax credit ($9,428)	
10	Disability amount transferred from a dependant	
11	Interest paid on your student loans (T2202 required)	
12	Tuition — full-time and part-time (T2202 required)	
13	Tuition amount transferred from a child or grandchild	
14	Amounts transferred from your spouse or common-law partner	
15	Canadian Armed Forces personnel and police deduction	
	TOTAL CLAIM AMOUNT — Add lines 1 to 15 and enter here	

Check if your total claim is more than $16,129: Yes — Employer will reduce tax withheld accordingly

CERTIFICATION

I certify the information on this form is correct and complete. False information is a serious offence under the Income Tax Act.

EMPLOYEE SIGNATURE

DATE (YYYY-MM-DD)

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ONTARIO TD1ON — 2025

Ontario Personal Tax Credits Return | Canada Revenue Agency

CRA — Ontario Tax Credits 2025 | Complete this form and give it to your employer along with the Federal TD1.

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME AND INITIAL(S)	DATE OF BIRTH (YYYY-MM-DD)	SIN

ADDRESS (NUMBER AND STREET)	CITY	PROVINCE	POSTAL CODE

PART A — ONTARIO TAX CREDITS (2025 AMOUNTS)

Line	Description	Claim Amount ($)
1	Basic personal amount — Ontario (every Ontario resident can claim this)	12,747.00
2	Age amount — if you will be 65 or older on December 31, 2025 (max $5,750)	
3	Spouse or common-law partner amount	
4	Amount for an eligible dependant	
5	Ontario caregiver amount for infirm children under 18 (per child)	
6	Ontario caregiver amount for dependants 18 or older	
7	Pension income amount (max $1,532)	
8	Disability amount (self)	
9	Disability amount transferred from a dependant	
10	Interest paid on your student loans	
11	Tuition — Ontario post-secondary institution (T2202 required)	
12	Tuition transferred from a child or grandchild	
13	Amounts transferred from your spouse or common-law partner	
	TOTAL ONTARIO CLAIM AMOUNT — Add lines 1 to 13	

CERTIFICATION

I certify the information on this form is correct and complete. Complete a new form if your circumstances change.

EMPLOYEE SIGNATURE	DATE (YYYY-MM-DD)

Ontario Occupational Health & Safety Act (OHSA) R.S.O. 1990 | WHMIS 2015 (GHS Aligned) | Workplace Safety & Insurance Act

EMPLOYEE INFORMATION

FULL LEGAL NAME	JOB TITLE / POSITION	START DATE	DEPARTMENT

PART A — YOUR RIGHTS AS A WORKER (OHSA SECTIONS 25–28)

RIGHT TO KNOW: I will be informed about all workplace hazards, WHMIS products, and safety proce

RIGHT TO PARTICIPATE: I may participate in the Joint Health & Safety Committee (JHSC) or health

RIGHT TO REFUSE UNSAFE WORK: I may refuse work I believe is likely to cause danger to myself or

I will NOT be penalized, dismissed, or threatened for exercising any health and safety right un

PART B — EMPLOYEE RESPONSIBILITIES

I will work in compliance with the OHSA, all regulations, and Sanitation Bros INC health & safe

I will use or wear all required personal protective equipment (PPE) as instructed and required.

I will report ALL hazardous conditions, equipment defects, near-misses, and injuries to my supe

I will not operate any equipment or machinery I have not been specifically trained to use.

I will cooperate with all health & safety inspections, audits, and WSIB investigations.

PART C — WHMIS 2015 ACKNOWLEDGMENT (GHS ALIGNED)

I have received or will receive WHMIS 2015 training before handling any hazardous (controlled)

I can read and interpret Safety Data Sheets (SDS) and understand the 9 GHS hazard pictograms.

I know the location of all SDS binders / digital SDS access in my work area.

I will not use any hazardous product without reviewing its SDS and wearing the required PPE.

PART D — INCIDENT REPORTING & WSIB

ALL workplace injuries, illnesses, and near-misses must be reported to my supervisor within 24

Sanitation Bros INC is covered by WSIB Ontario (Workplace Safety and Insurance Act).

I will complete an Incident Report Form and cooperate fully with any WSIB investigation.

I understand that withholding information about a workplace injury is a violation of Ontario la

SIGNATURE

I have read, understood, and agree to comply with all health and safety obligations above.

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE

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PPE & EQUIPMENT ACKNOWLEDGMENT

OHSA Section 25(1)(b) & 28(1)(b) — Personal Protective Equipment

EMPLOYEE INFORMATION

EMPLOYEE NAME	POSITION / TITLE	DEPARTMENT	DATE ISSUED

PART A — PPE ISSUED TO EMPLOYEE (CHECK ALL THAT APPLY — RECORD SIZE/SPEC)

Employee must inspect all PPE before first use and report any defects immediately.

Disposable Gloves (Nitrile)	Heavy-Duty Chemical-Resistant Gloves
Safety Goggles / Eye Protection	Face Shield (full face)
N95 Respirator / Dust Mask	Half-Face / Full-Face Respirator
Safety Footwear (CSA Grade 1)	High-Visibility Safety Vest
Disposable Coverall / Tyvek Suit	Reusable Coverall / Company Uniform
Hard Hat / Bump Cap	Hearing Protection (Earplugs / Earmuffs)
Back Support / Lifting Belt	Knee Pads

Glove size: Boot size: Coverall size: Hard hat size:

PART B — COMPANY EQUIPMENT ISSUED

ITEM / SERIAL NO.	QTY	CONDITION ON ISSUE	CONDITION ON RETURN	RETURN DATE	INIT.

PART C — EMPLOYEE ACKNOWLEDGMENT

I received all PPE/equipment listed above and it was in good working condition at time of issue

I have been trained on the correct use, maintenance, cleaning, storage, and disposal of all PPE

I understand PPE must be inspected before every use and must be worn whenever required by compa

Damaged, lost, or stolen PPE must be reported immediately. Replacement cost may be charged if d

All company-owned equipment remains the property of Sanitation Bros INC and must be returned up

EMPLOYEE SIGNATURE	DATE	ISSUED BY (SIGNATURE)	DATE

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WORKPLACE INCIDENT REPORT

WSIB Supporting Document | Complete within 24 hours | Employer must file WSIB Form 7

WSIB REPORTING: Lost-time or healthcare injuries MUST be reported to WSIB within 3 days. Call 1-800-387-0750.

PART A — INJURED WORKER INFORMATION

WORKER FULL NAME | JOB TITLE | EMPLOYEE ID | PHONE NUMBER | DATE OF HIRE

Shift: Day Afternoon Night Employment: Full-Time Part-Time Casual

PART B — INCIDENT DETAILS

DATE OF INCIDENT (MM/DD/YY) | TIME OF INCIDENT | DATE REPORTED TO SUPERVISOR | TIME REPORTED

EXACT LOCATION OF INCIDENT (ADDRESS / AREA / DEPARTMENT / WORKSITE)

Type of Incident: Injury Illness/Disease Near-Miss Property Damage

BODY PART AFFECTED | NATURE OF INJURY / ILLNESS

First aid given? Yes No Medical treatment? Yes — Hospital/Clinic: No

Lost time from work? Yes No Expected return date:

PART C — DESCRIPTION OF INCIDENT

Describe what happened, including sequence of events, tools/equipment involved, and any witnesses present.

Contributing Factors: Inadequate Training Unsafe Conditions Equipment Failure Human Error Lack of PPE Other

PART D — WITNESS INFORMATION

WITNESS 1 — FULL NAME | TITLE / DEPARTMENT | PHONE

WITNESS 2 — FULL NAME | TITLE / DEPARTMENT | PHONE

PART E — SIGNATURES

INJURED WORKER SIGNATURE | DATE | SUPERVISOR SIGNATURE | DATE

MANAGER / H&S REP SIGNATURE | DATE | WSIB Form 7 filed? Yes — Date: No

PARTIES

EMPLOYEE FULL LEGAL NAME

START DATE / DATE OF AGREEMENT

This Agreement is between the employee named above ("Employee") and Sanitation Bros INC ("Employer"), London, Ontario.

1 — CONFIDENTIAL INFORMATION

"Confidential Information" means any information disclosed by Sanitation Bros INC to the Employee, including: client lists, client contact details, pricing, service contracts, supplier relationships, proprietary sanitation methods and protocols, business strategies, financial information, operational procedures, employee records, and any other information marked as confidential or that a reasonable person would understand to be confidential.

2 — EMPLOYEE OBLIGATIONS (INITIAL EACH ITEM)

I will not disclose any Confidential Information to any third party without prior written

I will use Confidential Information only to perform my job duties and will not use it for

I will take all reasonable measures to protect Confidential Information from unauthorized

I will notify Sanitation Bros INC immediately of any actual or suspected unauthorized use

Upon termination, I will immediately return all materials containing Confidential Informat

3 — DURATION

These obligations apply throughout employment and continue for 2 years after termination of employment, for any reason.

This Agreement covers all forms of Confidential Information: verbal, written, electronic, or by any other means.

4 — EXCEPTIONS

- Information already in the public domain through no fault of the Employee.
- Information the Employee is required to disclose by applicable law or court order (with prior written notice to Employer).
- Information the Employee can demonstrate was independently known prior to employment.

5 — SOCIAL MEDIA & ONLINE CONDUCT

I will not post or share any Confidential Information, client details, or proprietary meth

I will not make disparaging, false, or defamatory statements about Sanitation Bros INC, it

Violations of this section may constitute just cause for immediate termination under the O

6 — GOVERNING LAW & REMEDIES

The Employee acknowledges that breach may cause irreparable harm and that Sanitation Bros INC shall be entitled to seek injunctive relief and any other available legal remedy. This Agreement is governed by the laws of the Province of Ontario and applicable federal laws of Canada.

SIGNATURES

By signing below both parties agree to the terms of this Confidentiality Agreement.

EMPLOYEE SIGNATURE

DATE (MM/DD/YYYY)

EMPLOYEE — PRINT FULL NAME

EMPLOYER / AUTHORIZED SIGNATORY

DATE (MM/DD/YYYY)

NAME & TITLE — PRINT

Ahmad Alkhalaf — Head Manager of Operations, Sanitation Bros INC, London, Ontario