



H.U.S.T.L.E TRUCK PROGRAM

CONTRACT FOR TEMPORARY PROVISION OF SERVICE

1. The term of this contract will be for the stipulated days of the month of _____ 2017.
2. The services being contracted for are landscaping, general maintenance, painting, and/or miscellaneous repairs.
3. You will report to and be instructed by a **SUPERVISOR** appointed by the **GENERAL MANAGER** of the Bermuda Housing Corporation or his designate.
4. Your service rate per hour will be \$15.00 (fifteen dollars per hour)
 - You will be paid for the service hours worked
 - The service hours are scheduled from 8:00 am to 4:00 pm.
 - The Bermuda Housing Corporation does not guarantee any minimum numbers of hours per week.
 - Your service hours worked will be recorded by a **SUPERVISOR** appointed by the Bermuda Housing Corporation or his designate.
5. Your services shall not generally be required in excess of 35 (thirty-five) hours per week. Should the Bermuda Housing Corporation require your services in excess of 35 (thirty-five) hours, you will be instructed by a **SUPERVISOR** appointed by the Bermuda Housing Corporation or his designate.
6. The "H.U.S.T.L.E. Truck" will provide transport to specified designations. The truck will meet at a centralized location at 8:00am. Failure to meet the truck before it leaves will result in the loss of the day's opportunity for temporary employment under this contract.
7. Equipment, tools and materials will be supplied by the Bermuda Housing Corporation. The bringing of personal tools or equipment on board the "H.U.S.T.L.E. Truck" or onto designated job sites is prohibited.
8. You will be paid by cheque in arrears on the Friday of the following week after 2:30pm **UNLESS** an emergency requires payment before 2:30pm.
9. **THIS IS NOT AN EMPLOYMENT CONTRACT** but a contract of service. You will be responsible for **REGISTERING** and **PAYING** on a timely basis, your **SOCIAL INSURANCE, PAYROLL TAX, and MEDICAL COVERAGE** with the respective government and non-government departments.
10. You will maintain Bermuda Housing Corporation's high standard of workmanship and excellent client relations.
11. All information provided to you or learned by you about the Bermuda Housing Corporation operations and/or clients shall remain "**PRIVATE & CONFIDENTIAL**" to the Bermuda Housing Corporation.



12. The Bermuda Housing Corporation's H.U.S.T.L.E. Truck Program has a **ZERO TOLERANCE** policy for **DRUG USE, VIOLENT and ABUSIVE** behavior. Any persons found with drugs or behaving inappropriately on the "H.U.S.T.L.E. Truck" or on a designated job site will have their services **TERMINATED IMMEDIATELY**.

13. Contract can be terminated at any time by the Program Coordinator.

I accept the terms and conditions, items 1 to 13 (pages 1 and 2) of this contract for temporary services and agree to follow all legal instruction by the designated work supervisors appointed by the General Manager of the Bermuda Housing Corporation or his designate.

Client (Print Name)

Client Signature

Date (mm/dd/yy)

Office Signature

Date (mm/dd/yy)



Bermuda Housing Corporation H.U.S.T.L.E. Truck Program

CLIENT PROFILE

This document should be completed to the best of your ability

Section 1 – PERSONAL DETAILS

Please circle one: Mr Mrs Miss Ms

Full Name (please print): _____

Contact Numbers: _____ / _____ / _____ / _____
Work Home Cell Other

Social Insurance #: _____ Date of Birth: ____/____/____ Age: _____
Day / Month / Year

Are you Bermudian? If YES, proceed: _____ NO, not applicable: _____

Height: (Approx) _____ Weight: (Approx) _____

Next of Kin? (Please give their name and relation to you e.g. mother/ brother and contact number)

Contact Numbers: _____ / _____ / _____ / _____
Work Home Cell Other

Marital Status (please tick)
Never Married: _____ Married: _____ Widowed: _____ Divorced: _____ Separated: _____

Children: Amount _____ Dependents (not blood children): Amount _____

Physical Disabilities: _____

Spouse Name: _____

Spouse Employer: _____ Work Phone: _____

Section 2 – IDENTIFICATION

Do you have a valid Passport? _____ Yes _____ No
If 'No' have you ever applied for a passport? _____ Yes _____ No

Do you have a valid Driver's License? _____ Yes _____ No
If 'No' have you ever applied for a license? _____ Yes _____ No
If 'Yes' what type _____ Car _____ Light Truck _____ Heavy Truck _____ Tractor Trailer
If 'Yes' please provide License number _____

Do you have a Birth Certificate? _____ Yes _____ No
If 'Yes' is it the original? _____ Yes _____ No

What ID do you carry with you on a daily basis? _____



Section 3 – RESIDENCY

Current Address: (Please tick)

Government Housing _____ Private Rental _____ House Ownership _____ Other _____

If 'Other' please provide details _____

House / Apt Name: _____

Street # and Name: _____

Parish, Postal Code: _____

Number of household members: Adult _____ Children _____

Length of stay at residence: Temporary _____ Permanent _____

Previous Address: (Please tick)

Government Housing _____ Private Rental _____ House Ownership _____ Other _____

If 'Other' please provide details _____

House / Apt Name: _____

Street # and Name: _____

Parish, Postal Code: _____

Number of household members: Adult _____ Children _____

Length of stay at residence: Temporary _____ Permanent _____

In last 5 years how many different places have you lived: _____

Major reasons for leaving: _____



Section 4 – EDUCATION HISTORY

Schools, Programs, Colleges, Universities Attended	Certificate/ Degree Obtained	Date Entered	Date Left

Certificate courses taken over the years with respect to education, personal growth, hobbies (community classes, Bermuda College, NTB, etc.)? Please provide details

Section 5 – EMPLOYMENT HISTORY

Company Name: _____ Job Title: _____

Weekly/ Monthly Wage: _____ Dates of Employment: _____ Full/ Part time: _____

Job Description: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Weekly/ Monthly Wage: _____ Dates of Employment: _____ Full/ Part time: _____

Job Description: _____

Reason for Leaving: _____



Section 5 – EMPLOYMENT HISTORY (continued)

Company Name: _____ Job Title: _____

Weekly/ Monthly Wage: _____ Dates of Employment: _____ Full/ Part time: _____

Job Description: _____

Reason for Leaving: _____

Job Experience

Work Site: _____ Length of Stay: _____

Job Duty: _____ Work Accomplished: _____

Work Site: _____ Length of Stay: _____

Job Duty: _____ Work Accomplished: _____



Section 6 – PROGRAMS AND CONVICTIONS

Have you ever been in a public or private developmental program? Yes ___ No___

If 'Yes' please provide name and describe program _____

Have you ever been in a government developmental program? Yes ___ No___

If 'Yes' please provide name and describe program _____

Have you ever been in a group home? Yes ___ No___

If 'Yes' please provide name and describe reason _____

Have you ever been convicted by the court of law for an illegal offense? Yes ___ No___

If 'Yes' please describe _____

Have you ever been incarcerated? Yes ___ No___

If 'Yes' please state how many times _____

If 'Yes' please state the date and length of each time _____

Any courses taken during incarceration? Yes ___ No___

If 'Yes' please stated what courses taken _____



Section 7 – PHYSICAL HEALTH

Do you have any diagnosed physical health problems/ conditions? Yes ___ No___

If 'Yes' what are they? _____

What treatment have you had? _____

How does this problem affect you on a day-to-day basis (e.g. work, getting around)? _____

Have you been prescribed medication for this condition? Yes ___ No___

If 'Yes' what medication do you take? _____

If asked can you provide medical records or other official proof of your diagnosis? Yes ___ No___

If 'No' can you please provide a reason? _____

Section 8 – MENTAL HEALTH

Do you have any diagnosed mental health problems/ conditions? Yes ___ No___

If 'Yes' what are they? _____

What treatment have you had? _____

How does this problem affect you on a day-to-day basis (e.g. work, getting around)? _____

Have you been prescribed medication for this condition? Yes ___ No___

If 'Yes' what medication do you take? _____

If asked can you provide medical records or other official proof of your diagnosis? Yes ___ No___

If 'No' can you please provide a reason? _____



Section 9 – DRUGS AND ALCOHOL

Have you ever had a problem with drugs or alcohol? Yes ___ No ___

If 'Yes' what type of drugs and alcohol? _____

When did you last use drugs? _____

Have you ever been treated for drug or alcohol dependency? Yes ___ No ___

If 'Yes' please provide details and dates _____

How have drugs or alcohol dependency affected your life? _____

If asked, can you provide official proof that you took part in rehabilitation courses? Yes___ No___

If 'No' can you please provide a reason? _____

Section 10 – OTHER INFORMATION

Please give us any other information you think might be useful for us to know and what help you think you need or expect.

After showing interest in the job placement program, please tell us what you intend to do now to start making preparations for a job interview or new job. Also, in what areas do you think you may need help with (e.g. interview attire, education, etc.)?

I acknowledge that the information provided in this document is correct and complete to the best of my ability. If any information is found to be false, it can be the basis of termination from the H.U.S.T.L.E. Truck Program.

This information is true: (please tick) Yes ___ No ___

Signature: _____

Date: _____
mm/dd/yy