



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

THIS PROGRAM IS FOR BERMUDIANS ONLY

SECTION ONE: PERSONAL DETAILS

LAST NAME	FIRST NAME & MIDDLE INITIAL	SOCIAL INSURANCE NUMBER	DATE OF BIRTH

WORK SITE

HOME PHONE	MOBILE	EMAIL ADDRESS

Current Place of Residency: Government Housing Private Rental Homeowner Other

If Other – Explain.

Address:	Parish & Postal Code
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Number of Household Members:	Length of Stay:
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In the last 5 years how often have you moved? Please explain the major reasons for leaving.

Next of Kin (Please give person's name and describe relation to you, e.g., mother)

Contact Number for Next of Kin:	Email for Next of Kin:
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Marital Status:	If married, please provide Spouse's details below
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Spouse Name:	Spouse Employer & Work Phone:
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Number of Children?	Do you have any dependents (not blood children), if so, how many?
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SECTION TWO: GOVERNMENT ISSUED IDENTIFICATION

Do you have a Birth Certificate? Y or N	If yes, is it the original?
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Do you have a valid Passport? Y or N	If no, have you ever applied for one?
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Do you have a valid driver's license? Y or N	If so, which vehicle classes do you possess?
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License Number	What identification (ID) do you carry with you daily?
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SECTION THREE: PHYSICAL HEALTH

Approximate Height:	Approximate Weight:
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Do you have any physical disabilities that would affect your day-to-day? Y or N

Have you ever been diagnosed with physical health problems/conditions? Y or N

If so, please explain.

Have you ever been prescribed medication? Y or N. If so, what?

If asked, can you provide your medical records or other official proof of diagnosis? Y or N

If no, please give reasons why not.

SECTION FOUR: MENTAL HEALTH

Have you ever been diagnosed with a mental health condition? Y or N

If so, please explain.

What treatment, if any, have you had?

How does this condition affect your day-to-day?

Have you been prescribed medication for this condition? Y or N

If yes, what medication(s) do you take?

If asked, can you provide medical records or other official proof of your diagnosis? Y or N

If no, please give reasons why not.

SECTION FIVE: DRUGS AND ALCOHOL

Have you ever had a problem with drugs or alcohol? Y or N If so which one? Or Both?

What type of drugs and/or alcohol do you struggle with?

When did you last use drugs?

Have you ever been treated for drug dependency? Y or N Have you ever been treated for alcohol dependency?

If so, please provide details and dates

Has the dependency affected your life? Y or N. Please explain how, if so.

If asked, can you provide official proof that you underwent a rehabilitation course? Y or N

If no, please provide reasons why not.

SECTION SIX: PROGRAMS AND CONVICTIONS

Have you ever been in a public or private development program? Y or N

If yes, please describe and name the program.

Have you ever been in a government developmental program? Y or N

If yes, please describe and name the program.

Have you ever been in a group home? Y or N

If yes, please provide name and explain reason.

Have you ever been convicted of an illegal offense? Y or N

If yes, please explain.

Have you ever been incarcerated? Y or N

If yes, how many times?

What was the length of each time?

Any courses taken during incarceration? Y or N

If so, which ones?

SECTION SEVEN: BANKING INFORMATION (NAME AND ACCOUNT NUMBER AS IT APPEARS AT THE BANK)

Bank Name

Account Name

Account Number

SECTION EIGHT: EDUCATION

SCHOOL NAME

LOCATION

YEARS ATTENDED

MAJOR & DEGREE EARNED

OTHER /
APPLICABLE
TRAINING

APPLICABLE
SKILLS /
PROFICIENCIES

SECTION NINE: EMPLOYMENT HISTORY

EMPLOYER NAME

POSITION HELD

START DATE

END DATE

MAILING ADDRESS

SUPERVISOR NAME

PHONE

EMAIL ADDRESS

STARTING RATE OF PAY

ENDING RATE OF PAY

MAY WE CONTACT? Y or N

REASON FOR LEAVING

EMPLOYER NAME

POSITION HELD

START DATE

END DATE

MAILING ADDRESS

SUPERVISOR NAME

PHONE

EMAIL ADDRESS

STARTING RATE OF PAY

ENDING RATE OF PAY

MAY WE CONTACT? Y or N

REASON FOR LEAVING

SECTION TEN: REFERENCES

NAME	COMPANY & POSITION	RELATIONSHIP	PHONE

POSITION AVAILABLE

What position are you applying for?	
How did you learn of the position available?	

EMPLOYMENT TYPE DESIRED	AVAILABLE START DATE

Work Accomplished?

SECTION ELEVEN: OTHER INFORMATION

Please provide us with any other information you think may be useful for us to know and share what help you think you need or expect.

After showing interest in the job placement program, please tell us what you intend to prepare for a job interview or new job. Please let us know what areas in your preparation you need help with (e.g., interview attire, education, etc.)

I CONFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND IF ANY INFORMATION IS FOUND TO BE FALSE CAN BE GROUNDS FOR BEING REMOVED FROM THE H.U.S.T.L.E TRUCK PROGRAM.

PRINTED NAME	SIGNATURE	DATE



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

This contract for temporary service ("the Agreement") is entered into as of (the "Effective Date")

BETWEEN

(hereinafter as "I")

AND

**BERMUDA HOUSING CORPORATION
H.U.S.T.L.E. TRUCK PROGRAM
(hereinafter as "HUSTLE Truck Program")**

The HUSTLE Truck Program has a **ZERO TOLERANCE** policy for **DRUG USE, VIOLENT AND ABUSIVE behaviour**. Any persons found with drugs or behaving inappropriately during the HUSTLE Truck Program will be **TERMINATED IMMEDIATELY**. Furthermore, the HUSTLE Truck Program reserves the right to TERMINATE this Agreement at any time should the Program Coordinator see fit.

This is **NOT** an **EMPLOYMENT CONTRACT**. You will be responsible for registering and paying your social insurance, payroll tax and medical coverage with the respective departments.

This is an Agreement of **SERVICE FOR TEMPORARY WORK**. Such services being contracted for are **landscaping, general maintenance, painting and/or miscellaneous repairs**.

Your service rate per hour is **\$15** (fifteen dollars per hour). You will be paid for the hours worked.

I have read, understood, and agree to the above. I further AGREE THAT:

I will report to and be instructed by a SUPERVISOR appointed by the General Manager of Bermuda Housing Corporation or his designate.

The HUSTLE Truck Program does not guarantee any minimum number of hours per week. The service hours are scheduled from 8:00am to 4:00pm. A work week shall not generally be more than 35 (thirty-five) hours per week. Should I need to work more than 35 (thirty-five) hours, I will be instructed by a SUPERVISOR. All hours I work will be recorded by a SUPERVISOR.

The HUSTLE Truck Program will provide transport to specified designations. I am solely responsible to meet the truck at a centralized location at 8:00am. My failure to do so will result in the loss of a day's opportunity of temporary work.

All equipment, tools and materials will be supplied by HUSTLE Truck Program. I will not bring my personal tools or equipment onboard the truck or designated worksite as this is prohibited.

I will be paid by direct deposit in arrears on the Friday of the following week after 2:30pm UNLESS an emergency requires payment before such time.

At all times, during the HUSTLE Truck Program, I will maintain a high standard of workmanship and excellent client relations.

All information that I am provided or learned about the HUSTLE Truck Program operations and/or clients shall remain PRIVATE and CONFIDENTIAL to the HUSTLE Truck Program.

I agree to follow all legal instruction by the designated work SUPERVISORS appointed by the General Manager of Bermuda Housing Corporation or his designate.

Client Signature

Date (mm/dd/yy)

Office Signature

Date (mm/dd/yy)