

Appendix A Consent Page 1

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Appendix "A" of Privacy Policy

9/23/2004

Information Collected	Purpose	Use	Distribution	Storage
<p>Application Form Misc Application info Colour confusion, fear of heights, safety boots, physical limitations, personal use of car, bondable, drivers license information, shifts available, experience on equipment & machines (both office and plant)</p>	To support job placement and skill evaluation	Evaluation and placement Payroll Purposes	Potential employers Consultants DFM Corporation (re HR or Claims issues) Payroll References	File Cabinet Electronic Storage
How did you hear of the company	To evaluate advertising methods	Management evaluation	Internal staff planning	With application form
Associate Sign-off sheets at time of application	To confirm the associate reviewed relevant information on rules, regulations and all contents of Occupational Health, Safety & Policies Manual accepting all the terms and conditions and elect to work status	Proof and confirmation of applicant/associate acknowledgement	Application form DFM Corp for HR or Claims issues Government bodies	File Cabinet Electronic Storage DFM Corporation (re HR or Claims issues)
Social Insurance Number	Payroll To identify a WSIB claim	Payroll Purposes WSIB claim identification EI Purposes (ROE)	The Staffing EDGE (Payroll Provider) DFM Corporation	File Cabinet Electronic Storage DFM Corporation (re HR or Claims issues)
Birth Date	Only to identify if over 18 and under 65 WSIB Claim	Deductions for CPP Board requires for claim to be established Associate may give this directly to WSIB	Payroll WSIB Form 7 If entered on the application	With WSIB Claim or on application form if provided by associate
Address	Payroll and Identification	Payroll purposes Including T4's Correspondence	Payroll WSIB on form 7 Consultants The Staffing EDGE	File Cabinet Electronic Storage DFM Corporation (re HR or Claims issues)
Salary/work experience and education evaluation results	To support job placement and skill evaluation	Evaluation and placement	Potential employers Consultants	File Cabinet Electronic Storage
Telephone Number	For communication purposes	For communication and emergencies	Consultants DFM Corp <small>For emergency purposes at the employee site</small>	File Cabinet Electronic Storage DFM Corporation (re HR or Claims issues)

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Information Collected	Purpose	Use	Distribution	Storage
Interview verbal and non verbal and all communication	Collecting information appropriate and pertinent	Job, skill and suitability evaluation historical information	Application form DFM Corp for HR or Claims related issues	File Cabinet Electronic Storage DFM Corporation (re HR or Claims issues)
Disciplinary Action forms Employee Evaluations	Employee/ Employer relationship	To evaluate and rate an associate's performance and attendance	Consultants/Management Employer site supervisor On-site Supervisors Management DFM Corp for HR and Claims issues	DFM Corp in file cabinet with application form at some employer sites
Training	To confirm training	To verify training and evaluate skills	Employer sites Consultants DFM Corp for HR and claims issues	With application Forms With claims if needed at employer sites
Banking Information	Payroll	Automatic Bank Deposit	Payroll Department	Payroll Department
Benefits Information	Benefits	To accept or decline benefits	Payroll department and benefits provider	Payroll department and with benefits provider
Medical	To identify limitations or verify an injury To identify limitations	WSIB claims To explore pre existing To verify an emergency leave To verify an injury Functional Abilities Forms	Collected by consultant given to DFM Corp WSIB	File cabinet at DFM Corp With associate's file in cabinet
Medical Release of Info	To facilitate the management of a claim	WSIB claims To explore pre existing To assist with treatment To communicate with medical and physiotherapy in the Facilitation of an Early and Safe Return to Work	DFM Corp Treating Practitioners	With claims at DFM Corp

Associate Name Please Print _____

Associate/Employer Signature _____

Date _____