

**EMPLOYMENT APPLICATION**

<b>Instructions:</b> Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility and qualifications for a position.  The personal information requested on this form is collected and managed as per applicable Privacy Legislation.  All information to us will be considered as supplied in confidence.	<b>OFFICE USE ONLY</b>  DATE RECEIVED
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**POSITION INFORMATION**

<b>FOR GENERAL APPLICATION</b> Indicate (✓) the type of employment you are requesting	Part Time <input type="checkbox"/>	Casual/Relief <input type="checkbox"/>	TYPE(S) OF POSITION – please describe
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**PERSONAL INFORMATION**

LAST NAME	FIRST NAME	RESIDENCE TELEPHONE NO.	MOBILE TELEPHONE NO.
MAILING ADDRESS		CITY	PROVINCE
LEGAL STATUS TO WORK IN CANADA – documentation may be required		Email Address	POSTAL CODE
<input type="checkbox"/> CANADIAN CITIZEN	<input type="checkbox"/> LANDED IMMIGRANT/ PERMANENT RESIDENT	PRONOUNS	CURRENT FIRST AID/CPR CERTIFICATE NO YES – indicate expiry date
<input type="checkbox"/> WORK PERMIT	<input type="checkbox"/> OTHER – please specify:		

**EDUCATION & TRAINING**

Please describe secondary, post-secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.

NAME OF INSTITUTION OR ORGANIZATION	LOCATION	YEAR TAKEN	AREA OF STUDY / COURSE	GRADE / CERTIFICATION / DIPLOMA / DEGREE	COMPLETED YES (✓) NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

**WORK HISTORY**

Have you previously been an employee or student at Community Living Access Support Services ?  NO  YES, indicate dates:

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the *major* duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required.

EMPLOYER, LOCATION and POSITION HELD	FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ( )	REASON FOR LEAVING
DUTIES AND SKILLS		

EMPLOYER, LOCATION and POSITION HELD	FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ( )	REASON FOR LEAVING
DUTIES AND SKILLS		

EMPLOYER, LOCATION and POSITION HELD	FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ( )	REASON FOR LEAVING
DUTIES AND SKILLS		

**DRIVER'S LICENSE INFORMATION**

Please provide the following information as driving is a requirement.

List class(es) of valid driver's license.

List any restrictions / endorsement definitions on license.

If required, do you have access to a vehicle?  
 YES  NO

**REFERENCES**

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

NAME	TELEPHONE NO.	RELATIONSHIP	NO. OF YEARS KNOWN

**APPLICANT SIGNATURE**

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).

Your authorization on this application form is your consent that as a condition of being considered for employment at Community Living Access Support Services, references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

DATE SIGNED  
YYYY / MM / DD

X

**SIGNATURE (If applying electronically please type your name as authorization)**