**Application for Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application | Click here to enter a date. | Posting # (*if applicable)* | Click here to enter text. |
| First Name | Click here to enter text. | Last Name: | Click here to enter text. |
| Address | Click here to enter text. |
| City | Click here to enter text. | Postal Code | Click here to enter text. |
| Contact Phone: | Click here to enter text. | Email: | Click here to enter text. |

**Conditions of Employment and General Information**

Are you legally eligible to work in Canada? [ ] yes [ ] no Are you at least 19 years of age? [ ] yes [ ] no

Citizenship: [ ] Canadian Citizen [ ] Permanent Resident Applying to work with: [ ] Adults [ ] Children

Are you fluent in English (written and verbal) [ ] yes [ ] no

Have you ever been convicted of a criminal offense and/or received a pardon? [ ] yes [ ] no

**Do you have:**

[ ]  A BC Drivers License? Class #Choose an item. [ ]  A reliable vehicle for work (would you use your vehicle for work? [ ] yes [ ] no)

[ ]  Emergency First Aid with CPR Exp. Date Click here to enter a date. Food Safe [ ] yes [ ] no

NVCI (MANDT, CPI) [ ] yes [ ] no

**Availability**

Date Available: Click here to enter a date.

Are you interested in : [ ]  Full-Time [ ]  Part-Time [ ]  Casual [ ]  Seasonal/Temporary

Are you currently employed? [ ] yes [ ] no If yes, where? Click here to enter text.What shifts? Click here to enter text.

Do you have any scheduled vacation plans or time off in the next 6 months to a year? [x] yes [ ] no

 When? Click here to enter text.

*In the table below, please indicate with a* ****** *where you are available to work. Please note that priority is given to applicants with full availability.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Days: 7 am – 3 pm |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Evenings: 3-11pm |[ ] [ ] [ ] [ ] [x] [ ] [ ]
| Overnights (awake) 11pm to 7am |[ ] [ ] [ ] [x] [ ] [ ] [ ]
| Availability Comments:  | Click here to enter text. |
|  | Click here to enter text. |

|  |
| --- |
| **Training and Education** (Please begin with most recent) |
| Name and Location of School: | Click here to enter text. |
| Dates attended | Click here to enter text. |
| Degree/Certificate/Diploma completed: | Click here to enter text. |
| Field of Emphasis | Click here to enter text. |

|  |  |
| --- | --- |
| Name and Location of School: | Click here to enter text. |
| Dates attended | Click here to enter text. |
| Degree/Certificate/Diploma completed: | Click here to enter text. |
| Field of Emphasis | Click here to enter text. |

|  |
| --- |
| **Employment History** (Please begin with most recent) |
| Current / Last position Title: | Click here to enter text. |
| Company: | Click here to enter text. |
| Responsibilities: | Click here to enter text. |
| Dates of Employment | Click here to enter text. |
| Reason for Leaving: |  |
| Phone # |  |
| May we contact them? |  |
|  |  |

1. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact them? yes no

1. Current / Last position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact them? yes no

1. Current / Last position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact them? yes no

**Additional Information**

* Supporting people with disabilities often involves lifting and transferring. Describe any limitations you may have in your ability to lift and transfer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Or “I have no limitations in regards to my ability to lift or transfer”*** Initial if this statement is true: \_\_\_\_\_\_\_\_\_

* Do you have any relatives that work for MACL? yes no If yes, Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have any relatives receiving services from MACL yes no Who ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you ever been employed by MACL before? yes no Which Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you worked for another Community Living agency before? yes no Which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you applied to MACL before? yes no

**Declaration**

*I certify that all information in this application is true and complete. I understand that if any such information is at any time found to be false; such information may be cause for discharge or refusal of employment. I hereby authorize the Mission Association for Community Living to discuss this application and my abilities, skills, qualifications and experience to determine my suitability for possible employment.*

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Return to:

**Mission Association for Community Living**

33345 Second Ave. Mission, BC V2V 1K4

Tel: 604-826-9080 Fax: 604-826-9611

www.missionacl.org macl@macl.bc.ca

How did you hear about us?

MACL Website Craigslist Indeed.com School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MACL Employee Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_