**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? 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 | |  |  |  |  |  |  |  |
| Overnights (awake) 11pm to 7am | |  |  |  |  |  |  |  |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_