



# Mission Association for Community Living

"Building Bridges Together"

## Application for Employment

Date of Application: \_\_\_\_\_ Posting # (if applicable) \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 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 # \_\_\_\_\_     A reliable vehicle for work (would you use your vehicle for work? yes no)  
 Emergency First Aid with CPR \_\_\_\_\_ Exp. Date \_\_\_\_\_    Food Safe yes no    NVCI (MANDT, CPI) yes no

### Availability

Date Available: \_\_\_\_\_ Are you interested in :  Full-Time     Part-Time     Casual     Seasonal/Temporary  
 Are you currently employed? yes no If yes, where? \_\_\_\_\_ What shifts? \_\_\_\_\_  
 Do you have any scheduled vacation plans or time off in the next 6 months to a year? yes no When? \_\_\_\_\_

*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:							

### Training/Education (Please begin with most recent)

- Name and Location of School: \_\_\_\_\_ Dates attended (MMYY) \_\_\_\_\_  
 Degree/Certificate/Diploma completed \_\_\_\_\_ Field of Emphasis \_\_\_\_\_
- Name and Location of School: \_\_\_\_\_ Dates attended (MMYY) \_\_\_\_\_  
 Degree/Certificate/Diploma completed \_\_\_\_\_ Field of Emphasis \_\_\_\_\_

**Employment History** (Please begin with most recent)

- 1. Current / Last position Title: \_\_\_\_\_ Company: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone # \_\_\_\_\_ May we contact them? yes no
- 2. Current / Last position Title: \_\_\_\_\_ Company: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone # \_\_\_\_\_ May we contact them? yes no
- 3. 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: \_\_\_\_\_